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P.O. Box 388  
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An Exelon/British Energy Company

September 7, 2001  
2130-01-20192

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

Dear Sir:

Subject: Oyster Creek Nuclear Generating Station  
Docket No. 50-219  
Emergency Plan Implementing Procedure Revisions

In accordance with 10 CFR 50, Appendix E, Section V, enclosed is the newly revised Index for the Oyster Creek Emergency Plan Implementing Procedures and the below listed procedures.

<u>Procedure Number</u>	<u>Title</u>	<u>Revision</u>
EPIP-OC-.03	Emergency Notification	28

If further information is required, please contact Mr. William Stewart, (Acting) Manager, Regulatory Assurance at 609-971-4775.

Very truly yours,



Ron J. DeGregorio  
Vice President  
Oyster Creek

RJD/JJR:ew

Enclosures  
cc: Administrator, Region I  
NRC Sr. Project Manager  
NRC Resident Inspector

A043

**EPIP SERIES - EMERGENCY PLAN IMPLEMENTING PROCEDURES**

<b><u>PROCEDURE NO.</u></b>	<b><u>TITLE</u></b>	<b><u>REV. NO.</u></b>	<b><u>DATE</u></b>
6630-ADM-4010.03	Emergency Dose Calculation Manual (EDCM)	11	07/23/00
EPIP-OC-.01	Classification of Emergency Conditions	10	06/17/01
EPIP-OC-.02	Direction of Emergency Response/Emergency Control Center	28	07/05/01
EPIP-OC-.03	Emergency Notification	28	09/06/01
EPIP-OC-.06	Additional Assistance and Notification	24	02/03/01
EPIP-OC-.10	Emergency Radiological Surveys Onsite	11	08/08/00
EPIP-OC-.11	Emergency Radiological Surveys Offsite	16	07/05/01
EPIP-OC-.12	Personnel Accountability	9	07/07/01
EPIP-OC-.13	Site Evacuation and Personnel Mustering at Remote Assembly Areas	8	11/09/00
EPIP-OC-.25	Emergency Operations Facility (EOF)	24	07/05/01
EPIP-OC-.26	The Technical Support Center	23	07/05/01
EPIP-OC-.27	The Operations Support Center	11	11/09/00
EPIP-OC-.31	Environmental Assessment Command Center	11	08/08/00
EPIP-OC-.33	Core Damage Estimation	5	08/08/00
EPIP-OC-.35	Radiological Controls Emergency Actions	14	08/08/00
EPIP-OC-.40	Site Security Emergency Actions	11	11/30/00
EPIP-OC-.41	Emergency Duty Roster Activation	5	08/08/00
EPIP-OC-.44	Thyroid Blocking	2	07/21/01
EPIP-OC-.45	Classified Emergency Termination/Recovery	1	08/08/01
OEP-ADM-1311.03	Emergency Preparedness Section Administration	4	08/08/01
OEP-ADM-1319.01	Oyster Creek Emergency Preparedness Program	9	07/02/01
OEP-ADM-1319.02	Emergency Response Facilities & Equipment Maintenance	9	07/05/01
OEP-ADM-1319.04	Prompt Notification System	3	12/08/00
OEP-ADM-1319.05	Emergency Preparedness Event Reports	2	07/02/01

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**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
IMPLEMENTING PROCEDURE**

Number

**EPIP-OC-.03**

Title

**EMERGENCY NOTIFICATION**

Revision No.

28

Applicability/Scope

Applies to work at Oyster Creek

Usage Level

**2**

Responsible Department

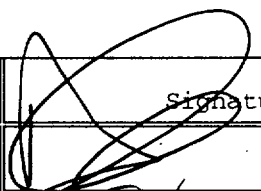
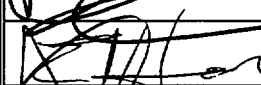
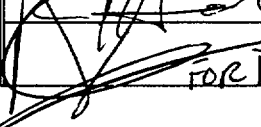
Emergency Preparedness

This document is within QA plan scope  
Safety Reviews Required☒ Yes ☐ No  
☐ Yes ☒ No

Effective Date

9-6-01

Prior Revision 27 incorporated the  
following Temporary Changes:N/AThis Revision 28 incorporates the  
following Temporary Changes:N/AList of Pages (all pages rev'd to Rev. 28)1.0 to 7.0  
E1-1 to E1-5  
E2-1 to E2-2**NON-CONTROLLED  
This Document Will Not  
Be Kept Up To Date  
DCC Oyster Creek**

	Signature	Concurring Organization Element	Date
Originator		Emergency Planner	8/30/01
Concurred By		Plant Manager	8/30/01
Approved By	 FOR D. TAILLEART	Emergency Preparedness Mgr, OC	8/30/01

**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
IMPLEMENTING PROCEDURE**

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**EPIP-OC-.03**

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PROCEDURE HISTORY

Revision	Date	Originator	Summary of Change
12	05/94	A. Smith	Remove requirement for SS checklist to be transmitted to BNE at end of UE. Modify off-site notification forms to align with states, clarify NRC notification following state and local notifications. Add BNE phone #, Block, and route to SAE and GE Forms.
13		A. Smith	Change beeper number for L. Briggs NRC
14		A. Smith	Remove INPO & ANI notifications from EXHIBIT 1B. Communications now taking that over.
15	06/95	A. Smith	Update phone numbers and add new notes to Exhibit 4, NRC Status Board data, to clarify this exhibit only used when ERDS is down.
16	12/95	T. Blount	Correct ED information, modify Notification Matrix, capture cont. inj. person notification requirements, remove North Gate as point of egress.
17	01/96	T. Blount	Pager changes requires changing phone numbers.
18	07/96	P. Hays	Prevent confusion as to whether a form is related to a drill event or a real event.
19	10/96	T. Blount	Allow use of other forms for documentation of Notification process. Incorporate follow-up notifications.
20	06/97	T. Blount	Delete AEOF consistent w/E-Plan Rev. 11, Add Sample forms to use. Remove/change NRC resident information. Remove reference to PTFC. Also, delete Exhibit 4 NRC Status Board Data and clean up signature blocks.
21	10/97	A. Smith	Delete reference to EPIP-.04. Correct nomenclature on ERF telephone circuits correct typo on E3-2 "T" to "U".
22	09/98	P. Hays	Clarify offsite notification forms by removing the notification matrix and related exhibits and keeping the new NCR triplicate form. Update the Plant Condition Follow-up Form.
23	05/99	A. Smith	Clarify off-site notification transfer between the ECC and EOF.
24	01/00	A. Smith	Clarify emergency notification sequence to on-site and off-site agencies.
25	01/00	A. Smith	Change references from GPU to OCNGS.
26	09/00	G. Busch	Removed CRO designation for Communications Coordinator.
27	06/01	R. Finicle	Added new Emergency Report Form, added new PAR Notification Form and provide clarification as to what form is used for notifications.
28	08/01	A. Smith	Remove "Designated CRD" from step 4.2. This was inserted accidentally in Rev. 27.

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**EMERGENCY NOTIFICATION**

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1.0 PURPOSE

- 1.1 This procedure provides the mechanism for emergency notifications to be made to on-site personnel and off-site agencies (as required in the Emergency Plan) in an accurate and timely manner.
- 1.2 This procedure shall be initiated by the Emergency Director and implemented by the ECC and EOF Communications Coordinator.
  - 1.2.1 A communicator designated by the Emergency Director will initially implement this procedure until relieved by the on-call ECC or EOF Communications Coordinator.

2.0 APPLICABILITY/SCOPE

- 2.1 This procedure applies to those persons making notifications and/or providing information to on-site personnel or off-site agencies during a declared or simulated emergency.
- 2.2 This procedure applies to the 10CFR50.72 requirement for immediate notification of any declared emergency class. All other notifications shall be made in accordance with the applicable station procedure.

3.0 DEFINITIONS

None

4.0 RESPONSIBILITIES

- 4.1 The GSS/Emergency Director shall:
  - 4.1.1 Designate a communicator to implement this procedure until properly relieved by the on-call ECC or EOF Communications Coordinator.
  - 4.1.2 Direct all off-site notifications made in accordance with this procedure until the ESD has activated the EOF and assumed the off-site notifications. The EOF Communicator will notify the ECC of the transfer.
  - 4.1.3 Direct Control Room Staff to make appropriate on-site announcements.

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- 4.2 The On-Shift ECC Communications Coordinator shall:
- 4.2.1 Complete Off-Site Notifications Checklist (Exhibit 1A) until relieved of this duty by the on call ECC or EOF Communications Coordinator.
- 4.2.2 Complete On-Site Notifications Checklist (Exhibit 1A).
- 4.3 The On-Call ECC Communications Coordinator shall relieve the On-Shift ECC Communicator and complete Off-Site Notification Checklist (Exhibit 1A) until directed to transfer the offsite notifications to the EOF Communications Coordinator.

**NOTE**

When offsite notifications are transferred to the EOF, the EOF Communication Coordinator shall be notified via telephone of the transfer and inform the communicator that a fax of all completed offsite notifications from the ECC will follow.

**5.0 PROCEDURE**

- 5.1 Emergency Notifications should be performed using forms similar to Exhibit 1A to document off-site and on-site notifications.
- 5.1.1 Page announcements and notifications should be made in the following order:
1. Plant Page (Announcement copy)
  2. OEM State Police (Notification copy)
  3. Only at GE, Lacey Twp., Ocean Twp., and Ocean County (Notification copy)
  4. NRC (Notification copy)
  5. Other On-site Notifications (Notification copy)
- 5.1.2 Exhibit 1B is used to document the communication of the Protective Action Recommendation (PAR) or an expansion of the PAR.
- 5.1.3 Exhibit 2 should be used to document plant operating conditions. Other forms or methods are permitted so long as the pertinent information is provided (e.g. Major Transients, ECCS Status, Rad Monitoring).

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- 5.1.4 Emergency notifications to on-site personnel will be accomplished by using the Plant Paging System.
- 5.2 Emergency notifications to the New Jersey State Police will be accomplished within 15 minutes of the declaration of any emergency classification.
- 5.2.1 If a General Emergency has been declared, Ocean County, Lacey and Ocean Townships will also be notified within 15 minutes.
- 5.2.2 Notifications to the New Jersey State Police and Ocean County will be verified by a return call from each organization. This verification call must be answered to ensure validity of incident. If the verification has not been received within 5 minutes of the notification call then contact the agency via the notification line to request a verification call.
- 5.3 Emergency notifications to the Nuclear Regulatory Commission (NRC) will be made as soon as possible after making the state and local notifications but within 1 hour of the declaration of any emergency classification. NRC may request continuous manning of this line. Only one (1) Emergency Center at one time should provide this continuous communication link.
- 5.3.1 The NRC should be notified of the "Protective Action" implemented by the State of New Jersey. This info should be verified through the NJSP-OEM by the ED/ESD. Use Ex. 1C - Protective Action Notification (to NRC) form or similar form to document transmittal.

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- 5.4 The Station Status Checklist will be completed and updated every 30 minutes or as changes occur for transmittal to the N.J. Bureau of Nuclear Engineering (BNE) when requested. Only initial, and any significant changes require a SSC to be sent when in a UE level of emergency. After BNE is established at the EOF, no further transmittal of the SSC is required. Refer to Station Status Checklist (Exhibit 2).
- 5.5 If Communication equipment problems or failures arise, attempt to utilize alternate means and contact the TSC to initiate repairs.
- 5.6 If additional notification phone numbers are needed, refer to Procedure EPIP-OC-.06, "Additional Assistance and Notifications".
- 5.7 The "Simulator Communications Interface" switch on the operators communication console shall be left in the OFF position unless the GSS has authorized placing the switch in ON. The switch should be placed in ON only for Emergency Preparedness Drills, training evolutions and communication system testing and then returned to OFF when completed.

**NOTE**

When both the Simulator Communications Interface switch in the Control Room and the same switch in the Simulator Control Room are in the ON position the following communications are affected:

- Phone systems transferred to the Simulator completely:
  - NRC ENS
  - NJSP notification & verification
  - Ocean County notification & verification
  - All ERF Circuits
  - 693-8728 Plant Status Update Line Alt. (Fax)
  - 971-4959
  - 971-0220
  - 971-4550
  - BNE Info Line
  - ECC/EACC Direct Line
  - ED/ESD Hotline
  - NJ State ED Hotline
- Plant page and Radio capability are provided to the Simulator Control Room without affecting onsite systems.



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6.0 REFERENCES

- 6.1 Title 10, Code of Federal Regulations, Part 50.72 "Immediate Notification requirements for Operating Nuclear Power Reactors".
- 6.2 Procedure EPIP-OC.06 "Additional Assistance and Notifications".
- 6.3 Procedure 8000-IMP-1720.01, Emergency Public Information Implementing Procedure.

7.0 EXHIBITS

- 7.1 Exhibit 1A Notification Checklist
- 7.2 Exhibit 1B PAR Notification Form
- 7.3 Exhibit 1C Protective Action Notification to NRC
- 7.4 Exhibit 2 Station Status Checklist

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**EMERGENCY NOTIFICATION**

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**EXHIBIT 1A  
SAMPLE - NOTIFICATION FORM**

OYSTER CREEK GENERATING STATION	EMERGENCY REPORT FORM - OC <i>(Please Fill in and Write Clearly)</i>	ED-Copy	PART 1 OF 3
<input type="checkbox"/> This is a Drill. This is a Drill <input type="checkbox"/> This is <u>NOT</u> a Drill. This is <u>NOT</u> a Drill			
<b>EMERGENCY CLASSIFICATION</b>			
<input type="checkbox"/> Alert <input type="checkbox"/> Alert Declared was declared at _____ 24 Hour Clock _____ on _____ Date _____ The EAL is _____			
<input type="checkbox"/> The Event has been de-escalated to an/a _____ at _____ 24 Hour Clock _____ on _____ Date _____ The EAL is _____			
<input type="checkbox"/> The Event has been terminated at _____ 24 Hour Clock _____ on _____ Date _____			
<b>EVENT DESCRIPTION</b>			
_____			
<b>RADIOACTIVE RELEASE STATUS</b>			
<input type="checkbox"/> There is no abnormal radioactive release in progress.			
<input type="checkbox"/> There is an abnormal _____ (AIRBORNE/LIQUID) _____ radioactive release in progress. <i>(i.e. exceeds ODCM Limits)</i>			
<b>METEOROLOGICAL CONDITION</b>			
Wind direction is from _____ degrees and wind speed is _____ miles per hour. <i>Use 24 Hour Clock for wind direction and speed.</i>			
<b>ON-SITE PROTECTIVE ACTION</b>			
<input type="checkbox"/> (If 1) All personnel should continue with their normal duties pending further notice.			
<input type="checkbox"/> (If 2) ALLERGEN: All on duty members of the Emergency Response Organization report to emergency centers.			
<input type="checkbox"/> (If 3) ALLERGEN: All other personnel should continue with their normal duties pending further instructions.			
<input type="checkbox"/> (If 4) ALLERGEN: Eating, Drinking and Smoking is prohibited until further notice.			
<input type="checkbox"/> (If 5) ALLERGEN: Site Accountability has been ordered. All non-essential personnel in the protected area report to the Emergency Assembly Area in the (select one): <input type="checkbox"/> OCAB Cafeteria <input type="checkbox"/> CR <input type="checkbox"/> Warehouse <input type="checkbox"/> Route (if needed): _____			
<input type="checkbox"/> (If 6) ALLERGEN: Site Evacuation has been ordered. All non-essential personnel, who do not have a specific emergency assignment shall leave the site through the Main Gate. Route to Main Gate (if needed): _____			
Use the (SOUTH/NORTH) evacuation route to the <input type="checkbox"/> Remote Assembly Area <input type="checkbox"/> Forked River Assembly Area			
<b>NOTES ONLY - DO NOT WRITE IN THIS SPACE</b>			
1. In the special case of a security event which does not upgrade current classification, ensure the NRC is notified of the event and status of plant security VIA the ENS line.			
2. If an environmental event occurs which is included in category V of procedure 126, ensure appropriate 126 notifications are complete.			
3. If a contaminated injured person must be transported off-site, ensure appropriate notifications are complete.			
4. The Station Status Checklist should be completed and communicated to the NIBNE once per half-hour or as conditions change. Only initial and any significant changes require SSC to be sent when in a UE level of emergency. After confirmation that the BNE is established at the EOF the SSC is no longer required to be transmitted.			
5. Ensure the organizations contacted as listed on the notification forms are notified of termination.			
<b>APPROVAL</b>			
Signature _____ Date _____			

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EXHIBIT 1A  
SAMPLE - NOTIFICATION FORM (Cont'd)

OYSTER CREEK GENERATING STATION	EMERGENCY REPORT FORM – OC <i>(Press Firmly and Write Clearly)</i>	PART 2 OF 3 ON-SITE ANNOUNCEMENT
<i>Start here for notification or contact. Read Message - Slowly - Clearly: Attention all Personnel. Attention all personnel. (Sound Station Alarm for 10 seconds)</i> <input type="checkbox"/> This is a Drill. This is a Drill <input type="checkbox"/> This is <b>NOT</b> a Drill. This is <b>NOT</b> a Drill		
<b>EMERGENCY CLASSIFICATION</b>		
<input type="checkbox"/> An/a _____ was declared at _____ on _____ The EAL is _____ Event Declared                      24 Hour Clock                      Date		
<input type="checkbox"/> The Event has been de-escalated to an/a _____ at _____ on _____ The EAL is _____ Event Declared                      24 Hour Clock                      Date		
<input type="checkbox"/> The Event has been terminated at _____ on _____ 24 Hour Clock                      Date		
<b>EVENT DESCRIPTION</b>		
<b>RADIOACTIVE RELEASE STATUS</b>		
<input type="checkbox"/> There is no abnormal radioactive release in progress. <input type="checkbox"/> There is an abnormal _____ (AIRBORNE/LIQUID) radioactive release in progress. ( <i>i.e. exceeds ODCM Limits</i> )		
<b>ON-SITE PROTECTIVE ACTION</b>		
<input type="checkbox"/> (UE) All personnel should continue with their normal duties pending further notice. <input type="checkbox"/> (ALERT/SAE/GH) All on-duty members of the Emergency Response Organization report to emergency centers. <input type="checkbox"/> (ALERT only) All other personnel should continue with their normal duties pending further instructions. <input type="checkbox"/> (ALERT/SAE/GH) Eating, Drinking and Smoking is prohibited until further notice. <input type="checkbox"/> (SAE only) <b>Site Accountability</b> has been ordered. All non-essential personnel in the protected area report to the Emergency Assembly Area in the (select one) <input type="checkbox"/> OCAB Cafeteria OR <input type="checkbox"/> Warehouse. Route (if needed) _____		
<input type="checkbox"/> (GH only) <b>Site Evacuation</b> has been ordered. All non-essential personnel, who do not have a specific emergency assignment shall leave the site through the Main Gate. Route to Main Gate (if needed) _____		
Use the (SOUTH/NORTH) evacuation route to the <input type="checkbox"/> Remote Assembly Area <input type="checkbox"/> Forked River Assembly Area		
<b>APPROVAL</b>		
Signature _____	24 hour clock _____	Date _____
Communicator Signature _____	24 hour clock _____	Date _____

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**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
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**EXHIBIT 1A  
SAMPLE - NOTIFICATION FORM (Cont'd)**

OYSTER CREEK GENERATING STATION	EMERGENCY REPORT FORM - OC <small>(Press Firmly and Write Clearly)</small>	PART 3 OF 3 OFF-SITE NOTIFICATIONS
<i>Start here for notification or contact. Read Message - Slowly - Clearly</i>		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> This is a Drill. This is a Drill</div><div><input type="checkbox"/> This is <b>NOT</b> a Drill. This is <b>NOT</b> a Drill</div></div> <p>This is _____ at Oyster Creek Nuclear Generating Station (select one)    <input type="checkbox"/> CR    <input type="checkbox"/> TSC    <input type="checkbox"/> EOF</p> <p style="text-align: center;"><small>Communicator's Name</small></p>		
<b>EMERGENCY CLASSIFICATION</b>		
<input type="checkbox"/> An/a _____ was declared at _____ 24 Hour Clock _____ on _____ Date _____ The EAL is _____		
<input type="checkbox"/> The Event has been de-escalated to an/a _____ at _____ 24 Hour Clock _____ on _____ Date _____ The EAL is _____		
<input type="checkbox"/> The Event has been terminated at _____ 24 Hour Clock _____ on _____ Date _____		
<b>EVENT DESCRIPTION</b>		
<b>RADIOACTIVE RELEASE STATUS</b>		
<input type="checkbox"/> There is no abnormal radioactive release in progress.		
<input type="checkbox"/> There is an abnormal (AIRBORNE/LIQUID) _____ radioactive release in progress. (i.e. exceeds ODCM Limits)		
<b>METEOROLOGICAL CONDITION</b>		
Wind direction is from _____ degrees and wind speed is _____ miles per hour. Use 380' Elev ... for wind direction and speed		
<b>OFF-SITE NOTIFICATION RECORD</b> <small>NOTE: Verifications should be within 5 minutes of initial contact</small>		
<input type="checkbox"/> NJ State Police (WITHIN 15 MINUTES OF ALL DECLARATIONS) via State Notification or Alternate 609-882-4201 or 609-882-2000		
Time of Contact _____ Person Contacted _____		
Time of verification _____ Person Calling _____		
<input type="checkbox"/> Ocean County (at GE only) (within 15 minutes of declaration of General Emergency) via Dedicated Line or Alter. 732-349-9100		
Time of Contact _____ Person Contacted _____		
Time of verification _____ Person Calling _____		
<input type="checkbox"/> Lacey Township (at GE only) (within 15 minutes of declaration of General Emergency) via 609-693-6636 or Alter. 609-693-6637		
Time of Contact _____ Person Contacted _____		
<input type="checkbox"/> Ocean Township (at GE only) (within 15 minutes of General Emergency) via 609-693-4007 or Alter. 609-693-4008		
Time of Contact _____ Person Contacted _____		
<input type="checkbox"/> NRC (immediately following State and Local Notifications) via IENS Line or Alter. 301-816-5100 or 301-951-0550		
Time of Contact _____ Person Contacted _____		
<input type="checkbox"/> ERDS initiated at _____ (Within 1 hour of a declaration of an ALERT of higher)		
<input type="checkbox"/> On-call BNE information (Contact NJSP if BNE has not called within 30 minutes of initial NJSP Notification)		
Name _____ Voice Phone # _____ FAX # _____		
<input type="checkbox"/> NRC SR. RESIDENT/RESIDENT OFFICE 4978 BEEPER 800-398-6650/800-398-7497 PERSON CONTACTED _____		
<b>APPROVAL</b>		
Signature _____ 24 hour clock _____ Date _____ Communicator Signature _____ 24 hour clock _____ Date _____		

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EXHIBIT 1B

PAR NOTIFICATION FORM

NOTE

Personally provide the PAR to the Senior State Official at the State EOC, within 15 minutes of a General Emergency. Verify that you are speaking to the Senior Official at the State EOC when providing the PAR. If the PAR is provided prior to State EOC activation, the State has agreed that the State Dispatcher will be considered the "Senior State Official".

INITIAL PAR

- ☐ We recommend evacuation for the general population within 2 miles of the plant and Compass Sectors \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ out to a distance of \_\_\_\_\_ miles. We also recommend Sheltering, for the general population within all other areas of the EPZ.
- ☐ We recommend Sheltering for the general population within the 10 mile EPZ.

EXPANSION OF PAR

- ☐ We recommend evacuation for the general population within \_\_\_\_\_ miles of the plant and Compass Sectors \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ out to a distance of \_\_\_\_\_ miles. We also recommend sheltering for the general population within all other areas of the EPZ.
- ☐ We recommend evacuation for the general population within \_\_\_\_\_ miles of the plant.

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

Senior State Official Notified\_\_\_\_\_ Time\_\_\_\_\_ Date\_\_\_\_\_

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EXHIBIT 1CPROTECTIVE ACTION NOTIFICATION (to NRC)  
AS IMPLEMENTED BY THE STATE OF NEW JERSEY

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"

-OR-

"THIS IS A DRILL - THIS IS A DRILL"

"This is \_\_\_\_\_ at Oyster Creek Nuclear Generating Station.  
(Name/Title)

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\_\_\_\_\_  
ED/ESD Approve/Time

"Please State Your Name"

NRC (ENS Phone)

MAID (301) 816-5100  
BACKUP (301) 951-0550

\_\_\_\_\_  
Name of NRC Representative/Time Call Initiated

Notification Complete: \_\_\_\_\_  
Communicator Signature/Name/Title

ED Asst/ESD Asst Review: \_\_\_\_\_  
Signature/Title

Title

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EXHIBIT 2

STATION STATUS CHECKLIST  
(page 1 of 2)

EXAMPLE

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"  
- OR -  
"THIS IS A DRILL - THIS IS A DRILL"

1. Message Date:\_\_\_\_\_ Time:\_\_\_\_\_ Transmitted by:\_\_\_\_\_ Name/Title or Position
2. Emergency Classification: \_\_\_\_\_ at Date:\_\_\_\_\_ Time:\_\_\_\_\_ ☐ Unusual Event ☐ Alert ☐ Site Area Emergency ☐ General Emergency
3. EAL Number:\_\_\_\_\_ Description of Emergency:\_\_\_\_\_ (EPIP-OC-.01 Appendix 1.)  
\_\_\_\_\_  
\_\_\_\_\_
4. Reactor Status: ☐ Scrammed @ \_\_\_\_\_ (Time) ☐ At Power \_\_\_\_\_ %  
☐ Hot Shutdown ☐ Cold Shutdown
5. Reactor Pressure:\_\_\_\_\_ PSIG Recirc Loop Temp:\_\_\_\_\_ °F  
Reactor Water Level:\_\_\_\_\_ "TAF
6. Off-site Power available? ☐ Yes ☐ No
7. EDG 1 operable? ☐ Yes ☐ No On Line? ☐ Yes ☐ No  
EDG 2 operable? ☐ Yes ☐ No On Line? ☐ Yes ☐ No
8. Did Isolation Condenser(s) initiate? ☐ Yes ☐ No  
Did Core Spray(s) inject? ☐ Yes ☐ No  
Did ADS actuate? ☐ Yes ☐ No
9. Primary Containment operable? ☐ Yes ☐ No Isolated? ☐ Yes ☐ No  
Secondary Containment operable? ☐ Yes ☐ No Isolated? ☐ Yes ☐ No  
(Reactor Building)
10. Other Pertinent Information:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"  
- OR -  
"THIS IS A DRILL - THIS IS A DRILL"

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EXHIBIT 2

STATION STATUS CHECKLIST  
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**EXAMPLE**

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"  
- OR -  
"THIS IS A DRILL - THIS IS A DRILL"

RADIOLOGICAL INFORMATION Message Date\_\_\_\_\_Time\_\_\_\_\_  
(Obtain Rad information from RAC or Group Leader R & EC)

11. **Gaseous Release:** ☐ YES Start Time\_\_\_\_\_, Terminated ☐ YES Time\_\_\_\_\_  
☐ NO ☐ NO  
Anticipated or Known Duration\_\_\_\_\_Hrs.

Type of Release: ☐ Ground ☐ Elevated  
Wind Speed\_\_\_\_\_(mph) Wind Direction From\_\_\_\_\_(deg)  
Stability Class A\_\_\_\_B\_\_\_\_C\_\_\_\_D\_\_\_\_E\_\_\_\_F\_\_\_\_G\_\_\_\_  
Iodine (DEI) Release Rate:\_\_\_\_\_µCi/s  
Noble Gas Release Rate:\_\_\_\_\_µCi/s

12. **Projected Off-Site Dose Rate Calculations** (As Soon As Data is Available)  
Distance (miles) Total Whole Body Dose Rate (TEDE) Adult Thyroid Dose Rate (CDE) Commitment  
SB .25 \_\_\_\_\_mrem/hr \_\_\_\_\_mrem/hr  
2 \_\_\_\_\_mrem/hr \_\_\_\_\_mrem/hr  
5 \_\_\_\_\_mrem/hr \_\_\_\_\_mrem/hr  
10 \_\_\_\_\_mrem/hr \_\_\_\_\_mrem/hr  
(Millirem Per Inhalation Hour)

13. **Liquid Release:** ☐ YES Start Time\_\_\_\_\_, Terminated ☐ YES Time\_\_\_\_\_  
☐ NO ☐ NO  
Anticipated or Known Duration\_\_\_\_\_Hrs  
Estimated Concentration\_\_\_\_\_µCi/ml  
Release Flow Rate\_\_\_\_\_Gallons/min

14. **Other Information:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved\_\_\_\_\_ (Licensed Operator or STA)

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"  
- OR -  
"THIS IS A DRILL - THIS IS A DRILL"