



South Texas Project Electric Generating Station P.O. Box 289 Wadsworth, Texas 77483

December 19, 2001
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U. S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

STP NUCLEAR OPERATING COMPANY
Units 1 and 2
Docket Nos. STN 50-498; STN 50-499
Changes to Emergency Plan & Implementing Procedure

In accordance with 10CFR50.4(b)(5) and 10CFR50, Appendix E, Section V, the STP Nuclear Operating Company hereby submits the attached revisions to six (6) Emergency Plan Implementing Procedures.

If there are any questions regarding this matter, please contact either Mr. Morgan at (361) 972-7004 or myself at (361) 972-8053.

A handwritten signature in black ink, appearing to read "P. L. Serra".

P. L. Serra
Manager, Plant Protection

CM/mk

Enclosure: Letter of Receipt
Description of Changes
0ERP01-ZV-EF04, Technical Director, Rev. 5
0ERP01-ZV-IN02, Notifications to Offsite Agencies, Rev. 12
0PGP05-ZV-0006, Emergency Notification and Response System, Rev. 3
0PGP05-ZV-0009, Emergency Facilities Inventories and Inspections, Rev. 8
0PGP05-ZV-0012, Emergency Facility Inventories, Rev. 4
0PGP05-ZV-0014, Emergency Response Activities, Rev. 1

7045

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Description of Changes
0ERP01-ZV-EF04
Technical Director, Rev. 5

This revision does not reduce the effectiveness or change the intent of the Emergency Response Program.

- This change satisfies Condition Report 01-52-55.
- Changes are designated by revision Bars.

The changes are noted in the following table:

No.	Change to Revision 4	Reason
1.	Page 3, Step 3.7, added reference to OPGP05-ZV-0004, Emergency Plan Implementing Procedure Users Guide.	Clarification.
2.	Page 3, Step 4.0, clarified procedure usage.	Editorial.
3.	Data Sheet 1, page 7, step 3.6 – 3.6.9, added checklist for briefing the NRC.	Clarification, items from the NRC exercise participants in 2000.

Description of Changes
0ERP01-ZV-IN02
Notifications to Offsite Agencies, Rev. 12

This revision does not reduce the effectiveness or change the intent of the Emergency Response Program.

- This is an editorial correction of the ECDC Telephone Number.

Description of Changes
0PGP05-ZV-0006
Emergency Notification and Response System, Rev. 3

This revision does not reduce the effectiveness or change the intent of the Emergency Response Program.

- Condition Reports associated with this change include CR 01-18318 and CR 01-52-53
- Changed Dialogics to AutoDial
- Changes are identified with revision bars in the right margin

The changes are noted in the following table:

No.	Change to Revision 2	Reason
1.	Page 2, step 2.1, added description of ENRS Components.	Editorial Clarification.
2.	Page 2, step 3.1.5, moved "System administration, including database entry, update, and programming the ENRS to meet Emergency Response requirements." from Plant Protection to EP Supervisor.	This is now done by Emergency Response.
3.	Page 3, deleted steps 3.4 & 3.5.	Acting OSC Manager & Warehouse personnel no longer have responsibility in this procedure.
4.	Page 3, step 4.2, added instructions for EP Supervisor.	Clarification
5.	Page 3, old step 4.4, deleted step.	The Shift Supervisor has no responsibility in this procedure.

Description of Changes
OPGP05-ZV-0009
Emergency Facilities Inventories and Inspections, Rev. 8

This revision does not reduce the effectiveness or change the intent of the Emergency Response Program.

- Condition Reports associated with this change include CR 01-52-9
- Changes are identified with revision bars in the right margin

The changes are noted in the following table:

No.	Change to Revision 2	Reason
1.	Page 3, step 4.3.3, Deleted State/County Offsite Survey Team Kit Inventory.	Kits no longer used, they were extras.
2.	Page 4, Step 5(d), moved Celanese and EquiStar Kits to County Emergency Operations Center.	Editorial Correction.
3.	Page 4, Step 5(m), Changed Bay City and Palacios Area Emergency Medical Services to Gulf Coast EMS.	Name change.
4.	Page 5, step 5.3, change Form from 13 to 12.	Editorial Correction

Description of Changes
OPGP05-ZV-0012
Emergency Facility Inventories, Rev. 4

This revision does not reduce the effectiveness or change the intent of the Emergency Response Program.

The content changes are:

- General revision, no revision bars present.
- Editorial and clarifying changes.
- Editorial corrections to Form 10, page 1 of 1, added ambulance kit “f” to bay city and removed ambulance kit “b” from Palacios.
- Form 10, page 1 of 1, change TLD - Control from 4 to 2 and issue 10 to 5 making total of 7.
- Addendum 1, E22 & E23 were combined into E06 last revision and were not removed from table.
- Revised Bay City and Palacios Area Emergency Medical Services to Gulf Coast EMS because name change.
- Changed Form 7, from State/County Offsite Survey Team Kit Inventory to Environmental Sample Kit Inventory.

Description of Changes
0PGP05-ZV-0014
Emergency Response Activities, Rev. 1

This revision does not reduce the effectiveness or change the intent of the Emergency Response Program.

- Condition Reports associated with this change include CR 01-52-12 and CR 01-2476-1
- Changed 30 days to monthly
- Deleted call out list
- Deleted Unusual Event Notification List
- Changed Dialogics to Autodialer
- Form 17, added Supervisor, Emergency Response or designee signature line
- Changes are identified with revision bars in the right margin

The changes are noted in the following table:

No.	Change to Revision 0	Reason
1.	Page 4, step 4.2.3.1, changed 30 days to monthly	Editorial Clarification
2.	Page 5, step 4.6, deleted Call-Out List, UE Notification List, and changed Dialogics to Autodialer	Call-Out and UE Notification Lists are not used any longer, manual call-out is done by CAN & UE notification is accomplished using ENRS
3.	Page 5, step 4.6, added CAN Roster Review	CAN has replaced the Call-Out Notification List
4.	Page 5, step 4.6.1, changed 30 days to monthly	Editorial Clarification
5.	Page 5, step 4.6.4, change Manual Call-Out List with CAN Call-Out List.	CAN has replaced Manual Call-Out.
6.	Page 7, Step 4.15, added Backup EAS test	Test was not documented on schedule.
7.	Page 8, Step 4.18.2.4(e), added document ERD Staff Training using EPT-070	Documentation instructions for ERD Staff Training
8.	Page 11, Addendum 1, added Backup EAS Test	Test was not documented on schedule.

Description of Changes
OPGP05-ZV-0014
Emergency Response Activities, Rev. 1

9.	Page 46, Form 12, deleted Call-Out List, UE Notification List, and changed Dialogics to Autodialer	Call-Out and UE Notification Lists are not used any longer, manual call-out is done by CAN & UE notification is accomplished using ENRS
10.	Page 46, Form 12, added CAN Roster Review	CAN has replaced the Manual Call-Out Notification List
11.	Page 52, Form 17, added EP Supervisor approval signature line	Form had no signature line
12.	Form 20, step 2.3.2, change Manual Call-Out List with CAN Call-Out List.	CAN has replaced Manual Call-Out.

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To: P. L. Serra
Manager, Emergency Response
STP Nuclear Operating Company
P. O. Box 289
Wadsworth, TX 77483

From: Tom Andrews
Region IV Office of the Regional Administrator
U. S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Subject: **Receipt Acknowledgment for Changes to STP
Emergency Plan Implementing Procedure(s)**

I hereby acknowledge having received changes to the STP Nuclear Operating Company's Emergency Classification Procedures transmitted by STP letter NOC-AE-01001231.

Signature

Date

STI 31384633	0ERP01-ZV-EF04		Rev. 5	Page 1 of 13
Technical Director				
Quality	Non Safety-Related	Usage: N/A	Effective Date: 12/20/01	
Max Keyes	N/A	N/A	Emergency Response Division	
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION	

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Technical Director**1.0 Purpose and Scope**

- 1.1 This procedure specifies the actions to be completed by the Technical Director in the Emergency Operations Facility (EOF) during a declared emergency.

2.0 Responsibilities

- 2.1 The Technical Director is responsible for:

- 2.1.1 Coordinating the evaluation of plant safety systems and the conditions of the fission product barriers.
- 2.1.2 Monitoring the Emergency Action Levels (EALs) to determine when changes in the emergency classification may be necessary.
- 2.1.3 Coordinating with the Radiological Director to determine Protective Action Recommendations (PARs) based on the status of the fission product barriers and the potential for a radiological release.
- 2.1.4 Functioning as the primary technical interface with the NRC Reactor Safety Coordinator.
- 2.1.5 Advising the EOF Director on engineering issues.
- 2.1.6 Obtaining engineering information requested by EOF personnel.
- 2.1.7 Independently evaluating engineering activities to determine if the correct engineering priorities are established.
- 2.1.8 Providing technical assistance to the TSC.
- 2.1.9 Assisting in coordinating arrangements for obtaining contract engineering support.

3.0 References

- 3.1 STPEGS Emergency Plan
- 3.2 0ERP01-ZV-IN01, Emergency Classification
- 3.3 0ERP01-ZV-IN02, Notifications to Offsite Agencies
- 3.4 0ERP01-ZV-IN07, Offsite Protective Action Recommendations
- 3.5 0ERP01-ZV-RE01, Recovery Operations

Technical Director

3.6 0ERP01-ZV-RE02, Documentation

3.7 OPGP05-ZV-0004, Emergency Plan Implementing Procedure Users Guide

4.0 Procedure

4.1 When responding to the Emergency Operations Facility implement Data Sheet 1, Technical Director Checklist, Step 1.0 Initial Activities.

4.1.1 Insert the time an activity is completed, for reoccurring activities, document using the Emergency Action Log.

4.2 Implement the appropriate portions of Data Sheet 1, Technical Director Checklist based on the events in progress.

4.3 Use Addendum's and Checklists to help direct emergency activities.

5.0 Support Documents

5.1 Addendum 1 - Shift Turnover Briefing

5.2 Data Sheet 1 - Technical Director Checklist

5.3 Data Sheet 2 - Emergency Director Status Briefing

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Technical Director			
Addendum 1	Shift Turnover Briefing		Page 1 of 1

- 1.0 Provide a briefing of the event to the relief person including the following areas:
 - 1.1 Basis of the current emergency classification on the EALs of importance.
 - 1.2 Status of the fission product barriers and critical safety systems, including core damage assessments determined by the TSC.
 - 1.3 Completed checklists.
 - 1.4 Completed logs.
 - 1.5 Recovery plans developed and corrective action items for plant recovery.
 - 1.6 Current shift schedule.
 - 1.7 Engineering activities in progress.
- 2.0 Inform the following of the transfer of responsibilities to the oncoming shift replacement.
 - 1.8 All EOF Directors
 - 1.9 NRC Reactor Safety Coordinator
 - 1.10 Technical Staff
 - 1.11 Technical Manager
 - 1.12 Engineering Supervisor
 - 1.13 Update the EOF Staffing Board.
- 3.0 Document the time of turnover and the identity of your relief on your Log and provide copies to your replacement. Provide original log sheets to the Deputy EOF Director.
- 4.0 Verify your telephone number on the shift schedule. If this telephone number is inside the 10 mile EPZ, then provide an alternate telephone number for contact should evacuation of the EPZ be necessary.
- 5.0 Take a copy of your shift schedule.
- 6.0 If issued a TLD, then maintain custody of the TLD until Termination or Recovery.
- 7.0 Verify possession of a STPNOC Picture Badge for access through possible roadblocks when returning to the site for the next shift or request a replacement Picture Badge from the Support Orientation Coordinator.
- 8.0 Inform the individual responsible for access control to the EOF of the shift change and sign out when leaving the EOF.

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Technical Director			
Data Sheet 1	Technical Director Checklist		Page 1 of 6

	(Name)	(Date)	(Unit)
Action			Time
1.0 INITIAL ACTIONS			
1.1 Report to the EOF and sign in on the EOF staffing board.			
1.2 Ensure the following documents are available:			
1.2.1 Technical Director's Emergency Response Manual.			
1.2.2 Technical Specifications (Records Room).			
1.3 Verify that the System Status Evaluator and the Technical Staff have arrived.			
1.4 Review the status of the systems needed to mitigate the emergency condition with the System Status Evaluator. Determine failure modes that may occur and the impact on the overall effort to resolve the emergency condition.			
1.5 Contact the Engineering Supervisor:			
1.5.1 Obtain a status of engineering support activities initiated and underway.			
1.5.2 Obtain a list of current engineering priorities.			
1.6 Assign the System Status Evaluator or Technical Staff personnel to monitor the Integrated Computer System (ICS) for adverse trends or changes in key parameter values. Direct the individual to provide data to the Status Board Keeper to update the Critical Safety Function Status Board, and to trend other key parameters on the Trending Status Board.			
1.7 Obtain the status of the unaffected Unit from the Operations Manager in the Control Room (CR) and record on the Unaffected Unit Status Board.			
1.8 Initiate an Emergency Action Log.			

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Technical Director			
Data Sheet 1	Technical Director Checklist		Page 2 of 6

Action	Time
2.0 ASSESSMENT ACTIONS	
2.1 Review the current technical parameters and 0ERP01-ZV-IN01, Emergency Classification with the System Status Evaluator to confirm that the correct emergency classification was declared. Determine the emergency action levels (EALs) which would cause an escalation to Site Area Emergency or General Emergency and the conditions which must be met to Terminate or enter Recovery. Enter Step 6.0 if Recovery is announced or Step 7.0 if Termination is announced.	_____
2.2 Evaluate plant parameters to determine if plant conditions are improving or worsening. Identify additional plant parameters that should be monitored by the System Status Evaluator.	_____
2.3 Brief the EOF Director.	_____
3.0 SPECIAL ACTIONS	
3.1 Determination of Core Damage:	_____
3.1.1 If core damage is suspected, then contact the Technical Manager and review the parameters indicating core damage.	_____
3.1.2 Maintain periodic contact with the Technical Manager to stay current with the status of the core damage assessment.	_____
3.1.3 Monitor the status of the remaining barriers (RCS, Containment).	_____
3.1.4 Consult 0ERP01-ZV-IN01, Emergency Classification to determine if the emergency classification should be escalated.	_____
3.1.5 Periodically, or when parameters change, brief the Emergency Director on the status of core damage assessment.	_____
3.2 Earthquakes:	
3.2.1 Verify with the System Status Evaluator the status of plant systems. Determine if any additional complications have occurred.	_____

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Technical Director			
Data Sheet 1	Technical Director Checklist		Page 3 of 6

Action	Time
3.2.2 Review the earthquake EALs with the System Status Evaluator.	_____
3.2.3 Brief the EOF Director.	_____
3.3 Security Threat:	
3.3.1 With the Radiological Director, assess the potential for the Security threat to create or complicate a radiological release.	_____
3.3.2 With the System Status Evaluator, identify vital equipment that could be at risk due to the Security threat.	_____
3.3.3 Brief the EOF Director.	_____
3.4 Contract Engineering Support:	
3.4.1 Coordinate with the Procurement/Resources Supervisor to obtain contract-engineering support when requested from the Technical Manager or the Emergency Director.	_____
3.5 Evacuation of the EOF:	
3.5.1 Collect all completed checklists, logs, forms, and the Technical Director's Emergency Response Manual.	_____
3.5.2 Follow any special precautions issued by the Radiological Director for proceeding to the Alternate EOF.	_____
3.5.3 Direct the System Status Evaluator, Technical Staff, and the Engineering Assistant to gather their checklists, logs, forms and Emergency Response Manuals.	_____
3.5.4 When directed by the EOF Director, then proceed to the Alternate EOF.	_____
3.6 Keep the NRC Reactor Safety Coordinator briefed on the following:	
3.6.1 Status of the event classification and prognoses for escalation.	_____

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Technical Director			
Data Sheet 1	Technical Director Checklist		Page 4 of 6

Action	Time
3.6.2 Ongoing/imminent damage to the facility including affected equipment and safety features.	_____
3.6.3 Projected toxic or radiological release rate:	
3.6.3.1 Prognosis for increasing/termination.	_____
3.6.3.2 Assessment basis.	_____
3.6.3.3 Health effect/consequences to onsite/offsite people.	_____
3.6.3.4 How many onsite/offsite people are/will be affected and to what extent.	_____
3.6.4 Event control:	
3.6.4.1 When was control established, or what is the planned action to bring the event under control.	_____
3.6.4.2 What is the mitigative action under way or planned.	_____
3.6.5 Onsite protective measures that have been taken or planned.	_____
3.6.6 Offsite protective action recommendations made to the state and county officials.	_____
3.6.7 Status of state, county, and federal responses.	_____
3.6.8 Status of the Joint Information Center.	_____
3.6.9 Status of public information activities such as siren/radio activation, EAS broadcasts, or press releases.	_____
4.0 ONGOING ACTIONS	
4.1 Ensure that fission product barrier trends identified by the System Status Evaluator which indicate a worsening condition are brought to the attention of the EOF Director.	_____
4.2 Periodically compare plant conditions versus the EALs in 0ERP01-ZV-IN01, Emergency Classification, with the System Status Evaluator. Verify the correctness of the current emergency classification.	_____

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Technical Director			
Data Sheet 1	Technical Director Checklist		Page 5 of 6

Action	Time
4.3 Participate in the Emergency Director status briefings. Be prepared to provide the information on Data Sheet 2, Emergency Director Status Briefing. Following the meeting, brief your staff on plant status and ongoing activities.	_____
4.4 Ensure the technical status boards and trending boards are kept current, including the Critical Safety Function Status Board and the Unaffected Unit Status Board.	_____
4.5 Advise the EOF Director on engineering issues and priorities.	_____
4.6 Obtain engineering information requested by EOF personnel.	_____
4.7 Periodically contact the TSC Engineering Supervisor. Independently evaluate TSC engineering activities to determine if the correct priorities are established for engineering tasks.	_____
4.8 Provide technical and engineering assistance to the TSC, as requested.	_____
4.9 Monitor engineering activities underway by the TSC and identify major work scopes that will be necessary during the Recovery phase. Begin planning for the restoration effort that will be needed to return the plant to normal operation.	_____
4.10 Maintain an Emergency Action Log.	_____
5.0 SHIFT CHANGE	
5.1 Upon arrival of your shift replacement, complete all actions listed in Addendum 1. Include the System Status Evaluator, the Technical Staff, and the Engineering Assistant in the briefing.	_____
6.0 RECOVERY ACTIONS	
6.1 Contact the Technical Manager and review engineering activities, priorities, and manpower.	_____
6.2 Discuss with the EOF Director the engineering activities needed during the Recovery phase and determine whether the responsibility for engineering should remain with the TSC or whether the engineering function and Engineering Supervisor should report to the Technical Director. Inform the Technical Manager and Engineering Supervisor of the decision.	_____

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Technical Director			
Data Sheet 1	Technical Director Checklist		Page 6 of 6

Action		Time
6.3	Contact the Technical Manager and determine if additional technical support is needed by the TSC during the recovery phase.	_____
6.4	Develop a list of activities and tasks which should be completed using 0ERP01-ZV-RE02, Data Sheet 1, Corrective Action Items List, and provide a copy of the list to the Deputy EOF Director.	_____
6.5	Assist in the development of recovery plans and procedures using the guidance in 0ERP01-ZV-RE01, Recovery Operations.	_____
6.6	Maintain an Emergency Action Log.	_____
6.7	If a shift change occurs, then brief your replacement based on the applicable sections of Addendum 1. Include the System Status Evaluator, Technical Staff, and the Engineering Assistant in the briefing.	_____
7.0	TERMINATION ACTIONS	
7.1	Develop a list of activities and tasks which should be completed using 0ERP01-ZV-RE02, Data Sheet 1, Corrective Action Items List, and provide a copy of the list to the Deputy EOF Director.	_____
7.2	Provide a list of any supplies or forms needing replenishment to the Assistant Support Organization Director.	_____
7.3	Collect and organize in chronological order all documents, checklists and logs.	_____
7.4	With the assistance of the System Status Evaluator and Technical Staff, write an Emergency Response Summary report using the guidance in 0ERP01-ZV-RE02, Documentation. Provide this report to the Deputy EOF Director.	_____
7.5	Turn over all documentation generated during the emergency to the Deputy EOF Director.	_____

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Technical Director			
Data Sheet 2	Emergency Director Status Briefing		Page 1 of 3

Critical Safety Function Status	CURRENT	LAST HOUR
S – Subcriticality		
C - Core Cooling		
H - Heat Sink		
P – Integrity		
Z – Containment		
I – Inventory		
R – Radiation		

<u>Status of Boundaries:</u>	<u>Cladding</u>	<u>Coolant System</u>	<u>Containment</u>
Intact	()	()	()
Potential Loss	()	()	()
Loss	()	()	()
Re-established	N/A	()	()

Assessment or Core Damage: _____ % Clad; _____ % Fuel

Major system problems/adverse trends: _____

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Technical Director			
Data Sheet 2	Emergency Director Status Briefing		Page 2 of 3

- 1.0 The current engineering priorities (TSC and EOF) are:
(emphasize changes in priorities since last meeting)

1.1

(Status)

1.2

(Status)

1.3

(Status)

1.4

(Status)

1.5

(Status)

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Technical Director			
Data Sheet 2	Emergency Director Status Briefing		Page 3 of 3

2.0 The current Emergency Classification is:

☐ Alert ☐ Site Area Emergency ☐ General Emergency ☐ Recovery

3.0 We have been in this classification for _____.

4.0 The EAL that is being exceeded is:

5.0 The most likely potential path to escalate to the next highest emergency classification is:

6.0 The key systems currently being monitored include:

7.0 If current trends continue, EALs for the next emergency classification could be met within the next _____.

8.0 In order to enter Recovery or to Terminate we must:

(Display any trending graphs that are applicable)

Date: _____ Time: _____ Initials: _____

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Notifications To Offsite Agencies				
Quality	Non Safety-Related	Usage: N/A	Effective Date: 12/10/01	
Max Keyes	N/A	N/A	Emergency Response Division	
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION	

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Notifications To Offsite Agencies**1.0 Purpose and Scope**

- 1.1 This procedure specifies the actions to be taken for notifying offsite agencies and the Nuclear Regulatory Commission of a declared emergency at the South Texas Project Electric Generating Station (STPEGS).

2.0 Definitions

- 2.1 Emergency Notification System (ENS) – FTS - 2001 Telephone System, used for initial notification of an emergency to the NRC.

3.0 Precautions and Limitations**NOTE**

Addendum 3, Emergency Communications provides information on the following communications links:

- NRC Emergency Notification System (ENS)
- State and County Ringdown Line
- Health Physics Network (HPN)
- Reliant Dispatcher Ringdown Line
- 800 Mhz Radio

3.1 Notifications to offsite agencies shall meet the following time limits and criteria:

- 3.1.1 The State of Texas and Matagorda County shall be contacted within 15 minutes of the Emergency Director declaring:

- Initial classification of the emergency;
- Change in the classification; or
- Change in Protective Action Recommendations (PARs) for the public, including changes in wind direction resulting in PARs affecting additional zones.

Once contacted, the information contained in Items 1-8 and 12 of Data Sheet 1 Offsite Agency Notification Message Form shall be transmitted. All information shall be provided after message Number 1.

Notifications To Offsite Agencies

- 3.1.2 Notify the NRC Operations Center immediately following notifications to the State/County and no later than one hour after the emergency has been declared. Use Data Sheet 4, NRC Event Notification Worksheet, as a record of conversation. If more than one communicator is available, NRC notification may be made concurrently with State/County notification.
- 3.1.3 The Emergency Response Data System (ERDS) shall be activated at the time the NRC Operations Center is notified of the Alert, Site Area Emergency or General Emergency (see Addendum 4, Instructions for Operating Emergency Response Data System).
- 3.1.4 Issue updates to the State and County approximately hourly unless a State/County consensus is obtained for a reduced frequency (e.g. a static condition).
- 3.1.5 Immediately update the NRC, via the open line of communications, per Section 5.2.1.4 of this procedure.
- 3.1.6 After Offsite Agency Notification Message Number 1, all subsequent notifications shall be completed in entirety.
- 3.2 If the Emergency Classification or PARs are changed during the 15 minute notification period, then continue to complete notifications to the State/County prior to initiating the new notification, and inform the agencies that a change in classification or change in PAR will be forthcoming. (LCTS 9100453-936)
 - 3.2.1 An exception to this situation is when Termination is declared before the offsite agencies are notified of the emergency condition. For this situation, issue both notification forms concurrently.
- 3.3 Notifications to offsite agencies shall follow the guidelines in Addendum 3, Emergency Communications, when communication system deficiencies exist.
- 3.4 Any revisions to this procedure that directly or indirectly affect the format or usage of Data Sheet 1 shall be reviewed by the Texas Department of Health, Bureau of Radiation Control (BRC) prior to becoming effective.

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Notifications To Offsite Agencies			

4.0 Responsibilities

NOTE

Refer to Addendum 1, Responsibilities for Notification.

- 4.1 The individual with Emergency Director authority is responsible for approving all notifications to offsite agencies and ensuring notifications are made within the required time frames.
- 4.2 The Shift Supervisor is responsible for implementation of this procedure while functioning as the Emergency Director. Actual completion of forms may be delegated to the communicators.
- 4.3 The Control Room ENS Communicator is responsible for maintaining the open line with the NRC, unless otherwise directed by the NRC. This responsibility shall not transfer to the Technical Support Center (TSC) or Emergency Operations Facility (EOF).
- 4.4 The Control Room ENS Communicator is responsible for activating the ERDS at the time the NRC Operations Center is notified of the Alert, Site Area Emergency, or General Emergency (see Addendum 4).
- 4.5 The Control Room State/County Communicator is responsible for notifications to the State/County and for maintaining Data Sheet 3, Offsite Agencies Log, while the Shift Supervisor has Emergency Director authority.
- 4.6 The Chemical/Radiochemical Manager in the TSC is responsible for gathering information and preparing Data Sheet 1 and implementation of this procedure while the TSC Manager has Emergency Director authority. The Chemical/Radiochemical Manager is responsible for ensuring the correctness and timeliness of Data Sheet 1.
- 4.7 The TSC Communicator in the TSC is responsible for completing notifications to the State/County and NRC when provided completed notification forms from the Chemical/Radiochemical Manager, and maintaining Data Sheet 3. The TSC Communicator shall maintain a file containing copies of all Data Sheet 1 which originate from either the Control Room or Technical Support Center.
- 4.8 The Engineering Assistant in the EOF is responsible for implementation of this procedure while the EOF Director has Emergency Director authority. The Engineering Assistant is responsible for gathering information and preparing Data Sheet 1, and has primary responsibility for the correctness and timeliness of Data Sheet 1. The Engineering Assistant should also, if time permits, routinely complete Data Sheet 2.

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- 4.9 The Offsite Agency Communicator in the EOF is responsible for completing notifications to the State/County, when directed by the Emergency Director, and for maintaining Data Sheet 3. The Offsite Agency Communicator shall maintain a file containing a copy of all Data Sheet 1 from the start of the event to recovery.
- 4.10 The Licensing Director in the EOF is responsible for completing notifications to the NRC over the ENS once the EOF is activated.

5.0 Procedure

CAUTION

The State and County are required to be contacted within 15 minutes of the Emergency Director declaring any of the following:

- Initial classification of the emergency, (Item 4)
- Change in the classification, (Item 4) or
- Change in Protective Action Recommendations (PARs) for the public, including changes in wind direction resulting in PARs affecting additional Zones, (Item 6).

5.1 Offsite Agency Notification (State/County)

NOTE

Print the information on Data Sheet 1 (black ink should be used).

ONLY BLOCKS 1-8 AND 12 ARE REQUIRED TO BE COMPLETED UPON INITIAL NOTIFICATION. ALL INFORMATION SHALL BE PROVIDED AFTER MESSAGE NUMBER 1.

5.1.1 Complete Data Sheet 1

NOTE

The Communicator, at the time of contact, enters the names of the persons contacted at DPS Pierce and Matagorda County at the top of each form. Record the time of contact.

- 5.1.1.1 **ITEM 1** - Name of the STPEGS person communicating information to offsite agencies. Mark the applicable Unit. If the event is common unit, then mark Unit 1.

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- 5.1.1.2 **ITEM 2 -** Mark if notification is or is not a drill.
- 5.1.1.3 **ITEM 3 -** Start with number one (1). Number sequentially, independent of facility originating Data Sheet 1, and indicate which facility is originating the message.
- 5.1.1.4 **ITEM 4 -** Mark if the classification is new or unchanged. Fill in the date and time the current classification was declared. Mark the event classification.
- 5.1.1.5 **ITEM 5 -** A radiological release is defined as exceeding the Emergency Action Level (EAL) for an Unusual Event.
- 5.1.1.6 **ITEM 6 -** Mark if the recommended protective actions are new or unchanged.
- a. Refer to 0ERP01-ZV-IN07, Offsite Protective Action Recommendations for PARs. Mark Block A or B. If Block A is marked then go to Step 5.1.1.7.
- b. Ensure correct notations are used for zones and sectors. Zones range from 1 to 11. Sectors range from A to R. Refer to Addendum 4 in 0ERP01-ZV-IN07, Offsite Protective Action Recommendations, for a cross reference of zones and sectors.
- 5.1.1.7 **ITEM 7 -** Indicate BRC disposition on PARs recommendation or BRC Not Contacted.
- 5.1.1.8 **ITEM 8 -** Mark if the event description is new or unchanged. Enter the alpha numeric designator in the initiating condition line.
- a. Addendum 6 contains suggested wording which may be used by the communicator as an aid.
- b. If wording other than that provide in Addendum 6 is used, then, include a brief explanation of the event in lay terms for clarification to offsite agencies. Legibly print a non-technical description of the event. **DO NOT USE ACRONYMS.**

Notifications To Offsite Agencies

NOTE

Only Blocks 1 - 8 and 12 are required to be completed upon initial notification. The remainder of the form should be completed if time allows. The entire form shall be completed on all subsequent notifications or updates.

- 5.1.1.9 ITEM 9 - Mark NEW or UNCHANGED. Meteorological data is available on the Integrated Computer System (ICS) Emergency Response Facility Data Acquisition Display System (ERFDADS). Ensure 15 minute average lower wind speed and wind direction are used. See Addendum 5, Atmospheric Stability Classification.
- 5.1.1.10 ITEM 10 - Mark NEW or UNCHANGED. A radiological release is defined as exceeding the EAL for an Unusual Event. Use a default 4 hour value if the release duration unknown.
- 5.1.1.11 ITEM 11 - Additional remarks, if any.
- 5.1.1.12 ITEM 12 - Signature of Emergency Director authorizing release of Data Sheet 1.
- 5.1.2 Complete notifications using Data Sheet 3.
 - 5.1.2.1 Contact State/County on ringdown line or alternate numbers.
 - a. Read ITEMS 1-8.
 - b. Supply information in Items 9-11, if available.
 - 5.1.2.2 Fax notification forms. Log time fax completed and confirmed.
 - 5.1.2.3 If the Communicator is also making NRC notifications, complete Section 5.2 of this procedure prior to continuing.
 - 5.1.2.4 Contact BRC and issue information on Data Sheet 1.
 - 5.1.2.5 Notify unaffected Unit Control Room that an emergency fax notification has been made.
 - 5.1.2.6 Notify Reliant System Operations on ECDC Unit 1 or Unit 2 ringdown lines that emergency fax notification has been made.

Notifications To Offsite Agencies

- 5.1.3 Issue update notifications to State and County approximately hourly unless a State/County consensus is obtained for a reduced frequency (e.g. a static condition).
- 5.1.3.1 Update notifications are made using Data Sheet 1, Offsite Agency Notification Message Form.
- 5.1.3.2 If the Emergency Director is located in the Emergency Operations Facility and events are not rapidly changing, then, following issuance of Data Sheet 1, issue Data Sheet 2, Supplemental Notification Form. (Guidance for issuing Data Sheet 2 is found in Addendum 2, Special Instructions for Completing Supplemental Notification Form.)
- 5.1.4 If Data Sheet 1 or Data Sheet 2 is issued with incorrect information, then immediately contact the notified agencies, correct the information and follow-up with a corrected Data Sheet 1 or Data Sheet 2.
- 5.1.5 If Data Sheet 1 or Data Sheet 2 is being transmitted with incorrect information, then immediately stop transmission, gather the correct information, and re-transmit a corrected Data Sheet 1 or Data Sheet 2.

5.2 NRC Notification**NOTE**

Complete Data Sheet 4 (black ink should be used) for initial NRC notification. Complete all applicable blocks on the worksheet.

- 5.2.1 Notify the NRC Operations Center immediately following initial notification of State/County agencies and no later than one hour after the emergency has been declared. If more than one communicator is available, these notifications may be done concurrently. Use Data Sheet 4 as a record of initial conversation. Additional records of conversation may be made on Emergency Action Log Sheets.
- 5.2.1.1 Description - Provide a description of the event to include systems affected, actuation's and initiating signals, causes, effect of event on plant, actions taken or planned, etc. Additional space is provided on back of Data Sheet 4. Check block when Control Room Log Book entry is made.

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5.2.1.2 Radiological Releases - Complete this section if the event is radiologically based. Information from Data Sheet 1 may be used if information described in Data Sheet 4 is not available and obtaining it would likely cause a late notification.

5.2.1.3 Activate the ERDS at the time the NRC Operations Center is notified of the Alert, Site Area Emergency or General Emergency (see Addendum 4).

5.2.1.4 The Control Room ENS Communicator must maintain an open telephone line with the NRC, unless otherwise directed by the NRC. During the course of the event, immediately report any further degradation in the level of safety of the plant or other worsening conditions, including those that require declaration of any of the emergency classes, or may change from one emergency class to another, or a termination of the emergency class. Immediately report the results of ensuing evaluations or assessments of plant conditions, the effectiveness of response or protective measures taken, and information relating to plant behavior that is not understood.

5.2.2 Notify NRC Resident Inspector. Log time of contact on Data Sheet 4.

6.0 References

- 6.1 STPEGS Emergency Plan
- 6.2 OPGP05-ZV-0004, Emergency Plan Implementing Procedure Users Guide
- 6.3 0ERP01-ZV-IN07, Offsite Protective Action Recommendations
- 6.4 0ERP01-ZV-IN01, Emergency Classification
- 6.5 10CFR50.72(a)ii.3
- 6.6 Inspection Report 91-03-01 (LCTS 9100453-936)
- 6.7 10CFR50 Appendix E - IV.D.3
- 6.8 IEN 89-89

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Notifications To Offsite Agencies			

7.0 Support Documents

- 7.1 Data Sheet 1 - Offsite Agency Notification Message Form (Typical)
- 7.2 Data Sheet 2 - Supplemental Notification Form (Typical)
- 7.3 Data Sheet 3 - Offsite Agencies Log
- 7.4 Data Sheet 4 - NRC Event Notification Worksheet (Typical)
- 7.5 Addendum 1 - Responsibilities for Notifications
- 7.6 Addendum 2 - Special Instructions for Completing Supplemental Notification Form
- 7.7 Addendum 3 - Emergency Communications
- 7.8 Addendum 4 - Instructions for Operating Emergency Response Data System (ERDS)
- 7.9 Addendum 5 - Atmospheric Stability Classification
- 7.10 Addendum 6 - Suggested Wording for Event Description

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Data Sheet 1	Offsite Agency Notification Message Form (Typical)		Page 1 of 1

STP 1690 (04/98)		SOUTH TEXAS PROJECT ELECTRIC GENERATING STATION	
Rev. 12		OFFSITE NOTIFICATION MESSAGE FORM	
	Roll call: _____	_____	_____
	DPS Pierce	Matagorda County	Time _____
A	1. Communicator: Name _____		<input type="checkbox"/> U1 <input type="checkbox"/> U2
L	2. <input type="checkbox"/> This is a drill <input type="checkbox"/> This is <u>NOT</u> a drill		
W	3. Message Number _____	Originating From: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
A	4. Emergency Classification: <input type="checkbox"/> New <input type="checkbox"/> Unchanged		
Y	Declared at: _____	Date: _____	Time: _____
S	<input type="checkbox"/> Unusual Event <input type="checkbox"/> Alert <input type="checkbox"/> Site Area Emergency	<input type="checkbox"/> General Emergency <input type="checkbox"/> Terminated	
	5. Radiological release in progress: <input type="checkbox"/> Yes <input type="checkbox"/> No		
C	6. Recommended Protective Actions: <input type="checkbox"/> New <input type="checkbox"/> Unchanged		
O	A. <input type="checkbox"/> No recommended protective actions at this time.		
M	B. <input type="checkbox"/> Recommended protective actions are:		
P	1. Evacuate from zones: _____		
L	2. Sectors affected: _____		
E	7. Bureau of Radiation Control (BRC) concurs with recommendations in 6 above:		
T	<input type="checkbox"/> Yes <input type="checkbox"/> BRC Not Contacted <input type="checkbox"/> No		
E	8. Event Description: <input type="checkbox"/> New <input type="checkbox"/> Unchanged		
	Classification Path/Initiating Condition: _____		
	Explain: _____		

F	9. Meteorological data: <input type="checkbox"/> New <input type="checkbox"/> Unchanged		
O	A. Wind direction from _____ Degrees Wind speed _____ MPH		
L	B. Stability Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G		
L	C. Precipitation (Check One): <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Fog		
O	10. Release Involves: <input type="checkbox"/> New <input type="checkbox"/> Unchanged		
W	A. <input type="checkbox"/> Radiological release in progress: Expected Duration: _____ hrs. Started: Date _____ Time _____		
U	B. <input type="checkbox"/> Radiological release which has Duration: _____ hrs. Terminated: Date _____ Time _____		
P	ended:		
	11. Remarks: _____		

A	12. Approved: _____ Date _____ Time _____		
L			
L			

WHEN COMPLETED, THIS RECORD SHALL BE RETAINED IN ACCORDANCE WITH THE DOCUMENT TYPE LIST (DTL).

Notification To Offsite Agencies

Data Sheet 2

Supplemental Notification Form (Typical)

Page 1 of 1

TP 1686C (12/99) REV. 8		SOUTH TEXAS PROJECT ELECTRIC GENERATING STATION SUPPLEMENTAL NOTIFICATION FORM		<input type="checkbox"/> THIS IS A DRILL <input type="checkbox"/> THIS IS NOT A DRILL	
1. MESSAGE <u>S-</u>		3. EMERGENCY DIRECTOR LOCATION: () CR () TSC () EOF () AEOF NAME: _____			
2. UNIT STATUS: UNIT 1 POWER _____ UNIT 2 POWER _____					
STATUS OF BOUNDARY		4. FUEL CLADDING		5. REACTOR COOLANT SYSTEM	
INTACT		()		()	
POTENTIAL LOSS		()		()	
LOSS		()		()	
RE-ESTABLISHED		N/A		()	
7. PROGNOSIS OF SITUATION () IMPROVING () STABLE () DEGRADING SLOWLY () DEGRADING QUICKLY () UNKNOWN, UNDER ASSESSMENT			10. OFFSITE SUPPORT REQUESTED () NONE () AMBULANCE () FIRE () LOCAL LAW ENFORCEMENT () WESTINGHOUSE () BECHTEL () INPO () NRC () OTHER _____		
8. EAL #: _____					
9. NUMBER OF FUNCTIONAL SAFETY TRAINS: _____					
11. ONSITE PROTECTIVE MEASURES ORDERED		YES NO		12. ORGANIZATION /FACILITIES ACTIVATED () TSC/OSC () EOF () ALTERNATE EOF () JIC	
ACCOUNTABILITY		_____		_____	
EVACUATION OF NON-ESSENTIALS		_____		_____	
CONTROL ROOM EVACUATION		_____		_____	
TSC/OSC RELOCATION		_____		_____	
EOF RELOCATION		_____		_____	
POTASSIUM IODIDE ISSUED		_____		_____	
MEDICAL EMERGENCY OFFSITE TRANSPORT		_____		_____	
OTHER _____		_____		_____	
13. PROJECTED OFFSITE DOSES (CENTERLINE)		TEDE (REM)		THYROID CDE (REM)	
A. EXCLUSION AREA BOUNDARY		_____		_____	
B. 2 MILES _____		_____		_____	
C. 5 MILES _____		_____		_____	
D. 10 MILES _____		_____		_____	
E. ESTIMATED RELEASE DURATION _____		_____		HRS	
F. RELEASE RATE _____		_____		μ Ci/sec	
15. EMERGENCY DIRECTOR APPROVAL:			DATE TIME		
SIGNATURE			DATE TIME		
16. ACKNOWLEDGMENT OF RECEIPT:			DATE TIME		
SIGNATURE			DATE TIME		

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Notifications To Offsite Agencies			
Data Sheet 3	Offsite Agencies Log		Page 1 of 1

MESSAGE NUMBER	*MATAGORDA COUNTY	*DPS - PIERCE	FAX COMPLETED AND CONFIRMED	*TEXAS DEPT. OF HEALTH (BRC)	*UNAFFECTED UNIT CONTROL ROOM Reliant ECDC	NOTIFICATIONS COMPLETED
	CONSOLE OR 979-245-5526 OR 979-244-1178 (When EOC Activated)	CONSOLE OR 979-543-6878 OR 979-532-1740	(Refer to Addendum 2)	512-834-6688 OR 512-458-7460	U1-8614/8610/ 8595/7732 U2-7953/8549/ 8683/8156 ECDC Ringdown OR 713-207-2202	BY: NAME/LOCATION
15 MINUTE NOTIFICATION REQUIRED						

*LOG THE TIME OF CONTACT.

WHEN COMPLETED, THIS RECORD SHALL BE RETAINED IN ACCORDANCE WITH THE DOCUMENT TYPE LIST (DTL).

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Notifications To Offsite Agencies			
Data Sheet 4	NRC Event Notification Worksheet (Typical)	Page 1 of 2	

NRC FORM 361 (12-2000)	REACTOR PLANT EVENT NOTIFICATION WORKSHEET	U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER EN #
---------------------------	---	---

NRC OPERATION TELEPHONE NUMBER: PRIMARY -- 301-816-5100 or 800-532-3469*, BACK UPS -- [1st] 301-951-0550 or 800-449-3694*, [2nd] 301-415-0550 and [3rd] 301-415-0553
 *Licensees who maintain their own ETS are provided these telephone numbers.

NOTIFICATION TIME ET CT	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #
EVENT TIME & ZONE CT	EVENT DATE	POWER/MODE BEFORE /	POWER/MODE AFTER /	
EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)		
<input type="checkbox"/> GENERAL EMERGENCY	GEN/AAEC	<input type="checkbox"/> TS Deviation	ADEV	<input type="checkbox"/> (v)(A) Safe S/D Capability AINA
<input type="checkbox"/> SITE AREA EMERGENCY	SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		<input type="checkbox"/> (v)(B) RHR Capability AINB
<input type="checkbox"/> ALERT	ALE/AAEC	<input type="checkbox"/> (i) TS Required S/D	ASHU	<input type="checkbox"/> (v)(C) Control of Rad Release AINC
<input type="checkbox"/> UNUSUAL EVENT	UNU/AAEC	<input type="checkbox"/> (iv)(A) ECCS Discharge to RCS	ACCS	<input type="checkbox"/> (v)(D) Accident Mitigation AIND
<input type="checkbox"/> 50.72 NON-EMERGENCY	(see next columns)	<input type="checkbox"/> (iv)(B) RPS Actuation (scram)	ARPS	<input type="checkbox"/> (xii) Offsite Medical AMED
<input type="checkbox"/> PHYSICAL SECURITY (73.71)	DDDD	<input type="checkbox"/> (xi) Offsite Notification	APRE	<input type="checkbox"/> (xiii) Loss Comm/Asmt/Resp ACOM
<input type="checkbox"/> MATERIAL/EXPOSURE	B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		60-Day Optional 10 CFR 50.73(a)(1)
<input type="checkbox"/> FITNESS FOR DUTY	HFIT	<input type="checkbox"/> (ii)(A) Degraded Condition	ADEG	<input type="checkbox"/> Invalid Specified System Act AINV
<input type="checkbox"/> OTHER UNSPECIFIED REQMT	(see last column)	<input type="checkbox"/> (ii)(B) Unanalyzed Condition	AUNA	Other Unspecified Requirement (Identify)
<input type="checkbox"/> INFORMATION ONLY	NNF	<input type="checkbox"/> (iv)(A) Specified System Actuation	AESF	<input type="checkbox"/> NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect on plant, actions taken or planned, etc. (Continue on back)

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (explain above) <input type="checkbox"/> NO
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
STATE(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO (explain above)
LOCAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER GOV AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MODE OF OPERATION UNTIL CORRECTED:	ESTIMATE FOR RESTART DATE:
MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ADDITIONAL INFO ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO

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Data Sheet 4	NRC Event Notification Worksheet (Typical)	Page 2 of 2	

ADDITIONAL INFORMATION

PAGE 2 OF 2

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
<input type="checkbox"/> LIQUID RELEASE	<input type="checkbox"/> GASEOUS RELEASE	<input type="checkbox"/> UNPLANNED RELEASE	<input type="checkbox"/> PLANNED RELEASE	<input type="checkbox"/> ONGOING	<input type="checkbox"/> TERMINATED	
<input type="checkbox"/> MONITORED	<input type="checkbox"/> UNMONITORED	<input type="checkbox"/> OFFSITE RELEASE	<input type="checkbox"/> T.S. EXCEEDED	<input type="checkbox"/> RM ALARMS	<input type="checkbox"/> AREAS EVACUATED	
<input type="checkbox"/> PERSONNEL EXPOSED OR CONTAMINATED		<input type="checkbox"/> OFFSITE PROTECTIVE ACTIONS RECOMMENDED			*State release path in description.	
	Release Rate (Ci/sec)	% T.S. Limit	HOO Guide	Total Activity (Ci)	% T.S. Limit	HOO Guide
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 μ Ci/sec			0.01 Ci
Particulate			1 μ Ci/sec			1 mCi
Liquid (excluding tritium and			10 μ Ci/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						
	PLANT STACK	CONDENSER/AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER	
RAD MONITOR READINGS						
ALARM SETPOINTS						
% T. S. LIMIT (if applicable)						
RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc)						
LEAK RATE	UNITS: gpm/gpd	T. S. LIMITS	SUDDEN OR LONG TERM DEVELOPMENT			
LEAK START DATE:	TIME:	COOLANT ACTIVITY AND UNITS: PRIMARY - SECONDARY -				
	MST					
LIST OF SAFETY EQUIPMENT NOT OPERATIONAL:						
EVENT DESCRIPTION (Continued from front)				INITIALS AND DATE		

Notifications To Offsite Agencies

Addendum 1

Responsibilities For Notification

Page 1 of 1

RESPONSIBILITY	RESPONSIBLE PERSON BASED ON LOCATION OF EMERGENCY DIRECTOR		
	CR	TSC	EOF
Complete Data Sheet 1, Offsite Agency Notification Message Form	State/County Communicator	Chemical/Radiochemical Manager	Engineering Assistant
Complete Data Sheet 4, NRC Event Notification Worksheet and Maintain Open Line	ENS Communicator		
Update NRC on event status	ENS Communicator	Chemical/Radiochemical Manager	Licensing Director
Complete Data Sheet 2, Supplemental Notification Form			Engineering Assistant
Log State/County Notifications using Data Sheet 3, Offsite Agencies Log	State/County Communicator	TSC Communicator	Offsite Agency Communicator

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Notifications To Offsite Agencies			
Addendum 2	Special Instructions for Completing Supplemental Notification Form	Page 1 of 2	

NOTE

- Data Sheet 2 should be completed using black ink. No items are to be left blank even if information is unchanged.
- The Engineering Assistant should, if time permits, routinely complete Data Sheet 2.

- ITEM 1 - Use same number as on Data Sheet 1, which will be completed in conjunction with this form.
- ITEM 3 - Identify the location of the Emergency Director and the name of the Communicator.
- ITEM 9 - Enter the number of Engineered Safety Features (ESF) trains in the affected unit which are functional.
- ITEM 10 - Mark offsite support requested which will be responding to the site. This block is completed to facilitate the support group requested through county established road blocks.
- ITEM 14 - Examples of miscellaneous information:
- a. Estimate of quantity of radioactive material released or being released and the points and heights of releases.
 - b. Chemical and physical form of released material, including estimates of the relative quantities and concentration of noble gases, iodines and particulates.
 - c. Estimate of any surface radioactive contamination in plant, onsite or offsite.
 - d. Any licensee emergency response actions underway.
- GENERAL -
- a. Enter unavailable if information is not known.
 - b. Enter N/A if item is not applicable.

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Addendum 2	Special Instructions For Completing Supplemental Notification Form		Page 2 of 2

c. Fax the completed and approved Data Sheet 2 to all agencies listed below:

- Matagorda County Sheriff's Office Dispatcher
- Matagorda County Emergency Operations Center
- Texas Department of Public Safety (DPS) - Pierce, TX
- Texas Department of Health - BRC
- Division of Emergency Management
- Texas Department of Public Safety - Houston, TX
- Emergency Operations Facility
- Affected Unit's TSC
- Affected Unit's Control Room (when Emergency Direction is not in Control Room)
- Unaffected Unit's Control Room
- Site Public Affairs (EOF)
- Joint Information Center (JIC) (if activated)
- Energy Control Data Center

NOTE

Fax numbers can be found in the STPEGS Emergency Communications Directory.

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Addendum 3	Emergency Communications (SPR 91-0447)	Page 1 of 4	

1.0 Emergency Communications System

1.1 Emergency Notification System (ENS)

- 1.1.1 The ENS is a telephone circuit provided by the NRC.
- 1.1.2 The ENS is activated to notify the NRC of a declared emergency or drills/exercises and to maintain communications with the NRC Operations Center as needed.
- 1.1.3 If the ENS is activated, then a person SHALL remain on the line until the NRC agrees that the ENS may be terminated.
- 1.1.4 There are six (6) methods to notify the NRC. These are:
 - 1.1.4.1 ENS telephone
 - 1.1.4.2 Outside phone lines
 - 1.1.4.3 Control Room direct phone line to Bay City
 - 1.1.4.4 Microwave line to Reliant Energy Plaza and call forwarded to the NRC
 - 1.1.4.5 Ringdown line to the Energy Control and Distribution Center (ECDC) and call forwarded to the NRC
 - 1.1.4.6 Security radio communications to Matagorda County Sheriff's Office and forwarded to the NRC
- 1.1.5 The principal method of communications with the NRC is the ENS. The circuit may also be activated by the NRC.
- 1.1.6 If the ENS is out of service, then use outside phone lines to notify the NRC at one of the following telephone numbers (in order of priority) AND remain on the line.
 - 1.1.6.1 9-1-301-816-5100
 - 1.1.6.2 9-1-301-951-0550

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Addendum 3	Emergency Communications (SPR 91 0447)	Page 2 of 4	

1.1.7 If the outside telephone lines are out of service, then use the Control Room direct phone line to Bay City and notify the NRC at one of the following telephone numbers (in order of priority) AND remain on the line.

1.1.7.1 1-301-816-5100

1.1.7.2 1-301-951-0550

1.1.8 If the Control Room direct telephone line to Bay City is out of order, then use the microwave tower line (32-0) to Reliant Energy Plaza (24 hours) and have the operator/Security complete the phone call to the NRC AND remain on the line if requested by the NRC.

1.1.9 If the microwave tower line is out of service, then use the ringdown line to the ECDC and have the dispatcher forward the telephone call or information to the NRC AND remain on the line if requested by the NRC.

1.1.10 If the ringdown line to the ECDC is out of service, then use the Security radio console to contact the Matagorda County Sheriff's Office and request the information be forwarded to the NRC. Stay on the radio with the Matagorda County Sheriff's Office.

1.2 State and County Ringdown Line

1.2.1 The State-County ringdown line is provided to notify State and County officials of a declared emergency.

1.2.2 The State-County ringdown line is an automatic ringdown telephone circuit terminated on a communications console or an ORANGE telephone.

1.2.3 There are six (6) methods to notify the State/County. These are:

1.2.3.1 State/County ringdown telephone

1.2.3.2 Outside telephone lines

1.2.3.3 Control Room direct telephone line to Bay City

1.2.3.4 Microwave line to Reliant Energy Plaza and call forwarded to the State and County.

1.2.3.5 Security radio communications with the County.

1.2.3.6 Ringdown line to the ECDC and call forwarded to the State/County.

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1.2.4 If the State/County ringdown line is out of service, then use outside telephone lines to notify the State and County at one of the following telephone numbers:

1.2.4.1 State/DPS-Pierce

a. 9-1-979-543-6878

OR

b. 9-1-979-532-1740

1.2.4.2 Matagorda County Sheriff's Office

a. 9-1-979-245-5526

1.2.5 If outside telephone lines are out of service, then use the Control Room direct telephone line to Bay City to notify the State/County.

1.2.6 If the Control Room direct telephone line to Bay City is out of service, then use the microwave line (32-0) to Reliant Energy Plaza (24 hours) and have the Operator/Security complete the telephone calls to the State/County.

1.2.7 If the microwave line is out of service, then use the Security radio communications to notify the County.

1.2.8 If Security radio communications are out of service, then use the ringdown line to the ECDC and have the dispatcher forward the telephone call or information to the State/County.

1.3 Health Physics Network (HPN)

1.3.1 The HPN is terminated on an FTS - 2001 telephone.

1.3.2 The HPN is to be used only at the request of the NRC.

1.3.4 If the outside telephone lines are out of service, then use the microwave line (32-0) to Reliant Energy Plaza (24 hours) and have the Operator/Security complete the telephone call to the NRC/HPN.

1.3.5 If the HPN telephone line is out of service, then notify the NRC Operations Center. (IEN 89-19)

1.3.5.1 NOTIFY the NRC when the telephone set has been returned to service. (IEN 89-19)

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- 1.3.6 The HPN telephone is designed to provide communications with the NRC Health Physics Section and/or other nuclear power plants during a declared emergency or drill/exercise. STPEGS health physics personnel MAY request a conference call with other nuclear power plants on the HPN by asking the NRC to connect the desired plant(s).
- 1.4 Reliant Dispatcher Ringdown Line
 - 1.4.1 The Reliant Dispatcher ringdown line is an automatic ringdown between the Energy Control and Data Center (ECDC) and STPEGS communications consoles.
- 1.5 800 MHz Radio
 - 1.5.1 Press HOME on keypad to ensure channel 65 is on the LCD display. Channel 65 is monitored by the dispatcher.
 - 1.5.2 If unnecessary traffic is coming over the radio, use MODE on the keypad until the prompt appears to put the radio to sleep. Entering 0 will put the unit to sleep. Pressing any button on the keypad will wake the unit up. Traffic will again be monitored.
 - 1.5.3 To contact the dispatcher, press ECC on the keypad. Channel 65 should be displayed, and momentarily, the dispatcher will acknowledge the unit calling. The handset is a push to talk handset.
 - 1.5.4 The 800 MHz has many additional capabilities, including, use as a radio-telephone. Contact the EOF Communications Supervisor for additional instructions.

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Addendum 4	Instructions for Operating Emergency Response Data Systems (ERDS)		Page 1 of 2

- 1.0 Emergency Response Data System (ERDS) Activation, Termination, and Error Handling Instructions:
- 2.0 Steps to Activate the ERDS from Integrated Computer System / Emergency Response Facility Data Acquisition Display System (ICS/ERFDADS) Main Menu:
 - 2.1 Click on the Menu UP Arrow (WDPF Main Menu)
 - 2.2 Select Custom Graphics
 - 2.3 Select Top Level Menu
 - 2.4 Select AF, AM, AP, BR, & CC DISPLAYS
 - 2.5 Select NRC Link Control
 - 2.6 Click in ACTIVATE Block to connect with the NRC ERDS Computer at the NRC Operations Center in Rockville, Maryland, via a dedicated telephone line.
 - 2.7 The dial-up should generally succeed within one minute, at which time the NRC Link Control screen will indicate ACTIVE and ONLINE and will begin counting GOOD CYCLES. Otherwise, the ICS/ERFDADS will automatically re-dial and attempt to connect with the NRC ERDS computer several additional times. If no connection is established within approximately five minutes, then NRC Link Control screen will indicate the link status via error messages. If more than five minutes elapses without a successful response, then site personnel should notify the NRC before terminating efforts to establish the ERDS datalink.
 - 2.8 The display terminal may now be used for other purposes while the ERDS data continues to be transmitted to the NRC. Whenever the ERDS is active, it is suggested that NRC Link Control or NRC Link Status screen be used to monitor the status of the ERDS datalink.
- 3.0 Steps to terminate the ERDS:
 - 3.1 If NRC Link Control screen is not present on an ICS/ERFDADS terminal, repeat the ERDS activation steps 2.1, 2.2, 2.3, 2.4, and 2.5.
 - 3.2 When NRC Link Control screen is present on the terminal CLICK in the TERMINATE Block. This action causes the ICS/ERFDADS to disconnect the telephone connection with the NRC ERDS computer in Rockville, Maryland.
 - 3.3 When the ERDS is terminated by STP, the NRC Link Control and NRC Link Status screens will show the message Terminated and the Link Status Block with the message OFFLINE. When STP terminates the ERDS, then 15 minutes must lapse before attempting to activate the ERDS again from the same STP Unit.

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4.0 Steps to handle ERDS error conditions:

- 4.1 If an error condition occurs, then the error messages will be displayed on NRC Link Control and NRC Link Status screens. If an error condition occurs, then obtain a hardcopy of the error message using Print Screen.
- 4.2 When the ERDS is active and no errors are occurring, then displays NRC Link Control and NRC Link Status screens will tag the ERDS Messages block with the message Active, the Link Status block with the message Online, the Read Error block with the message OK, the Nonsensical error block with the message OK. and the Write Error block with the message OK.
- 4.3 If an attempt is made to activate the ERDS by STP and all telephone lines at NRC are busy, then displays NRC Link Control and NRC Link Status screens will tag the ERDS Messages block with the message NRC lines busy. Obtain a hardcopy of the display showing the NRC lines busy message and then follow the steps to terminate the ERDS. Periodically try again to activate the ERDS, producing a hardcopy of the display each time the NRC lines busy message is shown.
- 4.4 If an attempt is made to activate the ERDS by STP and NRC denies access to the ERDS computer system in Rockville, Maryland, then displays NRC Link Control and NRC Link Status will tag the ERDS Messages block with the message Unaccepted by NRC. Obtain a hardcopy of the display showing the denied access by NRC message and then follow the steps to terminate the ERDS. Periodically try again to activate the ERDS, producing a hardcopy of the display each time the denied access by NRC message is shown.
- 4.5 NRC has the ability to terminate an active ERDS link. If NRC terminates such a link, then displays NRC Link Control and NRC Link Status will tag the ERDS Messages block with the message Terminated by NRC and the Link Status block with the message Offline. Obtain a hardcopy the display showing the ERDS link termination by NRC.
- 4.6 If the ERDS link is active and the telephone line is disconnected, then the ICS/ERFDADS will automatically re-dial and attempt to reconnect with the NRC ERDS computer system. If the telephone line is disconnected, then displays NRC Link Control and NRC Link Status will tag the ERDS Messages block with either the message Active or with the message Modem trouble, the Link Status block with the message Offline, and the remainder of the status messages blocks with the message OK or the message TRBL.

If the ERFDADS is not able to reconnect with the NRC ERDS computer system, then hardcopy the displayed error messages and contact the ERFDADS System Engineer.

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Addendum 5	Atmospheric Stability Classification	Page 1 of 1	

Stability Classification	Class	Delta T (60m-10m)°F	Sigma-Theta
Extremely Unstable	A	< -1.7	≥ 22.5
Moderately Unstable	B	-1.71 TO -1.53	17.5 TO 22.5
Slightly Unstable	C	-1.52 TO -1.35	12.5 TO 17.5
Neutral	D	-1.34 TO - 0.45	7.5 TO 12.5
Slightly Stable	E	-0.44 TO 1.35	3.8 TO 7.5
Moderately Stable	F	1.36 TO 3.60	2.1 TO 3.8
Extremely Stable	G	> 3.60	< 2.1

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NOTE

Obtain Initiating Condition alpha-numeric designation from the Emergency Director. Match designation with list below and enter into item 8 of Data Sheet 1.

Fission Product Barrier Degradation

FU1	Loss or potential loss of Containment barrier
FA1	Loss or potential loss of Fuel Clad or Reactor Coolant System barrier
FS1	Loss or potential loss of two fission product barriers
FG1	Loss of two fission product barriers with potential loss or loss of the third barrier

System Malfunction

SU1	Loss of offsite power to safety systems. Multiple sources of emergency power are available.
SU2	Plant operation determined to be outside of plant safety specifications.
SU3	Unplanned loss of most Control Room safety system alarm indications.
SU4	Unplanned loss of all onsite or offsite communications capabilities.
SU5	Unplanned loss of safety related battery power causing difficulty monitoring plant conditions while shutdown.
SU6	Indication of degradation or potential loss of the Fuel Clad fission product barrier.
SU7	Indication of degradation of Reactor Coolant System fission product barrier.
SA1	Loss of all power to safety systems while the plant is shutdown and cooled down.
SA2	Reactor failed to automatically shutdown when required. Manual shutdown was successful.
SA3	Inability to maintain appropriate cooled down temperature while shutdown.
SA4	Difficulty monitoring changing plant conditions due to unplanned loss of most Control Room safety system alarm indications.
SA5	Electrical power to safety systems has degraded to a single source.
SA6	Indication of potential loss of the Fuel Clad fission product barrier.
SS1	Loss of all electrical power to safety systems.
SS2	Reactor failed to automatically shutdown when required. Initial attempts at manual shutdown were not successful.
SS3	Unplanned loss of safety related battery power compromising the ability to monitor and control plant safety functions.
SS4	Complete loss of systems required for plant cooldown.
SS5	Loss of water level in the Reactor Vessel that has or will uncover the fuel in the Reactor Vessel while the plant is shutdown and cooled down.
SS6	Inability to monitor changing plant conditions due to unplanned loss of most Control Room safety system alarm indications.
SG1	Prolonged loss of all electrical power to safety systems which will lead to a loss of all three fission product barriers unless restored.
SG2	All attempts to shutdown the reactor have been unsuccessful which may lead to loss of all three fission product barriers.

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Abnormal Radiological Levels

RU1	Unplanned release to the environment of very low levels of radioactivity which exceed effluent limits and indicates a degradation in plant radiological controls.
RU2	Unexpected increase in plant radiation levels.
RA1	Unplanned release to the environment of low levels of radioactivity which significantly exceed effluent limits and indicates a substantial degradation in plant radiological controls.
RA2	Potential damage or damage to spent nuclear fuel outside of the Reactor Vessel.
RA3	Elevated plant radiation levels impede necessary access to plant operating stations.
RS1	Actual or projected radiological dose at the site boundary has reached a level which is equal to 10% of the dose which would prompt an offsite protective action recommendation.
RS2	An unexpected increase in containment radiation levels indicate a loss or potential loss of two fission product barriers.
RG1	Actual or projected radiological dose at the site boundary has reached a level which requires an offsite protective action recommendation.
RG2	An unexpected increase in containment radiation levels indicate a loss of two fission product barriers with potential loss or loss of third barrier.

Hazards and Other Conditions

HU1	Security event affecting normal operation of the plant.
HU2	(Fire or Explosion) in the (Protected Area or Switchyard) which affects normal plant operations.
HU3	(Toxic or Flammable) gasses are affecting normal plant operations.
HU4	(Describe destructive event) _____ is affecting normal plant operations.
HU5	Conditions exist, not specifically covered by the Station Emergency Plan, which are impacting normal plant operations and, in the judgment of the Emergency Director, warrants declaration of an Unusual Event.
HA1	Security event inside the Protected Area may potentially affect safe operation of the plant.
HA2	(Fire or Explosion) in a plant vital area may potentially affect safe operation of the plant.
HA3	(Toxic or Flammable) gasses may potentially affect safe operation of the plant.
HA4	(Describe destructive event) _____ may potentially affect safe operation of the plant.
HA5	Evacuation of Main Control Room. Plant controls established at Auxiliary Shutdown Panel.
HA6	Conditions exist, not specifically covered by the Station Emergency Plan, which may affect safe operation of the plant, and, in the judgment of the Emergency Director, warrants the declaration of an Alert.
HS1	Security event in a plant vital area which could affect safe shutdown.
HS2	Evacuation of Main Control Room and plant controls cannot be established.
HS3	Events affect the ability to shutdown the plant or maintain it in a safe shutdown condition.
HG1	Security event resulting in loss of ability to reach and maintain safe shutdown.
HG2	Conditions exist, not specifically covered by the Station Emergency Plan, which may potentially result in a hazard to the public, and in the judgment of the Emergency Director, warrants the declaration of a General Emergency.

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Emergency Notification and Response System			
Quality	Non Safety-Related	Usage: Available	Effective Date: 12/20/01
Max Keyes	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

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Emergency Notification and Response System**1.0 Purpose and Scope**

- 1.1 This procedure assigns responsibility for the administration, maintenance, and operation of the Emergency Notification and Response System (ENRS).
- 1.2 The scope of this procedure delineates responsibilities for the various elements required to utilize the ENRS.
- 1.3 This procedure implements portions of the STPEGS Emergency Plan specific to notification of the Emergency Response Organization (ERO).

2.0 Definitions

- 2.1 Emergency Notification Response System (ENRS): This system is comprised of the following:
 - 2.1.1 AutoDial System
 - 2.1.2 Glenayre Pager System
 - 2.1.3 Community Alerting Network (CAN)
- 2.2 ADMINISTRATION: Perform manipulation of the operating system of the ENRS to meet the operating needs of the systems.
- 2.3 MAINTENANCE: Maintain the hardware and software of the ENRS in a state of readiness to support Emergency Response requirements.
- 2.4 OPERATION: Activate the ENRS to support Emergency Response requirements.

3.0 Responsibilities

- 3.1 The Supervisor, Emergency Response, or designee, is responsible for:
 - 3.1.1 Establishing ENRS requirements and maintaining applicable procedures.
 - 3.1.2 Providing management oversight of system administration, operation and maintenance.
 - 3.1.3 Ensuring that appropriate training is provided for designated Nuclear Plant Protection personnel in the operation and administration of the ENRS.
 - 3.1.4 Maintaining contract with vendors for maintenance support.
 - 3.1.5 System administration, including database entry, update, and programming the ENRS to meet Emergency Response requirements.

Emergency Notification and Response System

3.2 The Manager, Information Systems or designee, is responsible for:

3.2.1 Providing system technical hardware and maintenance support.

3.2.2 Providing backup Emergency Communications.

3.3 The Security Superintendent or designee, is responsible for:

3.3.1 Operation of the ENRS when directed by the Emergency Director for emergencies, or the Emergency Response Division for testing and training.

4.0 Procedure

4.1 Plant Protection personnel, qualified in the operation of the ENRS, shall activate the ENRS when directed by the Emergency Director, for emergencies, or Emergency Response personnel for tests and drills, in accordance with 0ERP01-ZV-IN03, Emergency Response Organization Notification.

4.2 The Supervisor, Emergency Response or designee performs the following:

4.2.1 As required, update the Emergency Response Roster.

4.2.2 As required, update the AutoDial call out roster.

4.2.3 As required, update the Community Alerting Network (CAN) call out roster.

4.2.4 Monthly, distribute an updated Emergency Response Roster to the Control Rooms, Technical Support Centers, Emergency Operations Facility, and Alternate Emergency Operations Facility.

5.0 References

5.1 STPEGS Emergency Plan

5.2 0ERP01-ZV-IN03, Emergency Response Organization Notification

5.3 10CFR50.72, Immediate Notification Requirements for Operating Nuclear Power Reactors.

6.0 Support Documents

6.1 None

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Quality	Non Safety-Related	Usage: Referenced	Effective Date: 12/20/01
Steven Horak	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

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Emergency Facility Inventories and Inspections**1.0 Purpose and Scope**

- 1.1 This procedure lists Emergency Response Facilities (ERFs) and requirements for completing inventories.
- 1.2 This procedure outlines the requirements to verify the operational readiness and availability of the emergency facilities, equipment and supplies required for the implementation of the South Texas Project Electric Generating Station (STPEGS) Emergency Plan.

2.0 Definitions

- 2.1 **DRILL/EXERCISE:** A period of instruction/testing that simulates an actual emergency.
- 2.2 **EMERGENCY LOCKERS:** Designated cabinets and spaces used to store equipment and supplies in the ERFs and other locations for use during a declared emergency or drill/exercise.
- 2.3 **EMERGENCY RESPONSE FACILITIES (ERFs):** Facilities which are manned during an emergency which provide technical and communications support for the Control Room and provide information and services to protect the health and safety of the public and site personnel.
- 2.4 **INSPECTION:** The act of visually verifying the state of readiness of an ERF.
- 2.5 **INVENTORY:** The act of verifying and checking the operational readiness of emergency equipment and supplies in an ERF or locker.

3.0 Limitations and Precautions

- 3.1 If an instrument must be removed from an emergency locker for calibration/repair, it should be replaced within 24 hours of removal.
- 3.2 Any emergency respiratory protection equipment used for an actual emergency or drill shall be inspected or replaced within 24 hours of the termination of the emergency or drill.

4.0 Responsibilities

- 4.1 The Supervisor, Emergency Response, or designee, is responsible for:
 - 4.1.1 Performing inspections of ERFs, except Control Rooms.
 - 4.1.2 Ensuring inventories are completed at least once per calendar quarter with no more than 120 days between consecutive inventories.
 - 4.1.3 Reviewing for completeness and accuracy, and approving inventory forms.

Emergency Facility Inventories and Inspections

- 4.1.4 Providing replacement, non-radiological related, supplies for use in ERFs and emergency lockers.
- 4.1.5 Verifying during inventory performance that radiation detection equipment is within scheduled calibration.
- 4.2 The Manager, Health Physics, or designee, is responsible for:
 - 4.2.1 The maintenance/replacement of Respiratory Protection Equipment and Associated Documentation in the Owner Controlled Area.
 - 4.2.2 Performing inventories using procedure 0PGP05-ZV-0012, Emergency Facility Inventories, Form 2 - Technical Support Center Inventory, Form 3 - Operations Support Center Inventory, Form 4 - Emergency Operations Facility Inventory, Form 6 - Offsite Survey Team Kit Inventory, Form 8 - Rad Van Inventory, and Form 10 - Site Ambulance Inventory in accordance with Step 4.1.2 of this procedure.
 - 4.2.3 Approving Health Physics restricted materials for restocking ERFs/emergency lockers.
- 4.3 The Manager, Meteorology and Radiological Laboratory, or designee, is responsible for:
 - 4.3.1 Replacing radiation detection equipment located in ERFs and/or emergency lockers when it must be removed for calibration/repairs or has been expended through use.
 - 4.3.2 Maintaining emergency response radiation detection equipment records, to include equipment type, serial number, storage location, and calibration due date.
 - 4.3.3 Performing inventories using procedure 0PGP05-ZV-0012, Emergency Facility Inventories, Form 5 - Support Hospital Inventory, Form 7 - Alternate Emergency Operations Facility Inventory, Form 9 - Offsite Ambulance Instrument Inventory, Form 11 - Environmental Health Department (EHD) Inventory, Form 12 - Matagorda County Sheriff's Office Inventory in accordance with Step 4.1.2 of this procedure.
- 4.4 The Manager, Plant Operations, or designee, is responsible for:
 - 4.4.1 Performing inventories using procedure 0PGP05-ZV-0012, Emergency Facility Inventories, Form 1, Control Room Inventory (both Units) emergency response equipment in accordance with Step 4.1.2 of this procedure.
 - 4.4.2 Verify during inventory performance that radiation detection equipment is within scheduled calibration.

Emergency Facility Inventories and Inspections**5.0 Procedure****NOTE**

ERFs and/or emergency lockers/equipment are maintained in the following locations:

- a. Control Room (both Units)
- b. Technical Support Center (both Units)
- c. Operations Support Center (both Units)
- d. Emergency Operations Center (Matagorda County Sheriff's Office)
 - 1) Celanese
 - 2) EquiStar
- e. Offsite Survey Team (Kits A and B)
- f. Rad Van
- g. Onsite Ambulance Services (Site Ambulance and Transport)
- h. Alternate Emergency Operations Facility (Bay City Service Center)
- i. Matagorda General Hospital
- j. Wagner General Hospital
- k. Emergency Operations Center (Matagorda County Sheriff's Office)
- l. Environmental Health Department (EHD)
- m. Gulf Coast EMS
- n. Telephone cell (Inspection only)
- o. Joint Information Center (Best Western Matagorda Hotel - Inspection only)
- p. State of Texas Bureau of Radiation Control Staging Area (Bay City Civic Center – Inspection only)
- q. Reception Center (McAllister Junior High School/Palacios Senior High School Field House - Inspection only)

- 5.1 A complete inspection and inventory (if required) of ERFs and/or emergency lockers/equipment shall be performed within 24 hours following a drill/exercise for those ERFs used, within 24 hours after the termination of a declared emergency if the ERF/locker was utilized, or when a locker is found unsealed or unlocked.

- 5.1.1 During the 1st Quarter inspection and inventory of lockers/equipment, all sealed packages with the exception of those sealed from the manufacturer, shall be broken open and physically counted and inspected.

NOTE

This does not include those packaged items/kits that contain items/equipment requiring an operational check or functional check.

Emergency Facility Inventories and Inspections

5.1.2 Packaged items/kits found to be sealed from the last inventory may be signed off and documented as inventoried. For documenting purposes, the accounted inventory will be the same quantity as the required inventory.

5.2 A partial inventory is required, of affected items, when the locker(s) is found secure and equipment (such as respiratory or radiation detection) is being changed out.

5.3 To perform inventories utilize the applicable Facility Inventory form (Forms 1-12) from procedure OPGP05-ZV-0012, Emergency Facility Inventories.

6.0 References

6.1 STPEGS Emergency Plan

6.2 NUREG 0654, FEMA-REP-1, Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

6.3 NUREG 0696, Functional Criteria for Emergency Response Facilities

6.4 Matagorda County Annex W, REP Plan

6.5 OPGP05-ZV-0012, Emergency Facility Inventories

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Emergency Facility Inventories				
Quality	Non Safety-Related	Usage: IN HAND (Forms Only)	Effective Date: 12/13/01	
Steven Horak	N/A	N/A	Emergency Response Division	
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION	

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Emergency Facility Inventories**1.0 Purpose and Scope**

- 1.1 This procedure lists the emergency equipment and supplies stored in Emergency Response Facilities (ERFs) and/or emergency lockers.
- 1.2 Provides guidance on completing inventories and inspections.

2.0 Limitations and Precautions

- 2.1 This procedure is to be used in conjunction of 0PGP05-ZV-0009, Emergency Facility Inventories and Inspections.

3.0 Responsibilities

- 3.1 Responsibilities for completing these Forms is addressed in procedure 0PGP05-ZV-0009, Emergency Facility Inventories and Inspections.
- 3.2 Emergency Response Division shall forwarded approved forms to Records Management System as quality records.

4.0 Procedure**NOTE**

Emergency lockers shall be sealed utilizing either a plastic/paper seal, a break-away lock, or contained within a locked space, as needed to assure availability of stored equipment.

- 4.1 Utilize the applicable Facility Inventory form (Forms 1-13) from this procedure when performing inventories.
 - 4.1.1 Complete all required information on each form. Shaded areas are not applicable for that inventoried item.
 - 4.1.2 The COMMENTS section of the form may be used to document shortages, additions and deletions of equipment/supplies, other equipment, or explain abnormal conditions in inventory.
- 4.2 Replace any missing inventory items within 5 working days. For those items not in stock, a notation should be made in the comments section of the inventory sheet specifying an expected delivery date. A copy of the Purchase Requisition should be attached to the inventory sheet.
 - 4.2.1 If an instrument must be removed from an emergency locker for calibration/repair, it should be replaced within 24 hours of removal.

Emergency Facility Inventories

- 4.2.2 Any emergency respiratory protection equipment used for an actual emergency or drill shall be inspected or replaced within 24 hours of the termination of the emergency or drill.
- 4.2.3 Equipment change-out does not require an inventory form to be completed.
- 4.3 Document replacement supplies on original form in comments section or perform new inventory if needed, to clarify actions taken.

NOTE

Instrument functional checks verify response to source, not instrument accuracy.

- 4.4 An instrument Functional Check shall be performed for those kits which have radiation detection instruments, utilizing the check sources located in the ERFs and/or emergency lockers.

NOTE

Operability checks verify physical capability by using AC or battery power and good battery condition.

- 4.5 An Operability Check shall be performed on applicable emergency supplies and equipment located in the ERFs and/or emergency lockers.
- 4.6 Sign the form on the "Inventory Performed By" line.
- 4.7 A copy of the inventory will be placed with each emergency locker.
- 4.8 For all discrepancies (missing inventory, expired inventory, failed operability equipment, etc.) inform an emergency response representative within 24 hours (1 working day).
- 4.9 Forward the completed ORIGINAL form to the Supervisor, Emergency Response, for review and signature within two (2) working days.
- 4.10 Inventory Form Instruction:
- 4.10.1 If the inventory is being performed to meet the quarterly inventory requirement, place a check in the space following **Scheduled:** (May be checked if full inventory is performed for other reason during prescribed period).
- 4.10.2 Designate the reason inventory is being performed by marking the appropriate line. For reason other than specified, mark "**Other**" and specify reason. (Seal broken, Lock broken, Supplies added, etc.)

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- 4.10.3 If applicable, place the Unit number in the space following **Unit:** and circle the unit number below the space.
- 4.10.4 In the first column headed **QTY: REQ/ACT.**, write the item quantity verified in an emergency locker or facility up to the required minimum. For those items in excess of minimum, denote the required minimum number followed by a plus (+) sign. Any discrepancies may be noted in the **Comments** section. Should packaged items/kits be found sealed from the previous inventory, the item may be signed off and documented as inventoried. For documenting purposes, the accounted inventory will be the same quantity as the required inventory.
- 4.10.5 If a partial inventory is required, document non-inventoried items/equipment by placing "N/A" in the Qty: Req/Act. column for the first incompleted inventory item/equipment and draw a line through the following non-inventoried items/equipment.
- 4.10.6 In the third column, on applicable inventory forms, provide the required information. Following **Functional Check** mark SAT for proper response or UNSAT for improper response. Following **Exp. Date** place the date provided on the equipment by the manufacturer. If multiple items within one category have different dates, list the date that is nearest to present date. Following **Functional Insp. Date**, place the date the respirator was inspected. Following **Exp. Date**, place the date the cartridge expires. The AgX Cartridges expiration date depends upon whether the manufacturer's plastic bag is sealed or not. The expiration date is 5 years from manufacture or 1 year from the date found opened. This date should be placed in the space following the **Exp. Date**. Any discrepancies may be noted in the **Comments** section (i.e., opened manufacturer's bag, holes in manufacturer's bag, etc.).
- 4.10.7 Indicate if the kit was found **Locked** or **Sealed** by circling applicable action and by placing a check after **Yes** or **No**. Indicate if the kit was left **Locked** or **Sealed** by circling the applicable action and by placing a check after **Yes** or **No**.
- 4.10.8 Person performing inventory should place their signature and print their name in the space following **Inventory Performed By:**.
- 4.10.9 Place the date the inventory is completed in the space after **Date**.
- 4.10.10 The Supervisor, Emergency Response or person designated in writing will place, their signature in the **Inventory Reviewed By:** after reviewing for inventory completion and correctness.
- 4.10.11 Place the date the inventory is reviewed in the space after **Date**. (This is the date of record for use on RMS transmittal).

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5.0 References

5.1 OPGP05-ZV-0009, Emergency Facility Inventories and Inspections

6.0 Support Documents

6.1 Addendum 1 - E-Plan Kit Designators and Locations

6.2 Form 1 - Control Room Inventory

6.3 Form 2 - Technical Support Center Inventory

6.4 Form 3 - Operations Support Center Inventory

6.5 Form 4 - Emergency Operations Facility Inventory

6.6 Form 5 - Support Hospital Inventory

6.7 Form 6 - Offsite Survey Team Kit Inventory

6.8 Form 7 – Environmental Sampling Kit Inventory

6.9 Form 8 - Alternate Emergency Operations Facility Inventory

6.10 Form 9 - Rad Van Inventory

6.11 Form 10 - Offsite Ambulance Instrument Inventory

6.12 Form 11 - Site Ambulance Inventory

6.13 Form 12 - Environmental Health Department (EHD) Inventory

6.14 Form 13 - Matagorda County Sheriff's Office Inventory

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Emergency Facility Inventories			
Addendum 1	E-Plan Kit Designators and Locations		Page 1 of 1

DESIGNATOR	DESCRIPTION	LOCATION
E01	Control Room Inventory	Control Room: U1
E02	Control Room Inventory	Control Room: U2
E03	Emer. Ops. Facility Inventory	EOF
E04	Support Hospital Inventory	Matagorda General, Bay City
E05	Support Hospital Inventory	Wagner General, Palacios
E06	Matagorda County Sheriff's Office Inventory	Matagorda County Sheriff's Office, Bay City
E07	Site Ambulance Inventory	Bldg. 33/N. U-1 TGB
E08	Alt. Emer. Ops. Fac. Inventory	Bay City Service Center
E09	Rad Van Inventory	NTF
E10	Ops. Support Ctr. Inventory	U1
E11	Tech. Support Ctr. Inventory	U1
E12	Tech. Support Ctr. Inventory	U2
E13	Offsite Ambulance Inventory	Gulf Coast EMS, Bay City
E14	Offsite Ambulance Inventory	Gulf Coast EMS, Palacios
E15	Offsite Survey Team "A" Inventory	EOF
E16	Offsite Survey Team "B" Inventory	EOF
E17	Environ. Sample Kit "A" Inventory	EOF
E18	Environ. Sample Kit "B" Inventory	EOF
E20	Ops. Support Center Inventory	U2
E21	Environ. Health Dept. Inventory	County of Matagorda Annex Building, Bay City

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Unit:

Tampered Kit/Locker: _____ Other: _____

Shaded areas are not applicable to the associated item.

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Emergency Facility Inventories			
Form 2	Technical Support Center Inventory (E11/E12)	Page 1 of 2	
Inventory to be performed by: HEALTH PHYSICS		Unit: _____	
Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____		1 / 2	
Tampered Kit/Locker: _____ Other: _____			

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
6 /	Emergency Communications Directory (includes site directory)	
2 /	Quintron Console w/handset	
5 /	Flashlights	
1 /	Tweezers	
1 /	Utility Knife w/blades	
1 /	First Aid Kit	
100 /	Smears	
2 /	Air Sampler Filter Holder Assemblies with adequate O-Rings	
2 /	Duct Tape, roll	
2 /	Step-off Pads	
1 /	100' Extension Cord	
40 /	Plastic Bags (small, medium, large)	
20 /	Protective Clothing, sets **	
* 2 /	GM Probe w/cables	
20 /	Surgical Gloves, pr.	
* 10 /	0-5 R Dosimeters	
* 40 /	0-200 mR Dosimeters	
* 47 /	TLDs Control (2) Issue (45) – TLDs should be stored in the kit as far from the source as possible.	
# 20 /	Air Sample Particulate Filters	
# 1 /	Check Source, Cs-137, button	
* 2 /	Dosimeter Chargers	Operational Check _____
* 2 /	Alarm Ratemeter w/power cord (177 Series)	Functional Check _____
* 1 /	Air Sampler, Portable, AC Powered	Operational Check _____
50 /	Potassium Iodide, bottles	Exp. Date _____
2 /	"9V" Batteries	Exp. Date _____
20 /	"D" Batteries	Exp. Date _____
# 10 /	Sealed AgX Cartidges	Exp. Date _____

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Emergency Facility Inventories			
Form 2	Technical Support Center Inventory (E11/E12)		Page 2 of 2
			Unit: 1 / 2

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
* 1 /	Dose Rate Survey Meter (i.e., RS05)	Functional Check _____
1 /	Polaroid Camera w/film	Film Exp. Date _____

* Maintained by Met Lab
 # Maintained by H.P.
 ** Includes: Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves.

Kit was Found: Locked/Sealed Yes _____ No _____
 Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____
 Is the housekeeping satisfactory? Yes _____ No _____
 Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Inventory Performed By: _____ / _____ Date: _____
(Sign)(Print)

Inventory Reviewed By: _____ Date: _____

Shaded areas are not applicable to the associated item.

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Emergency Facility Inventories			
Form 3	Operations Support Center Inventory (E10/E20)	Page 1 of 2	
Inventory to be performed by: HEALTH PHYSICS			Unit: _____
Scheduled: _____	Instrument Change Out: _____	Post Drill/Exercise: _____	Resp. Routine: _____ 1 / 2
Tampered Kit/Locker: _____ Other: _____			

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
2 /	Step Off Pads	
5 /	Plastic Bags, large	
10 /	Flashlights	
1 /	Duct Tape, roll	
6 /	Keys-Hot Tool Room (3), Bldg. 26 (1), Drawing Cabinet (2)	
2 /	Tool Kit, electrical	
2 /	Tool Kit, mechanical	
2 /	Tool Kit, I&C	
21 /	Telephones	
2 /	Proximity Suits	
5 /	Emergency Communication Directory (includes site directory)	
1 /	100' Extension Cord	
3 /	Rad Barrier Rope Stanchion	
1 /	100' Yellow and Magenta Rope	
3 /	Rad Signs w/inserts	
# 8 /	SCBAs	
** 10 /	Protective Clothing sets	
2 /	Lapel Cartridge Holder Assemblies	
50 /	Lapel Air Sample Particulate Filters	
50 /	Air Sample Particulate Filters	
* 40 /	TLDs Control (1) Issue (39) – TLDs should be stored in the kit as far from the source as possible.	
1 /	Facsimile Machine	
1 /	First Aid Kit	

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Emergency Facility Inventories			
Form 4	Emergency Operations Facility Inventory (E03)	Page 1 of 2	
Inventory to be performed by: HEALTH PHYSICS Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____ Tampered Kit/Locker: _____ Other: _____			
QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK	
1 /	Binoculars		
5 /	Flashlights		
2 /	Duct Tape, rolls		
2 /	Rad Tape, rolls		
2 /	Shampoo, bottle		
4 /	Soap, bar		
5 /	Washcloths		
15 /	Emergency Communications Directory (includes site directory)		
1 /	Command Console/Radio		
1 /	Quintron Console w/handset		
3 /	Radiation Warning Sign w/inserts		
* 3 /	GM Probe w/cables		
20 /	Air Sample Particulate Filters		
2 /	Air Sample Filter Holder Assemblies with adequate O-rings		
# 1 /	Check Source, Cs-137, button		
40 /	Protective Clothing, sets **		
60 /	Plastic Bags		
* 10 /	0-5 R Dosimeters		
2 /	Step-off Pads		
* 160 /	TLDs Control (2) Issue (158) – TLDs should be stored in the kit as far from the source as possible		
* 1 /	Dosimeter Charger	Operational Check _____	
# 10 /	Sealed AgX Cartridges	Exp. Date _____	
* 1 /	Air Sampler, Portable, AC Powered	Operational Check _____	
* 3 /	Dose Rate Survey Meter (i.e., RSO5)	Functional Check _____	
* 3 /	Count Rate Survey Meter (i.e., LUD 3)	Functional Check _____	
100 /	Potassium Iodide, bottles	Exp. Date _____	
10 /	"9V" Batteries	Exp. Date _____	
40 /	"D" Batteries	Exp. Date _____	
1 /	Polaroid Camera w/film	Film Exp. Date _____	

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Emergency Facility Inventories			
Form 4	Emergency Operations Facility Inventory (E03)		Page 2 of 2

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
1 /	100' Extension Cord	
40 /	Surgeons Gloves, pr.	
5 /	Shoes, pr.	
100 /	Smears	
50 /	Shoe Cover, pr.	
3 /	Fluorescent Light, Battery Powered	
2 /	Shaving Cream, can	
5 /	Razors, disposable	
1 /	Tweezers	
1 /	First Aid Kit	

* Maintained by Met Lab
Maintained by H.P.
** Includes: Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves.

Kit was Found: Locked/Sealed Yes _____ No _____

Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____

Is the housekeeping satisfactory? Yes _____ No _____

Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Inventory Performed By: _____ / _____ Date: _____
(Sign) (Print)

Inventory Reviewed By: _____ Date: _____

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Emergency Facility Inventories			
Form 5	Support Hospital Inventory (E04/E05)	Page 1 of 3	
Inventory to be performed by: METROLOGY and RADIOLOGICAL LABORATORY Matagorda/Wagner Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____ Tampered Kit/Locker: _____ Other: _____			
QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK	
50 /	Radiation Labels or Tags		
* 22 /	TLDs-Issue (20) Control (2) – TLDs should be stored in the kit as far from the source as possible.		
8 /	Magnets, barrier rope		
4 /	Duct Tape, roll		
4 /	Masking Tape, roll		
1 /	Lead Shield (Pig)		
2 /	Double Sided Tape, rolls		
2 /	Rad Tape, rolls		
150 /	Rad Barrier Rope (ft.)		
4 /	Rope Stanchions ****		
12 /	Rad Barrier Signs w/inserts		
5 /	Step-off Pads		
25 /	Isolation Gowns, waterproof front or gown sets ** OR ER Gowns		
300 /	Smears		
10 /	Plastic Bags, small		
10 /	Plastic Bags, X-ray size		
10 /	Plastic Bags, large		
10 /	Masslin Cloths		
1 /	Masslin Mop		
2 /	Dress-Out Sign		
1 /	Hospital Setup Sign		
1 /	Art Portfolio		
1 /	Herculite, White, Roll		
1 /	Anatomical Diagram, Pad		
1 /	Dosimetry Issue Log, Pad		
1 /	Accident Information Form ***		
1 /	Matagorda County Hospital District Radiological Hospital Plan ***		
1 /	Emergency Communication's Directory ***		
2 /	Garbage Cans		
Decontamination Kit			
20 /	Swabs		
4 /	Pens, ink		
2 /	Scissors, pr.		
1 /	Tweezers		
2 /	Clippers, nail		
1 /	Hand Brush		
1 /	Abrasive Soap		

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Emergency Facility Inventories				
Form 5		Support Hospital Inventory (E04/E05)		Page 2 of 3
Matagorda/Wagner				
QTY: REQ/ACT.	ITEM		BATT/OPER/FUNC CHECK	
Decontamination Kit, cont.				
1 /	Shampoo, bottle			
1 /	Sloughing Lotion			
1 /	Irijet			
1 /	Clorox			
2 /	Surgical Sheets, Disposable			
Radiological Equipment Kit				
6 /	"D" Batteries		Exp. Date _____	
2 /	"9V" Batteries		Exp. Date _____	
* 1 /	Ion Chamber/Survey Meter, 0-5R/Hr (RS05)		Functional Check _____	
* 2 /	Survey Meters (LUD 3)		Functional Check _____	
* 2 /	Dosimeter Chargers		Operational Check _____	
# 1 /	Check Source, 137 Cs-1 button			
* 2 /	GM Probes w/cables			
* 10 /	0-5R Dosimeters			
* 10 /	0-200mR Dosimeters			
1 /	Sample Holder for GM Probe			
10 /	Matagorda County Emergency Worker Badges			
2 /	Ziploc Baggies, gallon			
2 /	Ziploc Baggies, half gallon			
4 /	Ziploc Baggies, sandwich			
<p>* Maintained by Met Lab</p> <p># Maintained by H. P.</p> <p>** Includes: Disposable gown, plastic or cloth booties, cotton glove liners, surgeon gloves, safety shield.</p> <p>*** Kept on shelf in ER. Not located in kit.</p> <p>**** Kept in "Maintenance" office (Wagner only)</p>				

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Emergency Facility Inventories			
Form 5	Support Hospital Inventory (E04/E05)	Page 3 of 3	
Matagorda/Wagner			
Kit was Found: Locked/Sealed	Yes _____	No _____	Seal # _____
Kit was Left: Locked/Sealed	Yes _____	No _____	Seal # _____
Is the housekeeping satisfactory?	Yes _____	No _____	Seal # _____
Is the facility appearance satisfactory?	Yes _____	No _____	Seal # _____
Comments: _____			

Inventory Performed By: _____ / _____		Date: _____	
(Sign) (Print)			
Inventory Reviewed By: _____		Date: _____	
<small>Shaded areas are not applicable to the associated item.</small>			

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Emergency Facility Inventories			
Form 6	Offsite Survey Team Kit Inventory (E15/E16)		Page 1 of 2

Inventory to be performed by: **HEALTH PHYSICS** Kit: _____

Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____ Resp. Routine _____ A / B

Tampered Kit/Locker: _____ Other: _____

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
1 /	First Aid Kit, small	
1 /	Utility Knife w/ blades	
2 /	Maps, 10 mi. EPZ, full sets	
2 /	Tweezers	
* 1 /	GM Probe w/cables	
2 /	Air Sample Filter Holder Assemblies with adequate O-Rings	
50 /	Air Sample Particulate Filters	
# 1 /	Check Source, Cs-137, button	
1 /	Lapel Cartridge Holder Assembly	
2 /	Lapel Air Sample Particulate Filters	
** 2 /	Protective Clothing, sets	
100 /	Smears	
10 /	Plastic bags, 2" x 4"	
1 /	Duct Tape, roll	
* 2 /	0-200 mR Dosimeters	
* 2 /	0-5R Dosimeters	
10 /	Sampling Labels	
5 /	Plastic Bags, clear, medium for instruments	
1 /	Marinelli, 1 liter	
25 /	Surgeons Gloves, pr.	
1 /	Calculator	Operational Check _____
10 /	"D" Batteries	Exp. Date _____
10 /	"9V" Batteries	Exp. Date _____
* 1 /	Count Rate Survey Meter (i.e., LUD 3)	Functional Check _____
* 1 /	Dose Rate Survey Meter (i.e., RS05)	Functional Check _____
* 1 /	Air Sampler, Portable, DC Powered	Operational Check _____
# 5 /	Sealed AgX Cartridges	Exp. Date _____
2 /	Potassium Iodide, bottles	Exp. Date _____
* 1 /	Lapel Sampling Pump	Operational Check _____
# 2 /	Sealed AgX Lapel Cartridges	Exp. Date _____
# 2 /	Respirators with particulate filter or canister: (medium); Store in a manner that does not cause distortion or distention, (e.g., Do not stack. Lay with face piece lens down.)	Resp. Insp. Date _____
* 1 /	Dosimeter Charger	Operational Check _____

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Emergency Facility Inventories			
Form 6	Offsite Survey Team Kit Inventory (E15/E16)		Page 2 of 2

* Maintained by Met Lab
 # Maintained by H.P.
 ** Includes: Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves.

Kit was Found: Locked/Sealed Yes _____ No _____
 Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____
 Is the housekeeping satisfactory? Yes _____ No _____
 Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Inventory Performed By: _____ / _____ Date: _____
(Sign)(Print)

Inventory Reviewed By: _____ Date: _____

Shaded areas are not applicable to the associated item.

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Emergency Facility Inventories			
Form 7	Environmental Sampling Kit Inventory (E17/E18)		Page 1 of 1

Inventory to be performed by:	HEALTH PHYSICS	Kit: _____
Scheduled: _____	Instrument Change Out: _____	A / B
Tampered Kit/Locker: _____ Other: _____		

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
1 /	Gloves, pr. (leather or cotton)	
1 /	Grass shears	
5 /	Autoclavable Bags, Biohazard	
1 /	Garden Spade, small	
5 /	Pouches, 10" x 12"	
1 /	Bucket (one gallon) w/rope	
5 /	Cubitainer (one gallon)	
5 /	Cubitainer Transport Boxes	
1 /	Masking Tape	
1 /	12" Ruler	
5 /	Ziploc Bags, 1 gallon	
5 /	Ziploc Bags, 2 gallon	
1 /	Flat Bladed Hoe, sml	
2 /	Sheet Protectors	
1 /	Paper Towels, roll	
10 /	Container, 16 oz.	
5 /	Trash Bags, lg. (22" x 28")	
1 /	Funnel	

Kit was Found: Locked/Sealed	Yes _____	No _____	
Kit was Left: Locked/Sealed	Yes _____	No _____	Seal # _____
Is the housekeeping satisfactory?	Yes _____	No _____	
Is the facility appearance satisfactory?	Yes _____	No _____	
Comments: _____ _____			

Inventory Performed By: _____	/	Date: _____	
(Sign)		(Print)	
Inventory Reviewed By: _____		Date: _____	

Shaded areas are not applicable to the associated item.

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Tampered Kit/Locker: _____ Other: _____

Shaded areas are not applicable to the associated item.

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Emergency Facility Inventories			
Form 9	Rad Van Inventory (E09)	Page 1 of 2	
Inventory to be performed by: HEALTH PHYSICS Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____ Tampered Kit/Locker: _____ Other: _____			
QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK	
10 /	Lapel Air Sample Particulate Filters		
# 2 /	Lapel Cartridge Holder Assemblies		
1 /	Check Source		
300 /	Smears		
** 10 /	Protective clothing, sets		
6 /	Plastic Bags, medium (clear for instruments)		
100 /	Air Sample Particulate Filters		
20 /	Air Sample Labels		
4 /	Air Sampler Filter Holder Assembly with adequate O-Rings		
* 2 /	GM Probe w/cables		
* 2 /	0-200 mR Dosimeters – STP Kit		
* 2 /	0-5R Dosimeters		
1 /	First Aid Kit		
1 /	Maps, 10 mi. EPZ., full set		
2 /	Calculator	Operational Check _____	
1 /	Cellular Telephone (kept in EOF)	Operational Check _____	
# 20 /	Sealed AgX Cartridges	Exp. Date _____	
20 /	“D” Batteries	Exp. Date _____	
4 /	“9V” Batteries	Exp. Date _____	
* 2 /	Count Rate Survey Meters (i.e., LUD 3)	Functional Check _____	
* 2 /	Dose Rate Survey Meters (i.e., RS05)	Functional Check _____	
# 10 /	Sealed AgX Lapel Cartridges	Exp. Date _____	
* 1 /	Dosimeter Chargers – STP Kit	Operational Check _____	
2 /	Potassium Iodide, bottles	Exp. Date _____	
* 1 /	Air Sampler, Portable, DC Powered	Operational Check _____	
* 1 /	Lapel Sampling Pump	Operational Check _____	

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Emergency Facility Inventories			
Form 9	Rad Van Inventory (E09)		Page 2 of 2
QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK	
<p>* Maintained by Met Lab # Maintained by H.P. ** Includes: Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves.</p>			
<p>Kit was Found: Locked/Sealed Yes _____ No _____ Seal # _____</p> <p>Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____</p> <p>Is the Rad Van housekeeping satisfactory? Yes _____ No _____</p> <p>Is the Rad Van appearance satisfactory? Yes _____ No _____</p> <p>Comments:</p> <p>Inventory Performed By: _____ / _____ Date: _____ (Sign) (Print)</p> <p>Inventory Reviewed By: _____ Date: _____</p>			
Shaded areas are not applicable to the associated item.			

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Emergency Facility Inventories			
Form 10	Offsite Ambulance Instrument Inventory (E13/E14)	Page 1 of 1	

Inventory to be performed by: METROLOGY AND RADIOLOGICAL LABORATORY	Ambulances: Bay City _____ Kit: _____
Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____	A / B / C / D / E / F
Tampered Kit/Locker: _____ Other: _____	Palacios _____ Kit: _____
	A

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
* 7 /	TLDS- Control (2) Issue (5)	
* 5 /	0-200 mR Dosimeters	
* 5 /	0-5R Dosimeters	
5 /	Matagorda County Emergency Worker Badges	
1 /	Dosimetry Issue Log	
1 /	Site Map	
2 /	"D" Batteries	Exp. Date _____
* 1 /	Dosimeter Chargers	Operational Check _____

* Maintained by Met Lab

Kit was Found: Locked/Sealed	Yes _____	No _____	
Kit was Left: Locked/Sealed	Yes _____	No _____	Seal # _____
Is the housekeeping satisfactory?	Yes _____	No _____	
Is the facility appearance satisfactory?	Yes _____	No _____	

Comments: _____

Inventory Performed By: _____ / _____ Date: _____

(Sign) (Print)

Inventory Reviewed By: _____ Date: _____

Shaded areas are not applicable to the associated item.

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Emergency Facility Inventories			
Form 11	Site Ambulance Inventory (E07)	Page 1 of 1	

Inventory to be performed by: **HEALTH PHYSICS** Ambulance/Transport Vehicle

Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____

Tampered Kit/Locker: _____ Other: _____

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
1 /	Carry Case	
20 /	Disposable Booties, pr.	
4 /	Disposable Coveralls, pr.	
20 /	Surgeon Gloves, pr.	
2 /	Herculite Fabric, 5' x 8'	
# 7 /	TLDs-Control (2) Issue (5)	

Maintained by H.P.

Kit was Found: Locked/Sealed Yes _____ No _____

Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____

Is the housekeeping satisfactory? Yes _____ No _____

Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Inventory Performed By: _____ / _____ Date: _____

(Sign) (Print)

Inventory Reviewed By: _____ Date: _____

Shaded areas are not applicable to the associated item.

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Emergency Facility Inventories			
Form 12	Environmental Health Department (EHD) Inventory (E21)		Page 1 of 1

Inventory to be performed by: **METROLOGY AND RADIOLOGICAL LABORATORY**
Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____
Tampered Kit/Locker: _____ Other: _____

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
* 137 /	TLDs-Control (7) Issue (130) – TLDs should be stored in the kit as far from the source as possible.	
1 /	Check Source, Cs-137, button	
* 50 /	0-200 mR Dosimeters	
* 6 /	Dosimeter Chargers	Operational Check _____
* 10 /	Survey Meters (14C, Ludlum) with GM Probes and Cables	Operational Check _____
20 /	Batteries, D	Exp. Date _____

* Maintained by Met Lab

Kit was Found: Locked/Sealed Yes _____ No _____ Seal # _____
Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____
Is the housekeeping satisfactory? Yes _____ No _____ Seal # _____
Is the facility appearance satisfactory? Yes _____ No _____ Seal # _____

Comments: _____

Inventory Performed By: _____ Date: _____
(Sign) (Print)

Inventory Reviewed By: _____ Date: _____

Shaded areas are not applicable to the associated item.

This page, when completed, shall be retained as per the Document Type List (DTL).

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Emergency Facility Inventories			
Form 13	Matagorda County Sheriff's Office Inventory (E06)	Page 1 of 1	

Inventory to be performed by: **METROLOGY AND RADIOLOGICAL LABORATORY**
Scheduled: _____ Instrument Change Out: _____ Post Drill/Exercise: _____
Tampered Kit/Locker: _____ Other: _____

QTY: REQ/ACT.	ITEM	BATT/OPER/FUNC CHECK
* 77 /	TLDs (75) Issue (2) Control – TLDs should be stored in the kit as far from the source as possible.	
* 40 /	0-200 mR Dosimeters	
40 /	(SOT) 0-20 R Dosimeters	
1 /	Check Source, Lantern mantle	
52 /	0-20R (SOT) Dosimeters – EquiStar (22), Celanese (30)	
* 100 /	0-200 mR Dosimeters – EquiStar (40), Celanese (60)	
* 40 /	0-20 R Dosimeters	
* 54 /	TLD – EquiStar (1) Control (22) Issue, Celanese (1) Control (30) Issue.	
* 6 /	Dosimeter Chargers	Operational Check _____
* 2 /	Survey Meters (14C, Ludlum) with gM Probe and Cable	Operational Check _____
20 /	"D" Batteries	Exp. Date _____
100 /	Potassium Iodide, bottles	Exp. Date _____
* 2 /	Dosimeter Chargers – EquiStar (1), Celanese (1) , Kit (1)	Operational Check _____

* Maintained by Met Lab
SOT Owned and Maintained by the State of Texas.

Kit was Found: Locked/Sealed Yes _____ No _____
Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____
Is the housekeeping satisfactory? Yes _____ No _____
Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Inventory Performed By: _____ / _____ Date: _____
(Sign) (Print)

Inventory Reviewed By: _____ Date: _____

Shaded areas are not applicable to the associated item.

This page, when completed, shall be retained as per the Document Type List (DTL).

SOUTH TEXAS PROJECT ELECTRIC GENERATING STATION

D0527

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Emergency Response Activities			
Quality	Non Safety-Related	Usage: Available	Effective Date: 12/10/01
Steven Horak	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

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Emergency Response Activities			

1.0 Purpose and Scope

- 1.1 This procedure provides documentation forms for performing recurring test and assessment activities of the Emergency Response Program.

2.0 Limitations

- 2.1 This procedure shall be implemented as directed by OPGP05-ZV-0002, Emergency Response Activities Schedule.

3.0 Responsibilities

- 3.1 The responsible Supervisor or Manager identified in OPGP05-ZV-0002, Emergency Response Activities Schedule, shall return all Forms to the Supervisor, Emergency Response or designee upon completion.

4.0 Procedure

4.1 Quarterly Emergency Facility Inventories and Inspections

- 4.1.1 Inventories and inspections of the emergency facilities shall be performed in accordance with OPGP05-ZV-0009, Emergency Facility Inventories and Inspections and OPGP05-ZV-0012, Emergency Facility Inventories.

4.2 Public Information

- 4.2.1 Annually, in accordance with Addendum 1, the Supervisor, Emergency Response or designee, shall provide written confirmation that the annual Telephone Book Emergency Public Information update has been completed. Written confirmation shall be documented on Form 8, Annual Telephone Book Public Emergency Information Verification.

NOTE

The Supervisor, Emergency Response or designee, may increase the distribution frequency as necessary at selected locations.

- 4.2.2 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall distribute the Public Emergency Information Brochure and verify all visible postings within the ten mile Emergency Planning Zone (EPZ) are intact. Written confirmation shall be provided to the Supervisor, Emergency Response or designee utilizing Form 9, Quarterly Visible Postings and Public Emergency Information Brochure Verification.

Emergency Response Activities

- 4.2.3 Verification of alert radio distribution within the ten mile EPZ by the Supervisor, Emergency Response or designee, shall be conducted as follows:
- 4.2.3.1 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the updated businesses, recreational areas, schools, and residents/new residents list as supplied by Central Power and Light (CP&L) and Jackson Electric Cooperative, Inc., and verify all new residents outside of siren range have been issued an alert radio. If issuance cannot be verified, attempts will be made to personally contact residents to confirm whether they have received a radio. A best effort attempt must be made to place an alert radio with those persons outside siren range. Confirmation of this quarterly review shall be completed and documented monthly following the calendar quarter on Form 10, Quarterly Review of Alert Radio Distribution.
- 4.3 Annual STPEGS Emergency Plan Review/Revision
- 4.3.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the STPEGS Emergency Plan.
- 4.3.2 The review of the STPEGS Emergency Plan shall be documented on Form 13, STPEGS Emergency Plan Annual Review Checklist.
- 4.3.3 Any revision of the STPEGS Emergency Plan shall be completed and documented in accordance with 0PGP05-ZV-0010, Emergency Plan Revision.
- 4.4 Annual Review of the STPEGS Emergency Action Levels
- 4.4.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall submit the STPEGS Emergency Action Levels (EALs) to State and County agencies for review, following the guidance in Form 16, State of Texas/Matagorda County Annual Review of the STPEGS Emergency Action Levels.
- 4.5 Annual Training Schedule
- 4.5.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall issue an Emergency Response Training Schedule, documented on Form 1, Annual Training Schedule. The Annual Drill/Exercise Schedule will be included in the Annual Training Schedule.

Emergency Response Activities

- 4.6 Quarterly on-shift ERO, ERO Roster, Autodialer Call Out Roster Review, and CAN Roster Review
- 4.6.1 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the ERO Roster for accuracy of personnel and validity of each member's name, position, telephone number, pager number and qualifications. This review shall be completed and documented monthly following the calendar quarter on Form 12, Quarterly ERO Roster Review.
- 4.6.2 Supporting documentation for a review of on-shift ERO (e.g. verification documentation returned by site departments/divisions) shall be attached to Form 12.
- 4.6.3 Revision of the ERO Roster shall be accomplished in accordance with 0PGP05-ZV-0003, Emergency Response Organization.
- 4.6.4 In conjunction with the quarterly ERO Roster review, the CAN Call-Out List shall be verified and revised as necessary, and documented on Form 12.
- 4.6.5 In conjunction with the quarterly ERO Roster review, obtain a printout of the latest AutoDialer Roster and compare to the ERO Roster to verify names, positions, telephone numbers, pager numbers, and update as necessary. The Call-Out List shall be verified and revised as necessary and documented on Form 12.
- 4.7 Annual Emergency Response Procedures Review
- 4.7.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the Emergency Response procedures, and document the review on Form 5, Annual Emergency Response Procedures Review.
- 4.7.2 This review shall include, at a minimum, any changes that may have occurred to the Emergency Plan, Emergency Response Facilities, support procedures, or organizational changes.
- 4.8 Annual Letters of Agreement Review
- 4.8.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the Letters of Agreement between the STPEGS and the various offsite support organizations.
- 4.8.2 This review shall ensure all letters are current or are renewed as necessary.
- 4.8.3 The review shall be documented on Form 4, Annual Letters of Agreement Review.

Emergency Response Activities**4.9 Monthly/Quarterly/Annual Communications Test Schedule**

- 4.9.1 The Manager, Information Technology or designee shall perform Communications Tests in accordance with Addendum 1. Performance of communications equipment shall be documented on Form 3, Communications Tests. These tests may be conducted in conjunction with scheduled drills or exercises.

4.10 Annual Review/Revision of the Six-Year Exercise Master Plan

- 4.10.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall review/revise the Six-Year Exercise Master Plan.
- 4.10.2 This review/revision shall be documented on Form 2, Six-Year Exercise Master Plan.

4.11 Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification

- 4.11.1 Quarterly, in accordance with the schedule in Addendum 1, the Manager, Information Technology or designee shall initiate a review of the telephone numbers contained in the Emergency Communications Directory and the emergency telephone numbers contained in Emergency Response procedures.
- 4.11.2 Telephone numbers found to be incorrect in the Emergency Communications Directory and Emergency Response procedures shall be identified to the Supervisor, Emergency Response or designee for correction.
- 4.11.3 The verification shall be documented on Form 11, Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification.

4.12 Annual Emergency Response Training Review

- 4.12.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the Emergency Response Training Program. This review shall ensure changes to the Emergency Plan and implementing procedures have been completely and appropriately incorporated into the Emergency Response Training Program.
- 4.12.2 The review shall be documented on Form 6, Annual Emergency Response Training Review.

4.13 Annual Offsite Training

- 4.13.1 The Supervisor, Emergency Response or designee, shall annually review offsite training offered versus completed and document the results of this review on Form 7, Annual Emergency Response Offsite Training Review.

Emergency Response Activities**4.14 Prompt Notification System Siren Testing/Documentation**

4.14.1 The Supervisor, Emergency Response or designee, shall review and document the siren test results in accordance with procedure OPGP05-ZV-0007, Prompt Notification System.

4.14.2 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the operability of the Prompt Notification System sirens for the preceding quarter.

4.14.2.1 Results shall be transmitted with a cover letter to the Division of Emergency Management of the Texas Department of Public Safety with a copy to FEMA Region VI headquarters.

4.15 Backup Emergency Alert System (EAS)

4.15.1 Annual testing of the backup EAS shall be performed and documented in accordance with procedure OPGP05-ZV-0007, Prompt Notification System.

4.16 Self-Assessments

4.16.1 The Supervisor, Emergency Response or designee, shall consider directing a self assessment of various aspects of the Emergency Response Program based on Drill/Exercise results, Audit Report results, Industry Events, or other areas as deemed necessary, and documented in accordance with the Station Self Assessment Guideline.

4.17 Annual Letter of Certification to DEM

4.17.1 Annually, the Supervisor, Emergency Response or designee, shall issue the Letter of Certification to the Division of Emergency Management, Texas Department of Public Safety. This shall be documented on Form 14, Annual Letter of Certification Verification to DEM.

4.18 ERD Staff Training

4.18.1 Annually, the Supervisor, Emergency Response or designee, shall review the training received by individuals responsible for the planning effort. This shall be documented on Form 15, ERD Staff Training.

4.18.2 The following guidance should be used to assist in the evaluation of training received:

4.18.2.1 All Emergency Response Division personnel responsible for the planning effort should obtain and maintain necessary training and qualifications for unescorted entry into the Protected Area and the Radiologically Controlled Area.

Emergency Response Activities

- 4.18.2.2 Emergency Response Division personnel who provide formal emergency preparedness training shall be certified as an Instructor.
- 4.18.2.3 Entry level personnel in the Emergency Response Division who have limited or no experience in the emergency planning effort shall, in a timely manner, attend a training course for emergency planners similar in scope to the Institute of Nuclear Power Operations' emergency planner training course.
- 4.18.2.4 Experienced planners in the Emergency Response Division should annually accomplish tasks that broaden their understanding of emergency planning and emergency planning emergent issues. Such tasks, assigned by the Supervisor, Emergency Response Division may include:
- a. Participating in utility assist visits as a member of an audit team, member of a mock NRC team during a utility exercise, observation of a utility exercise, etc.
 - b. Attending regional or national emergency response conferences or workshops.
 - c. Visiting a utility to obtain emergency response benchmark information which may better the methods employed at STPEGS.
 - d. Attending emergency response courses provided by INPO, FEMA, etc., which present topics outside of the planners normal discipline.
 - e. Annual Emergency Response Division Staff Training shall be documented as EPT-070. The comments section of the EPT-070 Attendance Record shall describe the activity.

4.19 Annual News Media Training

- 4.19.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall invite local news media agencies to a session to acquaint them with the emergency plan, information concerning radiation, and points of contact for release of public information during an emergency. Document completion on Form 17, Annual News Media Training.

4.20 Extension of Emergency Response Activities

- 4.20.1 The Supervisor, Emergency Response, may reschedule or extend the due date of items as scheduled on Addendum 1 at his/her discretion.

4.21 Quarterly Computer Equipment Functional Testing

Emergency Response Activities

- 4.21.1 The Manager, Information Technology or designee, shall initiate a review of computer equipment in accordance with the schedule in Addendum 1.
- 4.21.2 All onsite Emergency Response Facility computer equipment shall be functionally tested quarterly. All offsite Emergency Response Facility computer equipment shall be functionally tested quarterly. Written confirmation shall be provided to the Supervisor, Emergency Response or designee utilizing Form 18, Quarterly Computer Equipment Functional Testing.
- 4.22 Weekly/Monthly/Quarterly/Semi-Annual/Auto Dialer/Post Maintenance Tests
 - 4.22.1 The Manager, Plant Protection or designee, shall normally initiate the Emergency Notification and Response System (ENRS) on Tuesday to signal a new duty team to Emergency Response Organization (ERO) personnel, unless otherwise directed by the Supervisor, Emergency Response or his designee.
 - 4.22.2 The Supervisor, Emergency Response or designee, shall conduct and document ENRS tests in accordance with the requirements of Form 19, Autodialer Tests. These tests may be conducted in conjunction with scheduled drills or exercises.

5.0 References

- 5.1 STPEGS Emergency Plan
- 5.2 0ERP01-ZV-IN02, Notifications to Offsite Agencies
- 5.3 0ERP01-ZV-IN03, Emergency Response Organization Notification
- 5.4 0ERP01-ZV-IN04, Assembly and Accountability
- 5.5 0ERP01-ZV-SH01, Shift Supervisor
- 5.6 OPGP05-ZV-0002, Emergency Response Activities Schedule
- 5.7 OPGP05-ZV-0003, Emergency Response Organization
- 5.8 OPGP05-ZV-0007, Prompt Notification System
- 5.9 OPGP05-ZV-0009, Emergency Facilities Inventories and Inspections
- 5.10 OPGP05-ZV-0010, Emergency Plan Revision
- 5.11 OPGP05-ZV-0012, Emergency Facility Inventories
- 5.12 0POP04-ZO-0004, Personnel Emergency
- 5.13 OPGP03-ZA-0106, Emergency Medical Response Plan

6.0 Support Documents

Emergency Response Activities

- 6.1 Addendum 1 - Emergency Response Activities Schedule
- 6.2 Form 1 - Annual Training Schedule (Typical)
- 6.3 Form 2 - Six-Year Exercise Master Plan (Typical)
- 6.4 Form 3 - Communications Tests (Typical)
- 6.5 Form 4 - Annual Letters of Agreement Review (Typical)
- 6.6 Form 5 - Annual Emergency Response Procedures Review (Typical)
- 6.7 Form 6 - Annual Emergency Response Training Review (Typical)
- 6.8 Form 7 - Annual Emergency Response Offsite Training Review (Typical)
- 6.9 Form 8 - Annual Telephone Book Emergency Public Information Verification (Typical)
- 6.10 Form 9 - Quarterly Visible Postings and Public Emergency Information Brochure Verification (Typical)
- 6.11 Form 10 - Quarterly Review of Alert Radio Distribution (Typical)
- 6.12 Form 11 - Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification (Typical)
- 6.13 Form 12 - Quarterly ERO Roster Review (Typical)
- 6.14 Form 13 - STPEGS Emergency Plan Annual Review Checklist (Typical)
- 6.15 Form 14 - Annual Letter of Certification Verification to DEM (Typical)
- 6.16 Form 15 - ERD Staff Training (Typical)
- 6.17 Form 16 - State of Texas/Matagorda County Annual Review of the STPEGS Emergency Action Levels (Typical)
- 6.18 Form 17 - Annual News Media Training (Typical)
- 6.19 Form 18 - Quarterly Computer Equipment Functional Testing (Typical)
- 6.20 Form 19 - Autodialer Tests (Typical)

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Emergency Response Activities			
Addendum 1	Emergency Response Activities Schedule		Page 1 of 1

TYPICAL EMERGENCY RESPONSE ACTIVITIES													
ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
EMERGENCY EQUIPMENT & SUPPLIES		AS DESCRIBED IN OPGP05-ZV-0009 & OPGP05-ZV-0012											
EMERGENCY PUBLIC INFORMATION TELEPHONE BOOK VERIFICATION (Form 8)	X												
TRAINING SCHEDULE (Form 1)										X			
ERO ROSTER REVIEW (Form 12)			X			X			X			X	
STPEGS EMERGENCY PLAN ANNUAL REVIEW (Form 13)						X							
EMERGENCY RESPONSE PROCEDURES REVIEW (Form 5)						X							
LETTERS OF AGREEMENT REVIEW (Form 4)											X		
COMMUNICATIONS TESTS (Form 3)	X	X	X	X	X	X	X	X	X	X	X	X	X
SIX-YEAR EXERCISE MASTER PLAN (Form 2)													X
VISIBLE POSTINGS AND PUBLIC EMERGENCY INFORMATION BROCHURE VERIFICATION (Form 9)		X			X			X			X		
EMERGENCY COMMUNICATIONS DIRECTORY/EMERGENCY RESPONSE PROCEDURES TELEPHONE NUMBER VERIFICATION (Form 11)			X			X			X			X	
EMERGENCY RESPONSE OFFSITE TRAINING REVIEW (Form 7)	X												
EMERGENCY RESPONSE TRAINING REVIEW (Form 6)	X												
DEM/FEMA PNS REPORT	X			X			X			X			
REVIEW OF ALERT RADIO DISTRIBUTION (Form 10)	X			X			X			X			
LETTER OF CERTIFICATION VERIFICATION TO DEM (Form 14)	X												
ERD STAFF TRAINING (Form 15)									X				
STATE OF TEXAS/MATAGORDA COUNTY ANNUAL REVIEW OF THE STPEGS EMERGENCY ACTION LEVELS (Form 16)	*	*	*	*	*	*	*	*	*	*	*	*	*
ANNUAL NEWS MEDIA TRAINING (Form 17)	*	*	*	*	*	*	*	*	*	*	*	*	*
ONSITE/OFFSITE COMPUTER EQUIPMENT BASELINE (Form 18)	X			X			X			X			
AUTODIALER TESTS (Form 19)	X	X	X	X	X	X	X	X	X	X	X	X	X
BACKUP EAS TEST		AS DESCRIBED IN OPGP05-ZV-0007											

* Not scheduled for a specific month; however must occur during calendar year

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Emergency Response Activities			
Form 1	Annual Training Schedule (Typical)		Page 1 of 1

This is to certify that the Emergency Response Training Schedule for _____ has been completed and is attached. (year)

Completed: _____ Date _____

Approved: _____ Date _____
Supervisor, Emergency Response
or designee

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Emergency Response Activities			
Form 2	Six-Year Exercise Master Plan (Typical)	Page 1 of 6	

<u>EXERCISE INITIATION REQUIREMENTS</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Involve the County and State government within the plume exposure pathway:		
a. Partial Participation	1	_____
b. Full Participation	2	_____
Involve the State within the ingestion exposure pathway EPZ.	6	_____
Involve Federal emergency response agencies in an exercise.	6	_____
Commence the exercise between 1800-0400.	6	_____
Conduct the exercise in various weather conditions.	1	_____
Conduct the exercise unannounced.	6	_____
Conduct a Combined Functional Drill, Tabletop, or functional group workshop addressing SAMG implementation.	1	_____
<u>INCIDENT ASSESSMENT AND CLASSIFICATION</u>		
Emergency organization's ability to do the following:		
Detect and assess the incident conditions	1	_____
Determine which emergency action levels have been reached	1	_____

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Emergency Response Activities			
Form 2	Six-Year Exercise Master Plan (Typical)	Page 2 of 6	

<u>EXERCISE NOTIFICATION REQUIREMENTS</u>	<u>REQ'D FREQ (YRS)</u>	<u>YEAR</u>
Demonstrate the ability to notify the station emergency organizations, via the Emergency Notification and Response System (ENRS) and/or alarm/PA System.	1	— — — — —
Notify onsite personnel using the station alarm/PA system.	1	— — — — —
Demonstrate the ability to notify State and Local governmental agencies within 15 minutes after declaring an emergency.	1	— — — — —
Demonstrate the ability to send follow-up notifications to offsite organizations after initial notification.	1	— — — — —
Demonstrate the ability of emergency organizations to communicate using the following equipment:		
Communication lines between station Emergency Response Facilities (ERFs)	1	— — — — —
Communication lines between ERFs and Reliant Energy - HL&P corporate offices	1	— — — — —
Communication lines between ERFs and State and County emergency centers	1	— — — — —
Communication lines between ERFs and Federal emergency centers	1	— — — — —
Communication lines with Medical Support facilities	1	— — — — —
Radio communications between station ERFs and the Emergency Teams.	1	— — — — —
Backup communications systems	6	— — — — —

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Emergency Response Activities			
Form 2	Six-Year Exercise Master Plan (Typical)	Page 3 of 6	

<u>EXERCISE INITIATION REQUIREMENTS (Cont'd)</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Classify the incident in accordance with nuclear incident classification scheme and notify the NRC within one hour of concurrence.	1	— — — — —
Demonstrate the ability of station organizations to provide accurate and timely information to the Joint Information Center.	6	— — — — —
Demonstrate the ability to facilitate public rumor control.	6	— — — — —
<u>RADIOLOGICAL CONSEQUENCE ASSESSMENT</u>		
Demonstrate the ability of station emergency organization to perform initial assessment of the radiological consequences (including computer calculations and/or dose tables).	1	— — — — —
Demonstrate the ability of Radiological Manager to direct onsite Emergency Teams.	1	— — — — —
Demonstrate the ability of Radiological Director to direct offsite Emergency Teams.	1	— — — — —
Evaluate exposure control for emergency workers.	1	— — — — —
Demonstrate the ability of Emergency Teams to perform radiological surveys including soil, vegetation, and water sampling and report results.	1	— — — — —
Evaluate implementation of exposure guidelines emergency workers.	1	— — — — —

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Emergency Response Activities			
Form 2	Six-Year Exercise Master Plan (Typical)	Page 4 of 6	

<u>RADIOLOGICAL CONSEQUENCE ASSESSMENT (Cont'd)</u>	<u>REQ'D FREQ (YRS)</u>	<u>YEAR</u>
Demonstrate the ability of station to assess Emergency Teams survey information and make appropriate recommendations concerning protective actions.	1	— — — — —
Demonstrate the ability to conduct onsite and offsite direct and airborne radiation field monitoring.	1	— — — — —
Evaluate on-site contamination control measures.	1	— — — — —
Demonstrate the ability to conduct post-accident coolant sampling and analysis.	1	— — — — —
Evaluate radiological monitoring of site evacuees.	1	— — — — —
Demonstrate the ability to determine the magnitude and impact of the particular source term components of a release.	1	— — — — —
Evaluate provisions for individual respiratory protection, use of protective clothing, and use of KI.	1	— — — — —
<u>EMERGENCY FACILITIES</u>		
Demonstrate the ability to activate the emergency response organization.	1	— — — — —
Demonstrate the ability to staff and activate the following station emergency response facilities:		
Control Room	1	— — — — —
Operations Support Center	1	— — — — —
Technical Support Center	1	— — — — —
Emergency Operations Facility	1	— — — — —
Joint Information Center	6	— — — — —

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Emergency Response Activities			
Form 2	Six-Year Exercise Master Plan (Typical)		Page 5 of 6

<u>EMERGENCY FACILITIES (Cont'd)</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Use of emergency power in ERFs	6	— — — — —
Relocation to backup ERFs	6	— — — — —
<u>EMERGENCY DIRECTION AND CONTROL</u>		
Direction of emergency organization and implementation of the Emergency Plan and Emergency Response Procedures.	1	— — — — —
Demonstrate the ability to assess plant and radiological conditions and subsequently provide PARs to Local Authorities.	1	— — — — —
Ability to perform:		
Station evacuation (to onsite locations)	1	— — — — —
Station evacuation (to offsite locations)	6	— — — — —
Personnel assembly and accountability	6	— — — — —
Off-hours personnel assembly and accountability	6	— — — — —
Search and rescue	6	— — — — —
Onsite personnel administer emergency first aid to an injured, contaminated individual	6	— — — — —
Emergency personnel decontamination	1	— — — — —
Personnel monitoring	1	— — — — —
Use of protective clothing	1	— — — — —
High radiation area reentry and repair	1	— — — — —
Fire brigade	6	— — — — —
Onsite security and access control	6	— — — — —
Use of SCBAs for vital workers	1	— — — — —
Arrange for transportation of contaminated injured personnel from onsite to a specifically identified treatment facility offsite for treatment.	1	— — — — —
Use of Potassium Iodide	6	— — — — —
Use of Licensee's Headquarters support personnel	6	— — — — —

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Form 2	Six-Year Exercise Master Plan (Typical)	Page 6 of 6	

<u>EMERGENCY DIRECTION AND CONTROL (Cont'd)</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Evaluate support by offsite organizations as delineated by letters of agreement.	1	— — — — —
<u>RECOVERY OPERATIONS</u>		
Describe criteria to be used to determine when following an accident reentry of the facility would be appropriate or when operation could be resumed.	6	— — — — —
Conduct a post accident recovery and re-entry seminar with Federal, State and local officials	6	— — — — —
Prepared By: _____	Date _____	
Approved: _____ Supervisor, Emergency Response or Designee	Date _____	

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Form 3	Communications Tests (Typical)	Page 1 of 11	

1.0 INTRODUCTION

This Communication Test List was developed to provide a means of verifying communication links between the South Texas Project Electric Generating Station (STPEGS) Emergency Response Facilities and various County, State and Federal agencies. It also provides a means of documenting this verification or, in the case of unsuccessful verification, a means of deficiency detection.

2.0 OBJECTIVES

Communication tests at the STPEGS will be conducted to ensure the continuity of emergency communication capabilities.

The objectives of these tests are:

2.1 Annually

- 2.1.1 Verify communication links between EOF, State and County EOCs, and the JIC.
- 2.1.2 Document using Sections I, II, & III.

2.2 Monthly

- 2.2.1 Verify communication links with Federal Emergency Response Organizations. (ENS, HPN)
- 2.2.2 Verify communication links with State and County governments in the plume exposure pathway.
- 2.2.3 Document using Section I.

2.3 Quarterly

- 2.3.1 Offsite Emergency Response Facilities telephone communications verification.
- 2.3.2 Verify communication links between EOF and offsite field team vehicles.
- 2.3.3 Verify telecopy communication links with County, State, and Federal Emergency Response Organizations from each Emergency Response Facility.
- 2.3.4 Verify communication links in the TSC, OSC, EOF, and Control Room.
- 2.3.5 Document using Sections I & II.

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Form 3	Communications Tests (Typical)		Page 2 of 11

3.0 TELEPHONE MESSAGE

Telephone communication tests will be conducted utilizing the following message:

"This is a test. This is (name of test controller) at the South Texas Project Electric Generating Station conducting a communications verification test from (name of originating facility). Please acknowledge by stating your last name. (Enter this information on Form 3.) This test is terminated."

4.0 TELECOPY MESSAGE

Monthly telecopy tests will be conducted using the following telecopy message:

"This is a test. This is a test of the emergency telecopy communication link at the South Texas Project Electric Generating Station from the (name of organization facility.) No response is required. This is a test."

5.0 EVALUATION

The individual performing the test shall complete the appropriate section of the evaluation checklist. The completed checklist will be utilized to document the test objectives set forth in Section 2.0 were addressed and any subsequent corrective action items are identified. These tests shall be conducted in conjunction with monthly communication surveillance's conducted by telecommunication personnel.

6.0 EVALUATION CHECKLIST

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6.0 EVALUATION CHECKLIST

I. Monthly

		Person Contacted	Date/Time	Initials
1. Telephone communications established with Federal, State, and County governments.	MOF	(State)	/	
• Perform test from the MOF Quintron Panel (Communications test console).		(County)	/	
• Verify all consoles are operational from the Main Quintron Cabinet.				
a. Use dedicated telephones to contact Federal, State and County governments. If a circuit is inoperable, log this information, and verify a back-up circuit is available. Notify the U1 Shift Supervisor or Supervisor, Emergency Response, or designee, if any of the dedicated telephones are inoperable.	U1 CR	<u>Documented</u> (ENS)	in / CR	logs
	U2 CR	<u>Documented</u> (ENS)	in / CR	logs
b. <u>IF</u> an ENS or HPN telephone line is determined to be out of service and upon subsequent return to service, <u>THEN</u> notify the NRC Operations Center. (IEN 89-19)	U1 TSC	<u> </u> (ENS)	/	
		<u> </u> (HPN)	/	
	U2 TSC	<u> </u> (ENS)	/	
		<u> </u> (HPN)	/	
	EOF	<u> </u> (ENS)	/	
		<u> </u> (HPN)	/	

Attach to Form 3, Page 11.

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6.0 EVALUATION CHECKLIST (cont'd)

	Person Contacted	Date/Time	Initials
II. Quarterly			
1. Telephone communication verified at each Emergency Response Facility.	U1 CR	/	
	U1 TSC	/	
a. Verify 25% of all extension numbers listed in the Emergency Communication Directory for each facility.	U1 OSC	/	
	U2 CR	/	
	U2 TSC	/	
	U2 OSC	/	
	EOF	/	
	AEOF	/	
	Matagorda Co. EOC	/	
	BRC Staging Area	/	
	McAllister Recep. Center	/	
	Palacios Recep. Center	/	
	Joint Info. Center	/	

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Form 3	Communications Tests (Typical)		Page 5 of 11

6.0 EVALUATION CHECKLIST (cont'd)

	Message Confirmation	Date/Time	Initials
2. Communications established between EOF and Offsite Field Team vehicles			
a. Conduct test between Communication Console in Dose Assessment Room and vehicles.	Vehicle 1	Radio <u> / </u>	<u> </u>
		Phone <u> / </u>	<u> </u>
b. Portable cellular telephones are stored in Health Physics equipment room in the EOF.	Vehicle 2	Radio <u> / </u>	<u> </u>
		Phone <u> / </u>	<u> </u>
	Rad Van	Radio <u> / </u>	<u> </u>
		Phone <u> / </u>	<u> </u>
3. Communications established between EOF/BRC Offsite Field Teams.			
a. Conduct test between Communication Console in BRC Room and Mobil Radio.	Radio	<u> / </u>	<u> </u>
4. Telecopies successfully transmitted to all emergency broadcast facilities from Unit 1 Control Room.	<u> </u>	<u> / </u>	<u> </u>
	MCSO	<u> / </u>	<u> </u>
	MCSO Dispatcher	<u> / </u>	<u> </u>
a. Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.	<u> </u>	<u> / </u>	<u> </u>
	DPS-Pierce	<u> / </u>	<u> </u>
	BRC	<u> / </u>	<u> </u>
	DEM	<u> / </u>	<u> </u>
	DPS-Houston	<u> / </u>	<u> </u>
	EOF	<u> / </u>	<u> </u>
	U1 TSC	<u> / </u>	<u> </u>
	U2 TSC	<u> / </u>	<u> </u>
	U2 CR	<u> / </u>	<u> </u>
	Site PA	<u> / </u>	<u> </u>
	ECDC	<u> / </u>	<u> </u>

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Form 3	Communications Tests (Typical)	Page 6 of 11	

6.0 EVALUATION CHECKLIST (cont'd)

	Message Confirmation	Date/Time	Initials	
5. Telecopies successfully transmitted to all emergency broadcast facilities from Unit 2 Control Room.	MCSO	/		
	MCSO Dispatcher	/		
a. Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.	DPS-Pierce	/		
	BRC	/		
	DEM	/		
	DPS-Houston	/		
	EOF	/		
	U1 TSC	/		
	U2 TSC	/		
	U1 CR	/		
	Site PA	/		
	ECDC	/		
	6. Telecopies successfully transmitted to all emergency broadcast facilities from Unit 1 TSC.	MCSO	/	
		MCSO Dispatcher	/	

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Emergency Response Activities			
Form 3	Communications Tests (Typical)		Page 7 of 11

6.0 EVALUATION CHECKLIST (cont'd)

	Message Confirmation	Date/Time	Initials
a. Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.	DPS-Pierce	/	
	BRC	/	
	DEM	/	
	DPS-Houston	/	
	EOF	/	
	U1 CR	/	
	U2 CR	/	
	Site PA	/	
	ECDC	/	
	7. Telecopies successfully transmitted to all emergency broadcast facilities from Unit 2 TSC.	MCSO	/
MCSO Dispatcher		/	
a. Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.	DPS-Pierce	/	
	BRC	/	
	DEM	/	
	DPS-Houston	/	
	EOF	/	
	U1 CR	/	
	U2 CR	/	
	Site PA	/	
	ECDC	/	

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Emergency Response Activities			
Form 3	Communications Tests (Typical)		Page 8 of 11

6.0 **EVALUATION CHECKLIST (cont'd)**

	Message Confirmation	Date/Time	Initials
<p>8. Telecopies successfully transmitted to all emergency broadcast facilities from EOF.</p> <p>a. Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.</p>	_____	_____ / _____	_____
	MCSO	_____ / _____	_____
	MCSO Dispatcher	_____ / _____	_____
	DPS-Pierce	_____ / _____	_____
	BRC	_____ / _____	_____
	DEM	_____ / _____	_____
	DPS-Houston	_____ / _____	_____
	U1 TSC	_____ / _____	_____
	U2 TSC	_____ / _____	_____
	U1 CR	_____ / _____	_____
	U2 CR	_____ / _____	_____
	ECDC	_____ / _____	_____
		_____ / _____	_____
		_____ / _____	_____
9. Refurbish all Emergency Response Facilities hand-held radio batteries.		_____ / _____	_____

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Emergency Response Activities			
Form 3	Communications Tests (Typical)		Page 9 of 11

6.0 EVALUATION CHECKLIST (cont'd)

		Person Contacted	Date/Time	Initials
10. Radio communications established between Emergency Response Facilities	U1 OSC	Hand held Radio 1	/	
		Hand held Radio 2	/	
		Hand held Radio 3	/	
		Hand held Radio 4	/	
		Hand held Radio 5	/	
	U2 OSC	Hand held Radio 6	/	
		Hand held Radio 7	/	
		Hand held Radio 8	/	
		Hand held Radio 9	/	
		Hand held Radio 10	/	

a. Test the 10 hand held radios assigned for use by the OSC. These radios are stored in the MOF. Take half of the radios to the U1 OSC and the remainder to the U2 OSC.

		Person Contacted	Date/Time	Initials
11. Test all 800 MHz radios with the ECDC.	U1 CR-800 MHz	<u>Documented</u> ECDC	<u>In CR/Log</u>	
	U2 CR-800 MHz	<u>Documented</u> ECDC	<u>In CR/Log</u>	
	U1 TSC-800MHz	ECDC	/	
	U2 TSC-800MHz	ECDC	/	
	EOF-800 MHz	ECDC	/	
	DPS-800MHz	ECDC	/	
	MCSO-800MHz	ECDC	/	
		ECDC		

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Emergency Response Activities			
Form 3	Communications Tests (Typical)		Page 10 of 11

6.0 <u>EVALUATION CHECKLIST (Cont'd)</u>			
III. Annual			
	Person Contacted	Date/Time	Initials
1. In conjunction with FEMA, verify the Prompt Notification System is effective in notifying people within the 10-mile Emergency Planning Zone.	_____	____/____	_____
	_____	____/____	_____
	_____	____/____	_____
2. Communications established between EOF, State and local EOCs and the JIC.	_____	____/____	_____
	_____	____/____	_____
	_____	____/____	_____

Attach to Form 3, Page 11.

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Emergency Response Activities			
Form 3	Communications Tests (Typical)		Page 11 of 11

7.0 **COMMENTS**

Performed By: _____ Date _____

Performed By: _____ Date _____

Performed By: _____ Date _____

Performed By: _____ Date _____

Approved: _____ Date _____
 Supervisor, Emergency Response
 or designee

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Emergency Response Activities			
Form 5	Annual Emergency Response Procedures Review (Typical)		Page 1 of 2

1. Do the Emergency Response procedures address:

- | | | | | |
|----|---|-----------------------------|------------------------------|------------------------------|
| a. | Written critiques and evaluations of drills and exercises? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| b. | Changes in key personnel involved in the Emergency Response Organization? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| c. | Changes in the organizational structure? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| d. | Changes in applicable Federal and State regulations? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| e. | Changes in the function and capability of support organizations? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| f. | Modifications to the station facilities, site or operating status that could affect emergency planning and preparedness? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| g. | Recommendations received from other organizations, such as Federal, State, or County authorities or private support groups? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| h. | Annual independent findings? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| i. | The requirement that the Station Emergency Plan including EALs used for classification of emergencies shall be submitted to the State and County for review? Comments from this review shall be discussed between the various organizations and incorporated in the STPEGS Emergency Plan and procedures as applicable? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |

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Emergency Response Activities			
Form 5	Annual Emergency Response Procedures Review (Typical)		Page 2 of 2

2. The annual review of the Emergency Response Procedures for _____ has been completed. The following procedures were reviewed: _____ (year)

(List Procedure Numbers)

3. The following procedures require revisions:

Performed By: _____ Date _____

Approved: _____ Date _____
Supervisor, Emergency Response
or designee

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Emergency Response Activities			
Form 6	Annual Emergency Response Training Review (Typical)		Page 1 of 1

The annual review of the Emergency Response Training Program for _____ has been completed.
(year)

Scheduled training was completed with the following exceptions:

(List course numbers and dates scheduled.)

_____	_____
_____	_____
_____	_____

Training designated for revised procedures was completed with the following exceptions:

_____	_____
_____	_____

A review of all Emergency Response Organization Training Course Lesson Plans as listed in OPGP03-ZT-0139 has been completed. A list of discrepancies and/or required revisions is provided per attached summary.

Performed By: _____ Date _____

Approved: _____ Date _____
Supervisor, Emergency Response
or designee

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Emergency Response Activities			
Form 7	Annual Emergency Response Offsite Training Review (Typical)		Page 1 of 1

The annual review of the completed offsite Emergency Response Training Program has been accomplished for _____. Findings are attached.
(year)

Performed By: _____

_____ Date

Approved: _____
Supervisor, Emergency Response
or designee

_____ Date

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Emergency Response Activities			
Form 8	Annual Telephone Book Emergency Public Information Verification (Typical)		Page 1 of 1

This is to certify the Annual Telephone Book Emergency Public Information Update has been accomplished for year 200__.

Performed By: _____ Date _____

Approved: _____ Date _____
Supervisor, Emergency Response
or designee

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification (Typical)		Page 1 of 4

This is to certify that the quarterly distribution of the Public Emergency Information Brochure has been completed for the _____ quarter, _____.

(1st, 2nd, 3rd, 4th) (Year)

Additionally, Visible Postings within the ten-mile EPZ are intact.

Locations checked shown on next page.

Comments: _____

Performed By: _____

Date

Approved: _____

Date

Supervisor, Emergency Response
or designee

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification (Typical)		Page 2 of 4

Instructions: Place a "Y" (Yes) or a "N" (No) in the appropriate box for the "Display Present", "Brochures Stocked", "Signs Intact (if applicable)" and "Alert Radio (if applicable)." Complete the "Comments" box with any additional information (i.e., needs brochure display, Alert Radio broke, etc.). Under "Initial", the individual performing the verification should place their initials.

LOCATION	BROCHURES STOCKED	SIGNS INTACT (If Applicable)	ALERT RADIO (If Applicable)	COMMENTS	INITIAL
1. BAY CITY INN		N/A	N/A		
2. MATAGORDA HOTEL & CONF. CENTER		N/A	N/A		
3. CATTLEMAN'S MOTEL, BAY CITY		N/A	N/A		
4. SOUTH TEXAS INN, BAY CITY		N/A	N/A		
5. BAY CITY CHAMBER OF COMMERCE		N/A	N/A		
6. ECONO LODGE, BAY CITY		N/A	N/A		
7. HOLIDAY INN EXPRESS, BAY CITY		N/A	N/A		
8. JACKSON ELECTRIC COOP, INC., BAY CITY		N/A	N/A		
9. GUFFY'S STORE, WADSWORTH		N/A			
10. J & J's, WADSWORTH		N/A			
11. PORT OF BAY CITY MARINA/HARBOR BAIT AND TACKLE	N/A		N/A		
12. FISHERMAN'S MOTEL, MATAGORDA		N/A			
13. PARSUTTS, MATAGORDA		N/A			
14. STANLEY'S GROCERY, MATAGORDA		N/A			
15. SEABREEZE RESTAURANT, MATAGORDA		N/A			

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification (Typical)		Page 3 of 4

LOCATION	BROCHURES STOCKED	SIGNS INTACT (If Applicable)	ALERT RADIO (If Applicable)	COMMENTS	INITIAL
16. MATAGORDA COURTS		N/A			
17. C & R DRIVE-IN, MATAGORDA					
18. CARLA COURTS MOTEL, MATAGORDA		N/A			
19. MATAGORDA POST OFFICE		N/A			
20. MATAGORDA SHOPPE		N/A			
21. RIVER BEND MARINA, RIVER ROAD					
22. ALLENS LANDING, RIVER ROAD		N/A			
23. COLORADO RIVER SEAFOOD, RIVER ROAD		N/A			
24. RAWLINGS BAIT CAMP, RIVER ROAD					
25. MATAGORDA BEACH PARK	N/A		N/A		
26. COLLEGEPORT POST OFFICE		N/A			
27. TRES PALACIOS BOAT RAMP	N/A		N/A		
28. MAYOR'S OFFICE, PALACIOS		N/A	N/A		

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification (Typical)		Page 4 of 4

LOCATION	BROCHURES STOCKED	SIGNS INTACT (If Applicable)	ALERT RADIO (If Applicable)	COMMENTS	INITIAL
29. LUTHER HOTEL, PALACIOS		N/A	N/A		
30. STP VISITORS CENTER		N/A			
31. RIVERSIDE PARK	N/A				
32. RIO COLORADO GOLF SHOP		N/A			
33. FM 521 RIVER PARK	N/A		N/A		
34. BAY CITY LIBRARY, MATAGORDA COUNTY BRANCH		N/A			
35. JOINT INFORMATION CENTER STORE ROOM		N/A	N/A		

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Emergency Response Activities			
Form 10	Quarterly Review of Alert Radio Distribution (Typical)		Page 1 of 1

This is to certify that verification of alert radio distribution has been completed for the

_____ quarter, _____.
 (1st, 2nd, 3rd, 4th) (Year)

Attached is a list of individuals/businesses who require an Alert Radio.

Performed By: _____ Date _____

Approved: _____ Date _____
 Supervisor, Emergency Response
 or designee

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Emergency Response Activities			
Form 11	Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification (Typical)		Page 1 of 1

This is to certify the telephone numbers in the following have been verified as accurate for
 _____ quarter, _____.
 (1st, 2nd, 3rd, 4th) (Year)

Emergency Communications Directory	_____
Procedure 0ERP01-ZV-IN02, Notifications to Offsite Agencies	_____
Procedure 0ERP01-ZV-IN03, Emergency Response Organization Notification	_____
Procedure 0ERP01-ZV-IN04, Assembly and Accountability	_____
Procedure 0ERP01-ZV-SH01, Shift Supervisor	_____
Procedure 0POP04-ZO-0004, Personnel Emergencies	_____
Procedure 0PGP03-ZA-0106, Emergency Medical Response Plan	_____

Performed By: _____ Date _____

Approved: _____ Date _____
 Supervisor, Emergency Response
 or designee

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Emergency Response Activities			
Form 12	Quarterly ERO Roster Review (Typical)		Page 1 of 1

This is to certify that the Emergency Response Organization Roster, Autodialer call out roster, and CANs call out roster have been verified as correct for (1st, 2nd, 3rd, 4th) quarter, (Year)_____.

ERO Roster verification (name, position, telephone, pager) _____

Performed by _____

Date _____

* ERO Roster Qualification verification _____

Performed by _____

Date _____

* Onshift ERO Qualification verification _____

(* See attached documentation)

Autodialer call out roster verification _____

Performed by _____

Date _____

CAN call out roster verification _____

Performed by _____

Date _____

* List Condition Report numbers for any personnel who expired during the quarter.

Approved by: _____

Supervisor, Emergency Response
or designee

Date _____

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Emergency Response Activities			
Form 13	STPEGS Emergency Plan Annual Review Checklist (Typical)		Page 1 of 2

STPEGS Emergency Plan, Revision _____

1. Does the STPEGS Emergency Plan satisfy the applicable requirements of 10CFR50.47?
☐ NO ☐ YES If NO, describe the deviation: _____

2. Does the STPEGS Emergency Plan satisfy the applicable requirements of 10CFR50, Appendix E?
☐ NO ☐ YES (Consider if overall effectiveness of the Emergency Response Program will be reduced. Previously approved deviations do not require review and documentation.)
 If NO, describe the deviation: _____

3. Does the STPEGS Emergency Plan satisfy the applicable recommendations of NUREG 0654/FEMA-REP-1?
☐ NO ☐ YES If NO, describe the deviation: _____

4. Does the STPEGS Emergency Plan satisfy the applicable facility requirements as described in NUREG-0696?
☐ NO ☐ YES If NO, describe the deviation: _____

5. Does the STPEGS Emergency Plan satisfy the applicable facility requirements as described in NUREG-0737, Supplement 1?
☐ NO ☐ YES If NO, describe the deviation: _____

6. If NO was answered to any of the previous questions, has the overall effectiveness of the Emergency Response Program been reduced?
☐ NO ☐ YES If YES, justify the reduction: _____
 If NO, explain why there is no reduction in effectiveness: _____

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Emergency Response Activities			
Form 13	STPEGS Emergency Plan Annual Review Checklist (Typical)		Page 2 of 2

7. Does the STPEGS Emergency Plan address:

- | | | | |
|--|--------|---------|---------|
| a. Written critiques and evaluations of drills and exercises? | ___ NO | ___ YES | ___ N/A |
| b. Changes in key personnel involved in the Emergency Response Organization? | ___ NO | ___ YES | ___ N/A |
| c. Changes in the organizational structure? | ___ NO | ___ YES | ___ N/A |
| d. Changes in applicable Federal and State regulations? | ___ NO | ___ YES | ___ N/A |
| e. Changes in the function and capability of support organizations? | ___ NO | ___ YES | ___ N/A |
| f. Modifications to the station facilities, site or operating status that could affect emergency planning and preparedness? | ___ NO | ___ YES | ___ N/A |
| g. Recommendations received from other organizations, such as Federal, State, or County authorities or private support groups? | ___ NO | ___ YES | ___ N/A |
| h. Annual independent findings? | ___ NO | ___ YES | ___ N/A |
| i. The requirement that the Station Emergency Plan including EALs used for classification of emergencies shall be submitted to the State and County for review? Comments from this review shall be discussed between the various organizations and incorporated in the STPEGS Emergency Plan and procedures as applicable? | ___ NO | ___ YES | ___ N/A |

Prepared by: _____

Date: _____

- [] Approved
 [] Emergency Plan Revision Required
 [] Changes to Emergency Response Procedures Required
 [] Disapproved/Reason: _____

 Supervisor, Emergency Response
 or designee

 Date

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Emergency Response Activities			
Form 14	Annual Letter of Certification Verification to DEM (Typical)		Page 1 of 1

This is to certify that the Annual Letter of Certification has been submitted to the Division of Emergency Management, Texas Department of Public Safety for _____.
(Year)

Correspondence Number: _____

Date of Correspondence: _____

Performed By: _____
Date

Approved: _____
Supervisor, Emergency Response
or designee Date

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Emergency Response Activities			
Form 15	ERD Staff Training (Typical)		Page 1 of 1

Name	P.A. Access	RCA Access	Instr. Cert	Entry Level	Utility Assist	Conference	Benchmark	Cross- Discipline	Other

Notes:

Performed By: _____

Date: _____

Approved: _____

Date: _____

Supervisor, Emergency Response Division or designee

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Emergency Response Activities			
Form 15	State of Texas/Matagorda County Annual Review of the STPEGS Emergency Action Levels (Typical)		Page 1 of 1

As per the directions in 10CFR50 Appendix E, (IV), (B), annually the STPEGS Emergency Action Levels (EALs) shall be reviewed with the State of Texas, Department of Health and Matagorda County Emergency Management Agency.

This Form documents the annual review with, and recommendations of, the State of Texas, Department of Health and Matagorda County Emergency Management Agency of the Emergency Action Levels.

Please check the organization you are representing:

State of Texas, Department of Health:

☐

Matagorda County Emergency Management Agency:

☐

Please check the appropriate answer:

I have performed the annual review of the Emergency Action Levels and find them adequate.

☐

I have performed the annual review of the Emergency Action Levels and do not find them adequate. (Please state reason below)

☐

I have performed the annual review of the Emergency Action Levels and find them adequate; however, I have the following issues.

☐

Name: _____ Date: _____

Approved: _____ Date: _____
Supervisor, Emergency Response or designee

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Emergency Response Activities			
Form 17	Annual News Media Training (Typical)		Page 1 of 1

This is to certify annual emergency response media training has been offered to local news media agencies for _____.

(Year)

Completed By: _____

Date _____

Approved: _____

Date _____

Supervisor, Emergency Response
or designee

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Emergency Response Activities			
Form 18	Quarterly Computer Equipment Functional Testing (Typical)		Page 1 of 1

This is to certify the quarterly functional testing of all Onsite (U1 TSC, U2 TSC, U1 OSC, U2 OSC, EOF, and MOF-3 laptops) Emergency Response Facility Computer Equipment has been completed for the _____ quarter _____.
(1st, 2nd, 3rd, 4th) (year)

This is to certify the quarterly functional testing of all Offsite (AEOF and JIC) Emergency Response Facility Computer Equipment has been completed for the _____ quarter, _____.
(1st, 2nd, 3rd, 4th) (year)

Comments: _____

Performed By: _____ Date _____

Approved By: _____ Date _____
 Supervisor, Emergency Response
 or designee

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Emergency Response Activities			
Form 19	Autodialer Tests (Typical)		Page 1 of 4

1.0 Introduction

This Emergency Notification and Response System (ENRS) test was developed to provide a means of verifying the ENRS software, global paging capability and message delivery system is performing as required. This test also provides a means of documenting the results, identifying, and correcting any deficiency with the system.

2.0 Objectives

The objectives of the tests are:

2.1 Once every Six years

- 2.1.1 Conduct and document an Off-Hours Call-Out of required ERO personnel. This test will verify the correct operation of the autodialer system and that the required Emergency Response Facility positions are filled in the required times.

2.2 Semi-Annual

- 2.2.1 Conduct an off-hours call-in only drill to verify the correct operation of the autodialer system and the validity of the roster including activation of the global page, message delivery, and report generation of the results.

2.3 Quarterly

- 2.3.1 Verify the Autodialer call out roster matches the Emergency Response Organization Roster as required by OPGP05-ZV-0002, Emergency Response Activities Schedule, Section 4.6.
- 2.3.2 Verify the CAN call out roster matches the Emergency Response Organization Roster as required by OPGP05-ZV-0002, Emergency Response Activities Schedule, Section 4.6.

2.4 Monthly

- 2.4.1 Verify the Emergency Notification and Response System (ENRS) is capable of performing its function, including activation of global page, message delivery system, and report generation of results.

2.5 Weekly

- 2.5.1 A weekly activation of the ENRS will be performed to signal the new duty team rotation to ERO personnel.

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Form 19	Autodialer Tests (Typical)		Page 2 of 4

2.6 Post Maintenance

- 2.6.1 Verify correct operation of the system after changes to an installed scenario or development of a new scenario. Correct operation would include activation of the correct pager response and code, delivery of correct verbal message, notification of the correct ERO positions, and report generation of the results.

3.0 Test Message

An appropriate test message will be used depending upon the test, which clearly begins and ends with the statement "This is only a Test." Drill messages will be similar but will depend upon the extent of play for the particular drill.

4.0 Evaluation

The individual performing the test shall complete the appropriate section of the evaluation checklist. The completed checklist along with the ENRS Communicator "Execution List Exception Report" shall be used as objective evidence of completion. The completed checklist utilized to document the test objectives set forth in OPGP05-ZV-0002, Emergency Response Activities Schedule, Section 2.0, Limitations, were addressed, and any subsequent corrective actions are identified.

5.0 Evaluation Checklist

5.1 Reason for Test:

- ☐ Monthly
☐ Semi-Annual
☐ Six Year
☐ Other _____

Test Date: _____
 Call-Out Start Time: _____

5.2 Test Coordinator completes this section:

- | | | |
|--|-----------------------|------------------------|
| 1. Successful Activation of Autodialer
(OERP01-ZV-IN03, Addendum 1) | _____ / _____
Time | Verified by (Initials) |
| 2. Correct message initiated: | _____ / _____
Time | Verified by (Initials) |
| 3. Autodialer Exception Report generated: | _____ / _____
Time | Verified by (Initials) |

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4. Verify/List the Table C-1 positions filled within the specified time frames:

<u>60 Minute Responders</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<u>75 Minute Responders</u>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

5. Table C-1 Positions filled within required times SAT/UNSAT/NA
 (Required for 6 year test, N/A for monthly pager (Circle one) Verified by
 test).
6. Verify personnel are available for each ERO position on the Exception Report.
 Document results in the Comments section.
7. Verify greater than 90% fill rate as indicated by the groups in the Exception Report.
 Document results in the Comments section.
8. Attach applicable Autodialer reports to this form for documentation retention.

