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H. B. Barron
Vice President

January 16, 2002

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

Re: McGuire Nuclear Station Unit 1 Docket No. 50-369
McGuire Nuclear Station Unit 2 Docket No. 50-370
Changes to Emergency Plan Implementing Procedures

Attached to this letter is a revised Emergency Plan Implementing Procedure (EPIP) Index and revised Emergency Plan Implementing Procedures. The procedure changes were evaluated pursuant to the requirements of 10 CFR 50.54 (q). These changes do not constitute a reduction in the effectiveness of the emergency plan and the plan continues to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. Duke implemented these changes on December 31, 2001. A copy is also being sent to the NRC Office of Nuclear Material Safety and Safeguards as per 10 CFR 72.44 (f). Revision bars in the procedures indicate the procedure changes. The following index and procedure changes have been implemented:

| | | |
|-------------------|-----------------|----------|
| EPIP Index Page 1 | RP/0/A/5700/001 | Rev. 016 |
| EPIP Index Page 2 | RP/0/A/5700/002 | Rev. 016 |
| EPIP Index Page 3 | RP/0/A/5700/003 | Rev. 016 |
| | RP/0/A/5700/004 | Rev. 016 |
| | RP/0/A/5700/018 | Rev. 010 |
| | SR/0/B/2000/004 | Rev. 004 |

There are no new regulatory commitments in this document. Duke is also supplying two copies of this submittal to the Regional Administrator of Region II. Questions on this document should be directed to Kevin Murray at (704) 875-4672.

Very truly yours,

H. B. Barron

HBB:jcm
Attachments

A045

U.S. Nuclear Regulatory Commission
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xc: (w/attachment)
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61 Forsyth St., SW, Suite 23T85
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(w/attachment)
Mr. Martin J. Virgilio, Director
Office of Nuclear Material Safety and Safeguards
Mail Stop T-8A23
Washington, D.C. 20555-0001

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NRC Resident Inspector

R. E. Martin, USNRC

Mike Wilder (EC050)

Electronic Licensing Library (EC050)

EP File 111

DUKE

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: 
SAFETY ASSURANCE MANAGER

DATE APPROVED 12/31/01

| | |
|-------------------|------------------|
| EPIP Index Page 1 | Dated 12/31/2001 |
| EPIP Index Page 2 | Dated 12/31/2001 |
| EPIP Index Page 3 | Dated 12/31/2001 |
| RP/0/A/5700/001 | Dated 12/31/2001 |
| RP/0/A/5700/002 | Dated 12/31/2001 |
| RP/0/A/5700/003 | Dated 12/31/2001 |
| RP/0/A/5700/004 | Dated 12/31/2001 |
| RP/0/A/5700/018 | Dated 12/31/2001 |
| SR/0/B/2000/004 | Dated 12/31/2001 |

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

| <u>PROCEDURE #</u> | <u>TITLE</u> | <u>REVISION NUMBER</u> |
|--------------------|---|----------------------------|
| RP/0/A/5700/000 | Classification of Emergency | Rev. 008 |
| RP/0/A/5700/001 | Notification of Unusual Event | Rev. 016 |
| RP/0/A/5700/002 | Alert | Rev. 016 |
| RP/0/A/5700/003 | Site Area Emergency | Rev. 016 |
| RP/0/A/5700/004 | General Emergency | Rev. 016 |
| RP/0/A/5700/05 | Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility | DELETE |
| RP/0/A/5700/006 | Natural Disasters | Rev. 009 |
| RP/0/A/5700/007 | Earthquake | Rev. 007 |
| RP/0/A/5700/008 | Release of Toxic or Flammable Gases | Rev. 004 |
| RP/0/A/5700/009 | Collisions/Explosions | Rev. 001 |
| RP/0/A/5700/010 | NRC Immediate Notification Requirements | Rev. 013 |
| RP/0/A/5700/011 | Conducting a Site Assembly, Site Evacuation or Containment Evacuation | Rev. 005 |
| RP/0/A/5700/012 | Activation of the Technical Support Center (TSC) | Rev. 019 |
| RP/0/A/5700/013 | Activation of the Emergency Operations Facility (EOF) | DELETE |
| RP/0/A/5700/14 | Emergency Telephone Directory | DELETE |
| RP/0/A/5700/015 | Notifications to the State and Counties from the EOF | DELETE |
| RP/0/A/5700/16 | EOF Commodities and Facilities Procedure | DELETE |
| RP/0/A/5700/17 | Emergency Data Transmittal System Access | DELETE |
| RP/0/A/5700/018 | Notifications to the State and Counties from the TSC | Rev. 010 |
| RP/0/A/5700/019 | Core Damage Assessment | Rev. 003 |
| RP/0/A/5700/020 | Activation of the Operations Support Center (OSC) | Rev. 011 |
| RP/0/A/5700/21 | EOF Access Control | DELETE |
| RP/0/A/5700/022 | Spill Response Procedure | Rev. 009 |
| RP/0/A/5700/024 | Recovery and Reentry Procedure | Rev. 002 |
| RP/0/A/5700/026 | Operations/Engineering Technical Evaluations in the Technical Support Center (TSC) | Rev. 002 |
| RP/0/B/5700/023 | Community Relations Emergency Response Plan | Rev. 002 |
| OP/0/B/6200/090 | PALSS Operation for Accident Sampling | Rev. 010 |

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

| <u>PROCEDURE #</u> | <u>TITLE</u> | <u>REVISION NUMBER</u> |
|--------------------|--|----------------------------|
| HP/0/B/1009/002 | Alternative Method for Determining Dose Rate Within the Reactor Building | Rev. 002 |
| HP/0/B/1009/003 | Recovery Plan | Rev. 003 |
| HP/0/B/1009/05 | Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions | DELETED |
| HP/0/B/1009/006 | Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions | Rev. 005 |
| HP/0/B/1009/010 | Releases of Radioactive Effluents Exceeding Selected Licensee Commitments | Rev. 006 |
| HP/1/B/1009/015 | Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure | Rev. 003 |
| HP/2/B/1009/015 | Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure | Rev. 003 |
| HP/0/B/1009/016 | Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release | Rev. 002 |
| HP/0/B/1009/020 | Manual Procedure for Offsite Dose Projections | DELETED |
| HP/0/B/1009/021 | Estimating Food Chain Doses Under Post-Accident Conditions | Rev. 001 |
| HP/0/B/1009/022 | Accident and Emergency Response | Rev. 002 |
| HP/0/B/1009/023 | Environmental Monitoring for Emergency Conditions | Rev. 003 |
| HP/0/B/1009/024 | Personnel Monitoring for Emergency Conditions | Rev. 001 |
| HP/0/B/1009/029 | Initial Response On-Shift Dose Assessment | Rev. 005 |
| SH/0/B/2005/001 | Emergency Response Offsite Dose Projections | Rev. 001 |
| SH/0/B/2005/002 | Protocol for the Field Monitoring Coordinator During Emergency Conditions | Rev. 001 |
| SR/0/B/2000/01 | Standard Procedure for Public Affairs Response to the Emergency Operations Facility | Rev. 003 |
| SR/0/B/2000/002 | Standard Procedure for EOF Commodities and Facilities | Rev. 002 |
| SR/0/B/2000/003 | Activation of the Emergency Operations Facility | Rev. 008 |
| SR/0/B/2000/004 | Notification to States and Counties from the Emergency Operations Facility | Rev. 004 |

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

| <u>PROCEDURE #</u> | <u>TITLE</u> | <u>REVISION NUMBER</u> |
|-------------------------------|---|----------------------------|
| McGuire Site Directive 280 | Site Assembly/Accountability and Evacuation/Containment Evacuation | DELETED |
| EP Group Manual | Section 1.1 Emergency Organization | Rev. 017 |
| MNS RP Manual: | Section 18.1 Accident and Emergency Response | DELETED |
| | Section 18.2 Environmental Monitoring for Emergency Conditions | DELETED |
| | Section 18.3 Personnel Monitoring for Emergency Conditions | DELETED |
| | Section 18.4 Planned Emergency Exposure | DELETED |
| PT/O/A/4600/088 | Functional Check of Emergency Vehicle and Equipment | Rev. 006 |

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/001Revision No. 016**PREPARATION**(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Notification of Unusual Event(4) Prepared By Jan R Painter Date 11/30/01

(5) Requires NSD 228 Applicability Determination?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 12/12/01Cross-Disciplinary Review By _____ (QR) NA REB Date 12/12/01Reactivity Mgmt. Review By _____ (QR) NA REB Date 12/12/01Mgmt. Involvement Review By _____ (Ops Supt.) NA REB Date 12/12/01

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By B. L. Murray Date 12-31-01**PERFORMANCE** (*Compare with Control Copy every 14 calendar days while work is being performed.*)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (*Attach additional pages, if necessary*)

Duke Power Company
McGuire Nuclear Station

Notification of Unusual Event

Reference Use

Procedure No.

RP/0/A/5700/001

Revision No.

016

Electronic Reference No.

MC0048M4

Unusual Event

1. Symptoms

Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

_____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):

- Every four hours until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change.

_____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.

_____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

NOTE: IF a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- ____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the control room fax machine.

- 3.3 WHEN TSC Emergency Coordinator is ready to receive turnover, THEN perform one of the following to facilitate turnover:

____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

____ • Fax turnover sheet to the TSC.

- 3.4 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

____ 3.4.1 Remain in an Unusual Event.

____ 3.4.2 Escalate to a more severe class.

____ 3.4.3 Terminate the emergency.

3.5 **Termination Notifications**

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

____ 3.5.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.

____ 3.5.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

____ 3.5.3 IF the Technical Support Center was not activated, THEN notify the NRC Operations Center that the event has been terminated using the ENS.

NRC Operations Officer Contacted

Date

Time

- _____ 3.6 Assign an individual from the Emergency Planning Staff to follow up with an LER, or written summary to the State and County authorities within 30 days.

Person assigned responsibility _____.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☐ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____
3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
- ☐ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☐ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☐ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☐ SHUTDOWN: TIME/DATE: _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☐ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ AIRBORNE: Started: _____ / _____ / _____
Time (Eastern) Date

Stopped: _____ / _____ / _____
Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____
Time (Eastern) Date

Stopped: _____ / _____ / _____
Time (Eastern) Date

2. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☐ NOBLE GASES _____

☐ IODINES _____

☐ PARTICULATES _____

☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

TEDE
mrem

Thyroid CDE
mrem

ESTIMATED DURATION: _____ HRS.

SITE BOUNDARY
2 MILES
5 MILES
10 MILES

**14. METEOROLOGICAL DATA: ☐ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____
☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☐ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

(date) (time)

NC State
(agency) EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. _____
(name)

(date) (time)

Mecklenburg County
(agency) WP Sel. Sig. 116
WP Bell line 943-6200
3. _____
(name)

(date) (time)

Gaston County
(agency) WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. _____
(name)

(date) (time)

Lincoln County
(agency) WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. _____
(name)

(date) (time)

Iredell County
(agency) WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. _____
(name)

(date) (time)

Catawba County
(agency) WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. _____
(name)

(date) (time)

Cabarrus County
(agency) WP Sel. Sig. 119
WP Bell line (704) 788-3108

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

Item 3 Write in the transmittal time AND date.

Item 4 Write in appropriate number AND codeword.

Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

- NOTE:**
1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,
OR
Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr
AND
Either containment pressure is greater than 0.3 psig,
OR
An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A **NONE:** clearly no emergency release is occurring or has occurred.
- B **POTENTIAL:** discretionary option for the EC or EOFD.
- C **IS OCCURRING:** meets the specified conditions.
- D **HAS OCCURRED:** previously met the specified conditions.

Initial Notification Completion/Transmission Page 4 of 9

- ____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- ____ Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 5 of 9 and 6 of 9 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- ____ 2.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- ____ 2.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN:**
- ____ a) Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- ____ b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- ____ 2.3 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- ____ 2.4 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

- ____ 2.5 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- ____ 2.6 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- ____ 2.7 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.

Initial Notification Completion/Transmission Page 5 of 9

- _____ 2.8 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list.

- _____ 2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- _____ 2.10 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- _____ 2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this enclosure for FAX operation.
- _____ 2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- _____ 1. Press **20** to activate all County radio units.
- _____ 2. When the ready light comes on, press the bar on the transmitter microphone and say:
- "This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message, using steps 2.5 through 2.12 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message, using steps 2.5 through 2.12 of this enclosure.
- _____ 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

OPERATION OF THE FAX**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

Page 1 of 2

NOTE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

| | | | | |
|---|------|---------------|--|----------------------------------|
| NOTIFICATION TIME/DATE | UNIT | CALLER'S NAME | CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044 | NRC OPERATIONS OFFICER CONTACTED |
| EVENT TIME & ZONE _____ Region II (time) (zone) | | EVENT DATE | POWER/MODE BEFORE | POWER/MODE AFTER |

| |
|-------------------------------|
| EVENT CLASSIFICATIONS |
| GENERAL EMERGENCY |
| SITE AREA EMERGENCY |
| ALERT |
| UNUSUAL EVENT |
| 50.72 NON-EMERGENCY |
| PHYSICAL SECURITY (73.71) |
| TRANSPORTATION (10 CFR 20) |
| MATERIAL/EXPOSURE (10 CFR 20) |
| OTHER |

| |
|---------------------------------------|
| 1-Hr Non-Emergency 10 CFR 50.72(b)(1) |
| (50.72 b1 (I)(B)) TS Deviation |

| |
|--|
| 1 Hr Non-Emergency |
| (70.52) (a) and (b) Accidental Criticality OR |
| (72.74) (a) Loss or theft of SNM |
| (50.36) Violation of a safety limit |
| MNS Facility Operating License Conditions |

| |
|--|
| 8-Hr Non-Emergency 10CFR 50.72(b)3 |
| (50.72 b3 (II)(A)) Degraded Condition |
| (50.72 b3 (II)(B)) Unanalyzed Condition |
| (50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3. |
| (50.72 b3 (V)(A)) Safe S/D Capability |
| (50.72 b3 (V)(B)) RHR Capability |
| (50.72 b3 (V)(C)) Control of Rad Release |
| (50.72 b3 (V)(D)) Accident Mitigation |
| (50.72 b3 (X)(III)) Lost ENS |
| (50.72 b3 (X)(III)) Lost Other Assess./Comms |
| (50.72 b3 (X)(III)) Emergency Siren INOP |
| (50.72 b3 (XII)) Offsite Medical |

| |
|---|
| 4-Hr Non-Emergency 10 CFR 50.72(b)(2) |
| (50.72 b2 (I)) TS Required S/D |
| (50.72 b2 (IV)(A) ECCS Discharge to RCS |
| (50.72 b2 (IV)(B)) RPS Actuation - critical scram |
| (50.72 b2 (XI)) Offsite Notification |
| (72.75)(b1) Rad exposure & release action impairment. |
| (72.75)(b2) Spent Fuel Storage SSC defect. |
| (72.75)(b3) Spent Fuel Storage degradation. |
| (72.75)(b4) Fuel Storage License deviation. |
| (72.75)(b5) Fuel Storage related offsite medical. |
| (72.75)(b6) Fire/Explosion damage to Spent Fuel Storage. |

| |
|--|
| 24-Hr. Non-Emergency |
| McGuire Facility Operating License Conditions |
| Material/Exposure (10CFR20) |
| 26.73 Significant events involving fitness for duty. |
| (72.75)(c1) Contamination event restrictions. |
| (72.75)(c2) Fuel Storage equipment failure. |

EVENT DESCRIPTION

Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

| | | | | |
|---------------------|-----|----|------------|---|
| NOTIFICATIONS | YES | NO | WILL BE | ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NRC RESIDENT | | | | (Explain above) |
| STATE(s) | | | | DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LOCAL | | | | (Explain above) |
| OTHER GOV AGENCIES | | | | MODE OF OPERATION UNTIL CORRECTED |
| MEDIA/PRESS RELEASE | | | | EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO |

APPROVED BY: _____
Operations Shift Manager/Emergency CoordinatorTIME/DATE: _____
(eastern) mm dd yy

NRC Event Notification Worksheet

Page 2 of 2

| | | | | | | | |
|--|-----------------|--|-----------------|-----------|-----------------------------------|--|--|
| RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description) | | | | | | | |
| LIQUID RELEASE | GASEOUS RELEASE | UNPLANNED RELEASE | PLANNED RELEASE | ONGOING | TERMINATED | | |
| MONITORED | UNMONITORED | OFFSITE RELEASE | T.S. EXCEEDED | RM ALARMS | AREAS EVACUATED | | |
| PERSONNEL EXPOSED OR CONTAMINATED | | OFFSITE PROTECTIVE ACTIONS RECOMMENDED | | | State release path in description | | |

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

| | 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 uCi/sec | | | 0.01 Ci |
| Particulate | | | 1 uCi/sec | | | 1 mCi |
| Liquid (excluding tritium & dissolved noble gases) | | | 10 uCi/min | | | 0.1 Ci |
| Liquid (tritium) | | | 0.2 Ci/min | | | 5 Ci |
| Total Activity | | | | | | |

| | | | | | |
|----------------------------|------------------------------|---------------------------------|---|----------------------|-------|
| RECORD MONITORS IN ALARM | PLANT STACK (EMF 35, 36, 37) | CONDENSER/ AIR EJECTOR (EMF 33) | MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13) | SG BLOWDOWN (EMF 34) | OTHER |
| RAD MONITOR READINGS: | | | | | |
| ALARM SETPOINTS: TRIP II | | | | | |
| T.S. LIMIT (If applicable) | | NOT APPLICABLE | | NOT 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: gpm/gpd | T.S. LIMITS EXCEEDED: | SUDDEN OR LONG TERM DEVELOPMENT: |
| LEAK START DATE: | TIME: | COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq. _____ mCi/ml Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml |

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

**Follow-Up Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

_____ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

_____ Item 3 Write in the transmittal time **AND** date.

_____ Item 4 Authentication is not required when faxing.

_____ Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

_____ Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

**Follow-Up Notification
Completion/Transmission**

Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Follow-Up Notification
Completion/Transmission**

Page 3 of 6

- ____ Item 8 Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
- A. **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - B. **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - C. **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- ____ Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown
- OR
- Check B AND write in the Reactor Power level.

**Follow-Up Notification
Completion/Transmission**

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

**Follow-Up Notification
Completion/Transmission**

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

| |
|---|
| NOTE: If unchanged from the previous notification, the information does not have to be repeated. |
|---|

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Follow-Up Notification
Completion/Transmission**

Page 6 of 6

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- _____ 2.2 Press "GROUP FAX" button.
- _____ 2.3 Press "SEND/RECEIVE" button.
- _____ 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- _____ 2.5 Ensure the State and Counties received the FAX by calling them.
- _____ 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Termination Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

_____ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

_____ Item 3 Write in the transmittal time **AND** date.

_____ Item 4 Write in appropriate number **AND** codeword.

Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

_____ Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.

_____ Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Termination Notification
Completion/Transmission**

Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- ____ 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- ____ 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- ____ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- ____ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- ____ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- ____ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this enclosure for the authentication codeword list.

- ____ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- ____ 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- ____ 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

**Termination Notification
Completion/Transmission**

Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press **20** to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:
"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.

4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Termination Notification
Completion/Transmission**

Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

**Termination Notification
Completion/Transmission**

Page 5 of 6

OPERATION OF THE FAX**A. GROUP FAX**

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

**Termination Notification
Completion/Transmission**

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

Page 1 of 1

UNIT(S) AFFECTED:

U1 _____

U2 _____

{PIP-M-99-3800}

| | | | | |
|--|---|------------------------|----------|----------------------|
| GENERAL | DATE: _____ | POWER LEVEL | NCS TEMP | NCS PRESS |
| | TIME: _____ | U-1 _____ U-2 _____ | _____ | _____ |
| EMERGENCY CLASSIFICATION | NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____ | | | |
| | TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____ | | | |
| SITE ASSEMBLY SITE EVACUATION | YES | NO | TIME | LOCATION OR COMMENTS |
| | SITE ASSEMBLY _____ SITE EVAC. (NON-ESSEN.) _____ SITE EVAC. (ESSENTIAL) _____ OTHER OFFSITE AGENCY INVOLVEMENT _____ MEDICAL _____ FIRE _____ POLICE _____ | | | |
| RADIOLOGICAL | NUMBER ASSEM. | NUMBER DEPLOYED | | |
| | FIELD MON. TEAMS _____ ZONES EVAC _____ PARS: _____ YES NO RELEASE IN PROGRESS _____ RELEASE PATHWAY _____ CONTAINMENT PRESSURE _____ PSIG WIND DIRECTION _____ WIND SPEED _____ | | | |
| OFFSITE COMMUNICATION | NUMBER | TIME | | |
| | LAST MESSAGE SENT: _____ NEXT MESSAGE DUE: _____ NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF. | | | |
| OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

OSM Immediate and Subsequent Actions

Page 1 of 2

1. Immediate Actions

Initial

- _____ 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

- _____ 1.1.1 Turn on the outside page speakers.

| | |
|--------------|--|
| NOTE: | <ul style="list-style-type: none">• For drill purposes, state "This is a drill. This is a drill."• Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545} |
|--------------|--|

- _____ 1.1.2 Dial 710; pause, dial 80. Following the beep, announce "an Unusual Event has been declared". Provide a brief description of the event (may be written below).

- _____ 1.1.3 Repeat the preceding announcement one time.

- _____ 1.1.4 Turn off the outside page speakers.

- _____ 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

- _____ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 2

- _____ 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711}
- 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ a) Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
- _____ b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

- _____ 2.1 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.2 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent
Actions**

Page 1 of 1

1. Immediate Actions

Initial

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 1.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711}
- _____ 1.2 **IF** an upgrade in classification occurs while transmitting an any message, **THEN**:
 - _____ a) Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
 - _____ b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 1.3 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- _____ 1.4 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

SWM Immediate and Subsequent Actions

Page 1 of 2

1. Immediate Actions

None

2. Subsequent Actions

Initial

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.

| |
|--|
| NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are <u>not</u> normally activated. |
|--|

- _____ 2.4 **IF** the decision is made to activate the Technical Support Center and the Operations Support Center, **THEN** activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 2.4.1 For a Drill "Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at _____ (time)."
- _____ 2.4.2 For an Emergency "Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at _____ (time)."
- AND**
- "Activate the CAN system."

SWM Immediate and Subsequent Actions

Page 2 of 2

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

_____ 2.5 **IF** the decision is made to activate the Emergency Operations Facility, **THEN** activate the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

_____ 2.5.1 For a Drill "Activate the EOF pagers, McGuire Delta, Unusual Event declared at _____ (time)."

_____ 2.5.2 For an Emergency "Activate the EOF pagers, McGuire Echo, Unusual Event declared at _____ (time)."

AND

"Activate the CAN system."

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/002
Revision No. 016

PREPARATION(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Alert(4) Prepared By Jan R. Hunter Date 11/30/01

(5) Requires NSD 228 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
☐ No (Revision with minor changes)
☐ No (To incorporate previously approved changes)

(6) Reviewed By Alan L. Beaver (QR) Date 12/12/01
 Cross-Disciplinary Review By _____ (QR) NA ALB Date 12/12/01
 Reactivity Mgmt. Review By _____ (QR) NA ALB Date 12/12/01
 Mgmt. Involvement Review By _____ (Ops Supt.) NA ALB Date 12/12/01

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By B. L. Murray Date 12-31-01**PERFORMANCE** (*Compare with Control Copy every 14 calendar days while work is being performed.*)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?
☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (*Attach additional pages, if necessary*)

Duke Power Company
McGuire Nuclear Station

Alert

Reference Use

Procedure No.

RP/0/A/5700/002

Revision No.

016

Electronic Reference No.

MC0048M5

Alert

1. Symptoms

Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:**
1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
 2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

- _____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.

- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

NOTE: IF a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- _____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the Control Room fax machine.

- 3.3 WHEN TSC Emergency Coordinator is ready to receive turnover, THEN perform one of the following to facilitate turnover:

- _____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

- _____ • Fax turnover sheet to the TSC.

- _____ 3.4 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

- 3.5 Using section D of the Emergency Plan (EAL Basis), assess the emergency condition:

- _____ 3.5.1 Remain in an Alert.
- _____ 3.5.2 Escalate to a more severe class.
- _____ 3.5.3 Reduce the Emergency Class.
- _____ 3.5.4 Terminate the emergency.

3.6 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- _____ 3.6.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____
TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☐ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____

☐ IODINES _____

☐ PARTICULATES _____

☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

TEDE
mrem

Thyroid CDE
mrem

ESTIMATED DURATION: _____ HRS.

SITE BOUNDARY
2 MILES _____
5 MILES _____
10 MILES _____

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____
☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____
NC State
(agency) EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. (name) _____
(date) _____ (time) _____
Mecklenburg County
(agency) WP Sel. Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____
Gaston County
(agency) WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____
Lincoln County
(agency) WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____
Iredell County
(agency) WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____
Catawba County
(agency) WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____
Cabarrus County
(agency) WP Sel. Sig. 119
WP Bell line (704) 788-3108

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

____ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check INITIAL **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

____ Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

____ Item 3 Write in the transmittal time **AND** date.

____ Item 4 Write in appropriate number **AND** codeword.

____ Item 5 Check B for ALERT.

____ Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}
- _____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}
- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- _____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown
- OR**
- Check B **AND** write in the Reactor Power level.

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

- ____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- ____ Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 5 of 9 and 6 of 9 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- ____ 2.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- ____ 2.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN:**
- ____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- ____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- ____ 2.3 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- ____ 2.4 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

- ____ 2.5 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- ____ 2.6 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).

Initial Notification Completion/Transmission

- _____ 2.7 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- _____ 2.8 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list.

- _____ 2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- _____ 2.10 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- _____ 2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
- _____ 2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- _____ 1. Press **20** to activate all County radio units.
- _____ 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.5 through 2.12 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

| |
|---|
| NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes. |
|---|

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message using step 2.5 through 2.12 of this enclosure.
- _____ 4. After you have finished transmitting the message, conclude by saying:
- "This is WQC700 base clear."
- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

1. Insert the Emergency Notification Form face down into the FAX.
2. Press "Group Fax." Button.
3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

1. Insert the document face down into the FAX.
2. Using the keypad, dial the number that you wish to call.
3. Press "SEND/RECEIVE" button.

Enclosure 4.3

NRC Event Notification Worksheet

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Page 1 of 2

| | | | | | | |
|---|--|------------|-------------------|--|--|----------------------------------|
| STATE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT" | | | | | | |
| NOTIFICATION TIME/DATE | | UNIT | CALLER'S NAME | | CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044 | NRC OPERATIONS OFFICER CONTACTED |
| EVENT TIME & ZONE Region II (time) (zone) | | EVENT DATE | POWER/MODE BEFORE | | POWER/MODE AFTER | |

| | | |
|---|--|--|
| EVENT CLASSIFICATIONS <input type="checkbox"/> GENERAL EMERGENCY <input type="checkbox"/> SITE AREA EMERGENCY <input type="checkbox"/> ALERT <input type="checkbox"/> UNUSUAL EVENT <input type="checkbox"/> 50.72 NON-EMERGENCY <input type="checkbox"/> PHYSICAL SECURITY (73.71) <input type="checkbox"/> TRANSPORTATION (10 CFR 20) <input type="checkbox"/> MATERIAL/EXPOSURE (10 CFR 20) <input type="checkbox"/> OTHER | 1-Hr Non-Emergency 10 CFR 50.72(b)(1) <input type="checkbox"/> (50.72 b1 (I)(B)) TS Deviation 1 Hr Non-Emergency <input type="checkbox"/> (70.52) (a) and (b) Accidental Criticality OR <input type="checkbox"/> (72.74) (a) Loss or theft of SNM <input type="checkbox"/> (50.36) Violation of a safety limit <input type="checkbox"/> MNS Facility Operating License Conditions | 8-Hr Non-Emergency 10CFR 50.72(b)3 <input type="checkbox"/> (50.72 b3 (II)(A)) Degraded Condition <input type="checkbox"/> (50.72 b3 (II)(B)) Unanalyzed Condition <input type="checkbox"/> (50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3. <input type="checkbox"/> (50.72 b3 (V)(A)) Safe S/D Capability <input type="checkbox"/> (50.72 b3 (V)(B)) RHR Capability <input type="checkbox"/> (50.72 b3 (V)(C)) Control of Rad Release <input type="checkbox"/> (50.72 b3 (V)(D)) Accident Mitigation <input type="checkbox"/> (50.72 b3 (X)(III)) Lost ENS <input type="checkbox"/> (50.72 b3 (X)(III)) Lost Other Assess./Comms <input type="checkbox"/> (50.72 b3 (X)(III)) Emergency Siren INOP <input type="checkbox"/> (50.72 b3 (XII)) Offsite Medical |
| | 4-Hr Non-Emergency 10 CFR 50.72(b)(2) <input type="checkbox"/> (50.72 b2 (I)) TS Required S/D <input type="checkbox"/> (50.72 b2 (IV)(A)) ECCS Discharge to RCS <input type="checkbox"/> (50.72 b2 (IV)(B)) RPS Actuation - critical scram <input type="checkbox"/> (50.72 b2 (XI)) Offsite Notification <input type="checkbox"/> (72.75)(b1) Rad exposure & release action impairment. <input type="checkbox"/> (72.75)(b2) Spent Fuel Storage SSC defect. <input type="checkbox"/> (72.75)(b3) Spent Fuel Storage degradation. <input type="checkbox"/> (72.75)(b4) Fuel Storage License deviation. <input type="checkbox"/> (72.75)(b5) Fuel Storage related offsite medical. <input type="checkbox"/> (72.75)(b6) Fire/Explosion damage to Spent Fuel Storage. | 24-Hr. Non-Emergency <input type="checkbox"/> McGuire Facility Operating License Conditions <input type="checkbox"/> Material/Exposure (10CFR20) <input type="checkbox"/> 26.73 Significant events involving fitness for duty. <input type="checkbox"/> (72.75)(c1) Contamination event restrictions. <input type="checkbox"/> (72.75)(c2) Fuel Storage equipment failure. |

| |
|--|
| EVENT DESCRIPTION |
| Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. |

Continue on Enclosure 4.3 page 2 of 2 if necessary.

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

APPROVED BY: _____ TIME/DATE: _____ / ____ / ____
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

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NOTE: Contact Radiation Protection Shift to obtain the following information.

S OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

**Follow-Up Notification
Completion/Transmission****1. Completion of the Emergency Notification Form**

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

_____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

_____ Item 3 Write in the transmittal time AND date.

_____ Item 4 Authentication is not required when faxing.

_____ Item 5 Check B for ALERT.

_____ Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

**Follow-Up Notification
Completion/Transmission**

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Follow-Up Notification
Completion/Transmission**

Page 3 of 6

_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- A. **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B. **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C. **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

**Follow-Up Notification
Completion/Transmission**

- NOTE: 1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
2. Notify the OSM if box C or box D is checked.
3. Base the determination of emergency release on:
- EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,
OR
Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,
AND
Either containment pressure is greater than 0.3 psig,
OR
An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

_____ Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

**Follow-Up Notification
Completion/Transmission**

_____ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

_____ Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

_____ Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

| |
|---|
| NOTE: If unchanged from the previous notification, the information does not have to be repeated. |
|---|

_____ Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

_____ Item 14 Check A, B, C, D **AND** provide values for each.

_____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

_____ Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Follow-Up Notification
Completion/Transmission****2. Transmission of the Emergency Notification Form**

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- _____ 2.2 Press "GROUP FAX" button.
- _____ 2.3 Press "SEND/RECEIVE" button.
- _____ 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- _____ 2.5 Ensure the State and Counties received the FAX by calling them.
- _____ 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 1 of 6

1. **Completion of the Emergency Notification Form**

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

_____ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

_____ Item 3 Write in the transmittal time **AND** date.

_____ Item 4 Write in appropriate number **AND** codeword.

_____ Item 5 Check B for ALERT.

_____ Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.

_____ Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- _____ 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- _____ 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers
- _____ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies.
Proceed with the notification promptly following an attempt to get missing agencies on the line.
- _____ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- _____ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- _____ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- _____ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- _____ 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- _____ 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press **20** to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:
"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press Group Fax .
- _____ 3. Press "SEND/RECEIVE".

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 6 of 6

OPERATION OF THE FAX

| |
|---|
| NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers. |
|---|

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Enclosure 4.6
Emergency Coordinator/Emergency
Operations Facility Director Turnover
Checklist

RP/0/A/5700/002
Page 1 of 1

UNIT(S) AFFECTED:

U1 _____ U2 _____

{PIP-M-99-3800}

| | | | | |
|--|---|--|--|---|
| GENERAL | DATE: _____ TIME: _____ | POWER LEVEL U-1 _____ U-2 _____ | NCS TEMP _____ _____ _____ | NCS PRESS _____ _____ _____ |
| EMERGENCY CLASSIFICATION | NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____ _____ | | | |
| SITE ASSEMBLY SITE EVACUATION | YES NO TIME LOCATION OR COMMENTS | SITE ASSEMBLY _____ SITE EVAC. (NON-ESSEN.) _____ SITE EVAC. (ESSENTIAL) _____ OTHER OFFSITE AGENCY INVOLVEMENT _____ MEDICAL _____ FIRE _____ POLICE _____ | | |
| RADIOLOGICAL | FIELD MON. TEAMS NUMBER ASSEM. NUMBER DEPLOYED _____ _____ _____ | ZONES EVAC ZONES SHELTERED _____ _____ | PARS: _____ YES NO _____ _____ | |
| | RELEASE IN PROGRESS _____ RELEASE PATHWAY _____ CONTAINMENT PRESSURE _____ PSIG WIND DIRECTION _____ WIND SPEED _____ | | | |
| OFFSITE COMMUNICATION | NUMBER TIME LAST MESSAGE SENT: _____ NEXT MESSAGE DUE: _____ NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF. | | | |
| OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____ _____ | | | | |

OSM Immediate and Subsequent Actions

Page 1 of 3

1. Immediate Actions

Initial

_____ 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

_____ 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ 1.1.2 Dial 710, pause, dial 80. Following the beep, announce "an Alert has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

_____ 1.1.3 Repeat the preceding announcement one time.

_____ 1.1.4 Turn off the outside page speakers.

_____ 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

_____ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 3

- _____ 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP- M-01-3711}
- _____ 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ A. Notify the agencies that an upgrade has occurred and that new information will be printed within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP- M-01-3711}

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert declaration.

- _____ 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.
- _____ 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.
- _____ 2.1.1.1 Turn on the outside page speakers.
- _____ 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- _____ A. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security".
- _____ B. Repeat the preceding announcement one time.
- _____ C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.
- _____ D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

OSM Immediate and Subsequent Actions

Page 3 of 3

- _____ E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- _____ 2.2 Conduct a Site Assembly unless determined not advisable by Security.
- _____ 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
- _____ 2.2.2 Turn on the outside page speakers.
- _____ 2.2.3 The Operations Shift Manager or designee shall:
- _____ A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- _____ B. Dial 710; pause, dial 80, and following the beep, announce:
"This is a Site Assembly. This is a Site Assembly."

(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is :_____."**

- _____ 2.2.4 Repeat all steps of 2.2.3 in full one time.
- _____ 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
- _____ 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- _____ 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

WCC SRO Immediate and Subsequent
Actions

Page 1 of 1

1. Immediate Actions

Initial

- NOTE:** 1. Initial notification to the State and Counties **must** be made within 15 minutes of the event declaration, using Enclosure 4.1.
2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 1.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- _____ 1.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN**:
- _____ A. Notify agencies that an upgrade has occurred and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 1.3 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- _____ 1.4 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

_____ 1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

_____ 1.1.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Alert declared at _____ (time)."

_____ 1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at _____ (time)."

AND

"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

_____ 1.2 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

_____ 1.2.1 Ensure SDS is running on the selected terminal.

_____ 1.2.2 Click on MAIN.

_____ 1.2.3 Click on GENERAL.

_____ 1.2.4 Click on ERDS.

_____ 1.2.5 Click on ACTIVATE.

_____ 1.2.6 Record the time and date ERDS was activated. TIME/DATE _____
mm dd yy Eastern

_____ 1.2.7 Inform the OSM that ERDS was activated.

_____ 1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

Enclosure 4.9
SWM Immediate and Subsequent Actions

RP/0/A/5700/002
Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/003
Revision No. 016

PREPARATION(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Site Area Emergency(4) Prepared By James R. Sauter Date 11/30/01

(5) Requires NSD 228 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
☐ No (Revision with minor changes)
☐ No (To incorporate previously approved changes)

(6) Reviewed By Alan L. Beaver (QR) Date 12/12/01
 Cross-Disciplinary Review By _____ (QR) NA REB Date 12/12/01
 Reactivity Mgmt. Review By _____ (QR) NA REB Date 12/12/01
 Mgmt. Involvement Review By _____ (Ops Supt.) NA REB Date 12/12/01

(7) Additional Reviews

Reviewed By _____ Date _____
 Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____
 By _____ (QR) Date _____

(9) Approved By R. L. Murray Date 12-31-01**PERFORMANCE** (*Compare with Control Copy every 14 calendar days while work is being performed.*)

(10) Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?
☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (*Attach additional pages, if necessary*)

Duke Power Company
McGuire Nuclear Station

Site Area Emergency

Reference Use

Procedure No.

RP/0/A/5700/003

Revision No.

016

Electronic Reference No.

MC0048M6

Site Area Emergency

1. Symptoms

Events are in process or have occurred which involve actual or potential major failures of plant functions needed for protection of the public.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.8 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.9 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.10 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:**
1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
 2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
- OR**
- If there is any significant change to the situation
- OR**
- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- _____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

NOTE: IF a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- _____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the Control Room fax machine.

- 3.3 WHEN TSC Emergency Coordinator is ready to receive turnover, THEN perform one of the following to facilitate turnover:

- _____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

- _____ • Fax turnover sheet to the TSC.

- _____ 3.4 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.5 Protective Actions On-site

- _____ 3.5.1 Consider evacuation of non-essential site personnel. Go to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).

- _____ 3.5.2 IF a situation which is immediately hazardous to life or valuable property exists, THEN evaluate potential dose rates by one of the following methods:

- a. Contact RP Shift at Ext. 4282
b. Assess area monitors

- _____ 3.5.3 Complete Enclosure 4.7, (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.6 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

_____ 3.6.1 Remain in a Site Area Emergency.

_____ 3.6.2 Escalate to a more severe class.

_____ 3.6.3 Reduce the Emergency Class.

_____ 3.6.4 Terminate the emergency.

3.7 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

_____ 3.7.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.

_____ 3.7.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

4.1 Emergency Notification Form

4.2 Initial Notification Completion/Transmission

4.3 NRC Event Notification Worksheet

4.4 Follow-up Notification Completion/Transmission

4.5 Termination Notification Completion/Transmission

4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

4.7 Request for Emergency Exposure

4.8 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.9 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

4.10 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

*12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

| | TEDE mrem | Thyroid CDE mrem | ESTIMATED DURATION: _____ HRS. |
|---------------|--------------|---------------------|--------------------------------|
| SITE BOUNDARY | _____ | _____ | |
| 2 MILES | _____ | _____ | |
| 5 MILES | _____ | _____ | |
| 10 MILES | _____ | _____ | |

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

Record the name, date, time and agencies notified:

**Initial Notification
Completion/Transmission**

Page 1 of 9

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

_____ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check INITIAL **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

_____ Item 3 Write in the transmittal time **AND** date.

_____ Item 4 Write in appropriate number **AND** codeword.

_____ Item 5 Check C for SITE AREA EMERGENCY.

_____ Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

**Initial Notification
Completion/Transmission**

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

**Initial Notification
Completion/Transmission**

Page 3 of 9

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

**Initial Notification
Completion/Transmission**

- _____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- _____ Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 6 of 9 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- _____ 2.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- _____ 2.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN**:
- _____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 2.3 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- _____ 2.4 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

- _____ 2.5 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- _____ 2.6 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).

**Initial Notification
Completion/Transmission**

Page 5 of 9

- _____ 2.7 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- _____ 2.8 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

| |
|---|
| NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list. |
|---|

- _____ 2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- _____ 2.10 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- _____ 2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
- _____ 2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**Initial Notification
Completion/Transmission**

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- _____ 1. Press **20** to activate all County radio units.
- _____ 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.5 through 2.12 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"
Once the County responds, begin transmitting the message using step 2.5 through step 2.12 of this enclosure.
- _____ 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

**Initial Notification
Completion/Transmission**

Page 7 of 9

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

**Initial Notification
Completion/Transmission**

Page 8 of 9

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX." button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

**Initial Notification
Completion/Transmission**

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Page 1 of 2

NOTE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

| | |
|----------------------|--|
| 24-Hr. Non-Emergency | |
| | McGuire Facility Operating License Conditions |
| | Material/Exposure (10CFR20) |
| | 26.73 Significant events involving fitness for duty. |
| | (72.75)(c1) Contamination event restrictions. |
| | (72.75)(c2) Fuel Storage equipment failure. |

EVENT DESCRIPTION

Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

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

APPROVED BY: _____ TIME/DATE: _____ / _____ / _____
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

NRC Event Notification Worksheet

Page 2 of 2

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

| | | | | | |
|-----------------------------------|-----------------|--|-----------------|-----------------------------------|-----------------|
| LIQUID RELEASE | GASEOUS RELEASE | UNPLANNED RELEASE | PLANNED RELEASE | ONGOING | TERMINATED |
| MONITORED | UNMONITORED | OFFSITE RELEASE | T.S. EXCEEDED | RM ALARMS | AREAS EVACUATED |
| PERSONNEL EXPOSED OR CONTAMINATED | | OFFSITE PROTECTIVE ACTIONS RECOMMENDED | | State release path in description | |

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

| | 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 uCi/sec | | | 0.01 Ci |
| Particulate | | | 1 uCi/sec | | | 1 mCi |
| Liquid (excluding tritium & dissolved noble gases) | | | 10 uCi/min | | | 0.1 Ci |
| Liquid (tritium) | | | 0.2 Ci/min | | | 5 Ci |
| Total Activity | | | | | | |

| RECORD MONITORS IN ALARM | PLANT STACK (EMF 35, 36, 37) | CONDENSER/ AIR EJECTOR (EMF 33) | MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13) | SG BLOWDOWN (EMF 34) | OTHER |
|-----------------------------|---------------------------------|---------------------------------------|---|-------------------------|-------|
| RAD MONITOR READINGS: | | | | | |
| ALARM SETPOINTS: TRIP II | | | | | |
| F.S. LIMIT (If applicable) | | NOT APPLICABLE | | NOT 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: gpm/gpd | T.S. LIMITS EXCEEDED: | SUDDEN OR LONG TERM DEVELOPMENT: |
| LEAK START DATE: | TIME: | COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq. _____ mCi/ml Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml |

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

**Follow-Up Notification
Completion/Transmission****1. Completion of the Emergency Notification Form**

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

_____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

_____ Item 3 Write in the transmittal time AND date.

_____ Item 4 Authentication is not required when faxing.

_____ Item 5 Check C for SITE AREA EMERGENCY.

_____ Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

**Follow-Up Notification
Completion/Transmission**

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Follow-Up Notification
Completion/Transmission**

Page 3 of 6

____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- A. **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B. **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C. **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor ShutdownORCheck B AND write in the Reactor Power level.

**Follow-Up Notification
Completion/Transmission**

Page 4 of 6

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,
OR
Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,
AND
Either containment pressure is greater than 0.3 psig,
OR
An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

**Follow-Up Notification
Completion/Transmission**

Page 5 of 6

- 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

_____ Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

_____ Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

| |
|---|
| NOTE: If unchanged from the previous notification, the information does not have to be repeated. |
|---|

_____ Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

_____ Item 14 Check A, B, C, D **AND** provide values for each.

_____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Follow-Up Notification
Completion/Transmission****2. Transmission of the Emergency Notification Form**

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- _____ 2.2 Press "GROUP FAX" button.
- _____ 2.3 Press "SEND/RECEIVE" button.
- _____ 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- _____ 2.5 Ensure the State and Counties received the FAX by calling them.
- _____ 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Termination Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

_____ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

_____ Item 3 Write in the transmittal time **AND** date.

_____ Item 4 Write in appropriate number **AND** codeword.

_____ Item 5 Check C for SITE AREA EMERGENCY.

_____ Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.

_____ Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Termination Notification
Completion/Transmission**

Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- _____ 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- _____ 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- _____ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- _____ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form
- _____ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- _____ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- _____ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- _____ 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- _____ 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

**Termination Notification
Completion/Transmission**

- _____ 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- _____ 1. Press **20** to activate all County radio units.
- _____ 2. When the ready light comes on, press the bar on the transmitter microphone and say:
"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

- _____ 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."

- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Termination Notification
Completion/Transmission**

Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

**Termination Notification
Completion/Transmission**

Page 5 of 6

OPERATION OF THE FAX**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

**Termination Notification
Completion/Transmission**

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

Page 1 of 1

UNIT(S) AFFECTED:

U1 _____ U2 _____

{PIP-M-99-3800}

| | | | | | |
|--|--|--|---|-----------------|----------------------|
| GENERAL | DATE: _____ | | POWER LEVEL | NCS TEMP | NCS PRESS |
| | TIME: _____ | | U-1 _____ | _____ | _____ |
| EMERGENCY CLASSIFICATION | NOUE DECLARED AT: _____ | | TSC ACTIVATED AT: _____ | | |
| | ALERT DECLARED AT: _____ | | EOF ACTIVATED AT: _____ | | |
| SITE ASSEMBLY SITE EVACUATION | SAE DECLARED AT: _____ | | | | |
| | G.E. DECLARED AT: _____ | | | | |
| RADIOLOGICAL | REASON FOR EMER CLASS: _____ | | | | |
| | | | | | |
| OFFSITE COMMUNICATION | YES | | NO | TIME | LOCATION OR COMMENTS |
| | SITE ASSEMBLY _____ | | _____ | _____ | _____ |
| OFFSITE COMMUNICATION | SITE EVAC. (NON-ESSEN.) _____ | | _____ | _____ | _____ |
| | SITE EVAC. (ESSENTIAL) _____ | | _____ | _____ | _____ |
| OFFSITE COMMUNICATION | OTHER OFFSITE AGENCY INVOLVEMENT _____ | | _____ | _____ | _____ |
| | MEDICAL _____ | | _____ | _____ | _____ |
| OFFSITE COMMUNICATION | FIRE _____ | | _____ | _____ | _____ |
| | POLICE _____ | | _____ | _____ | _____ |
| OFFSITE COMMUNICATION | NUMBER ASSEM. | | NUMBER DEPLOYED | | |
| | FIELD MON. TEAMS _____ | | _____ | | |
| OFFSITE COMMUNICATION | ZONES EVAC | | | ZONES SHELTERED | |
| | PARS: _____ | | _____ | _____ | |
| OFFSITE COMMUNICATION | YES | | NO | | |
| | RELEASE IN PROGRESS _____ | | _____ | | |
| OFFSITE COMMUNICATION | RELEASE PATHWAY _____ | | _____ | | |
| | CONTAINMENT PRESSURE _____ | | PSIG | | |
| OFFSITE COMMUNICATION | WIND DIRECTION _____ | | WIND SPEED _____ | | |
| | | | | | |
| OFFSITE COMMUNICATION | NUMBER | | TIME | | |
| | LAST MESSAGE SENT: _____ | | _____ | | |
| OFFSITE COMMUNICATION | NEXT MESSAGE DUE: _____ | | _____ | | |
| | NOTE: EOF COMMUNICATION | | CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF. | | |
| OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

Request for Emergency Exposure (a)

Page 1 of 1

| <u>Activity</u> | <u>Total Effective Dose Equivalent (TEDE)</u> | <u>Lens of Eye</u> | <u>Other Organs (b)</u> |
|---|---|--------------------|-------------------------|
| All | 5 rem | 15 rem | 50 rem |
| Protecting Valuable Property | 10 rem | 30 rem | 100 rem |
| Lifesaving or Protection of Large Populations | 25 rem | 75 rem | 250 rem |
| Lifesaving or Protection of Large Populations (c) | >25 rem | >75 rem | >250 rem |

(a) Excludes declared pregnant women

(b) Includes skin and body extremities

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

| RP Badge No | Name | Age | Employer | Signature of Individual |
|-------------|------|-----|----------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or not of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20
- Copy to Individual's Exposure History File

1. Immediate Actions

Initial

- 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

_____ 1.1.1 Turn on the outside page speakers.

NOTE: • For drill purposes, state "This is a drill. This is a drill."

- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ 1.1.2 Dial 710; pause, dial 80. Following the beep, announce "A Site Area Emergency has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

_____ 1.1.3 Repeat the preceding announcement one time.

_____ 1.1.4 Turn off the outside page speakers.

_____ 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

_____ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 3

- 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
- 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ A. Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
 - _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to a Site Area Emergency declaration.

- _____ 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.
- _____ 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.
- _____ 2.1.1.1 Turn on the outside page speakers.
 - _____ 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- _____ A. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security".
- _____ B. Repeat the preceding announcement one time.
- _____ C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.
- _____ D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

OSM Immediate and Subsequent Actions

Page 3 of 3

- _____ E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- _____ 2.2 Conduct a Site Assembly unless determined not advisable by Security.

- _____ 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.

- _____ 2.2.2 Turn on the outside page speakers.

- _____ 2.2.3 The Operations Shift Manager or designee shall:

- _____ A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- _____ B. Dial 710; pause, dial 80, and following the beep, announce:

"This is a Site Assembly. This is a Site Assembly."

(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately.

Assembly start time is : _____."

- _____ 2.2.4 Repeat all steps of 2.2.3 in full one time.

- _____ 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.

- _____ 2.2.6 Turn off outside page speakers following completion of Site Assembly.

- _____ 2.3 Augment shift resources to assess and respond to the emergency situation as needed.

- _____ 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

WCC SRO Immediate and Subsequent
Actions

Page 1 of 1

1. Immediate Actions

Initial

- NOTE:** 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 1.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
- _____ 1.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN**:
- _____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-0-M01-3711}
- _____ 1.3 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- _____ 1.4 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

SWM Immediate and Subsequent Actions

Page 1 of 2

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

____ 1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

____ 1.1.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at _____ (time)."

____ 1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at _____ (time)."

AND

"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

____ 1.2 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

____ 1.2.1 Ensure SDS is running on the selected terminal.

____ 1.2.2 Click on MAIN.

____ 1.2.3 Click on GENERAL.

____ 1.2.4 Click on ERDS.

____ 1.2.5 Click on ACTIVATE.

____ 1.2.6 Record the time and date ERDS was activated. TIME/DATE _____ /____ /____
Eastern mm dd yy

____ 1.2.7 Inform the OSM that ERDS was activated.

____ 1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

SWM Immediate and Subsequent Actions

Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/004Revision No. 016**PREPARATION**(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title General Emergency(4) Prepared By [Signature] Date 11/30/01

(5) Requires NSD 228 Applicability Determination?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alex L. Beaver (QR) Date 12/12/01Cross-Disciplinary Review By _____ (QR) NA ALB Date 12/12/01Reactivity Mgmt. Review By _____ (QR) NA ALB Date 12/12/01Mgmt. Involvement Review By _____ (Ops Supt.) NA ALB Date 12/12/01

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By K.L. Murray Date 12-31-01**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages, if necessary)

Duke Power Company
McGuire Nuclear Station

General Emergency

Reference Use

Procedure No.

RP/0/A/5700/004

Revision No.

016

Electronic Reference No.

MC0048M7

General Emergency

1. Symptoms

Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

2. Immediate Actions

NOTE: • The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.9 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.10 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.11 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

NOTE: **IF** changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-02138}

- _____ 3.1.1 Assess protective action recommendations made to the State and Counties in the previous notification. Refer to Enclosure 4.2, page 1 of 4.
- _____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
 - Every hour until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- _____ 3.1.3 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.1.4 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

NOTE: **IF** changes to the initial Protective Action Recommendations are recognized during the turnover, the turnover should not be completed until the Control Room transmits this notification to the offsite agencies. {PIP-M-0-00541}

- _____ 3.2 Ensure completion of Enclosure 4.7 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the Control Room fax machine.

- 3.3 **WHEN** TSC Emergency Coordinator is ready to receive turnover **THEN** perform one of the following to facilitate turnover:

_____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

_____ • Fax turnover sheet to the TSC

- _____ 3.4 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.5 Protective Actions Onsite

- _____ 3.5.1 Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).

- _____ 3.5.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:

- a. Contact RP Shift at Ext. 4282
- b. Assess area monitors

- _____ 3.5.3 Complete Enclosure 4.8 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.6 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

_____ 3.6.1 Remain in a General Emergency,

OR

_____ 3.6.2 Terminate the emergency. **REFER TO** RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.

3.7 Termination Notifications

NOTE: Enclosure 4.6 has instructions for completion and transmission of termination notifications.

_____ 3.7.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.6, Section 1.

_____ 3.7.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.6, Section 2.

4. Enclosures

4.1 Emergency Notification Form.

4.2 Guidance for Offsite Protective Actions

4.3 Initial Notification Completion/Transmission

4.4 NRC Event Notification Worksheet

4.5 Follow-up Notification Completion/Transmission

4.6 Termination Notification Completion/Transmission

4.7 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

4.8 Request for Emergency Exposure

4.9 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.10 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

4.11 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
- 2 SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____
- 3 TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044
4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

- ☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

- ☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____

☐ IODINES _____

☐ PARTICULATES _____

☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE:

☐ NEW

☐ UNCHANGED

PROJECTION TIME: _____ (Eastern)

TEDE
mrem

Thyroid CDE
mrem

ESTIMATED DURATION: _____ HRS.

SITE BOUNDARY

2 MILES

5 MILES

10 MILES

**14. METEOROLOGICAL DATA:

☒ WIND DIRECTION (from) _____ °

☐ SPEED (mph) _____

☐ STABILITY CLASS _____

☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

APPROVED BY: _____ (Name)

Emergency
Coordinator

(Title)

TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

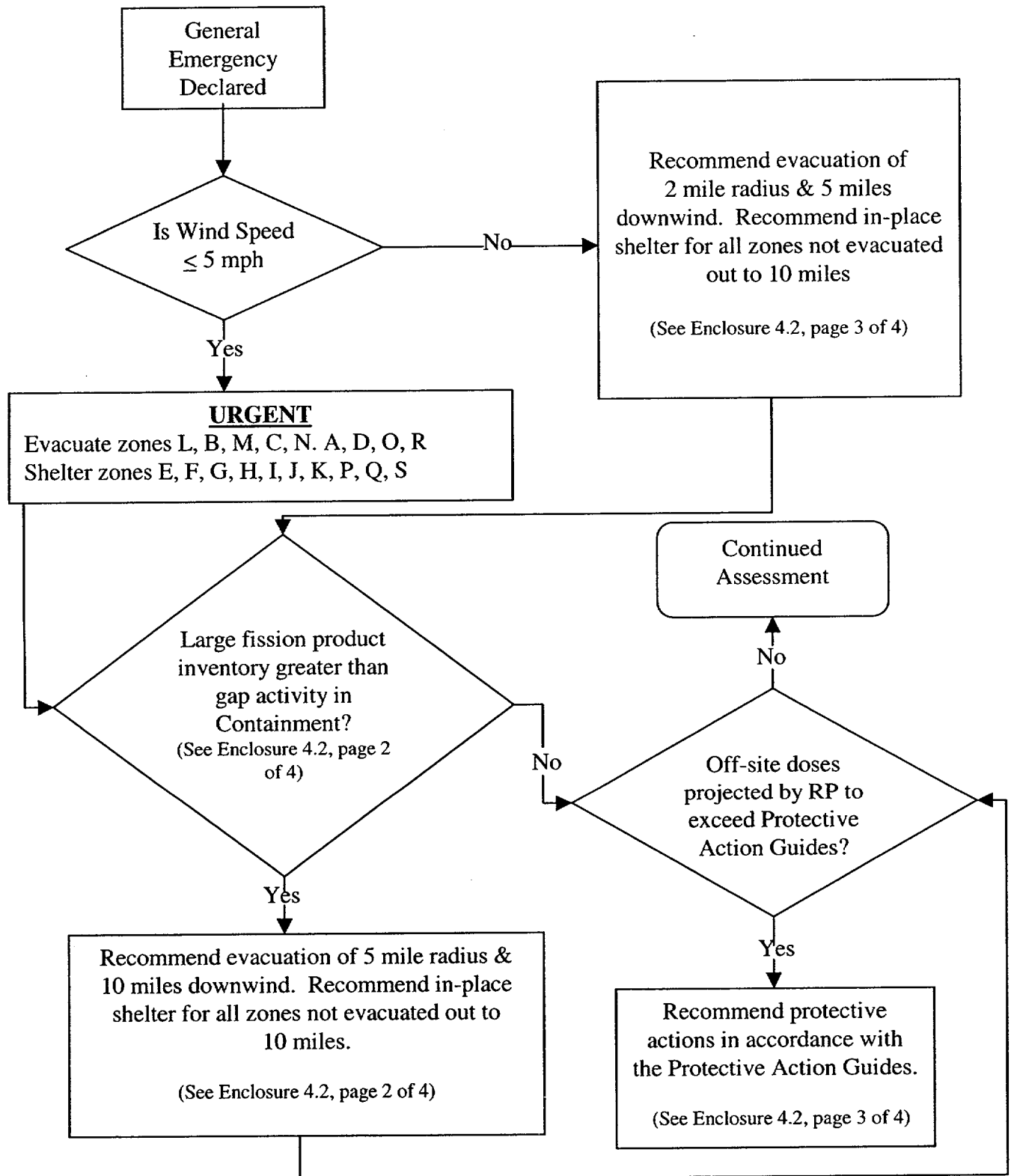
GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____
NC State
(agency) EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. (name) _____
(date) _____ (time) _____
Mecklenburg County
(agency) WP Sel. Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____
Gaston County
(agency) WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____
Lincoln County
(agency) WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____
Iredell County
(agency) WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____
Catawba County
(agency) WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____
Cabarrus County
(agency) WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Guidance for Off-site Protective Actions

RP/0/A/5700/004
Page 1 of 4



Guidance for Off-site Protective Actions

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

NOTE: Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below.

— If the OAC is available, call up the following computer points based on need:

Unit 1 OAC
M1A0829 1EMF51A
M1A0835 1EMF51B

Unit 2 OAC
M2A0829 2EMF51A
M2A0835 2EMF51B

TIME AFTER
SHUTDOWN (HOURS)

CONTAINMENT MONITOR READING (R/HR)
EMF 51A or 51B (100% GAP Activity Release)

| | |
|-----|-------|
| 0 | 2,340 |
| 0-2 | 864 |
| 2-4 | 624 |
| 4-8 | 450 |
| > 8 | 265 |

Protective Action Zones Determination

For Containment Radiation Levels Exceeding GAP Activity

| Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction | Evacuate 5 Mile Radius-10 Mile Downwind | Shelter |
|---|--|---------------|
| 0 - 22.5 | L,B,M,C,N,A,D,O,R,E,S,F | G,H,I,J,K,P,Q |
| 22.6 - 45.0 | L,B,M,C,N,A,D,O,R,E,Q,S | F,G,H,I,J,K,P |
| 45.1 - 67.5 | L,B,M,C,N,A,D,O,R,E,Q,S | F,G,H,I,J,K,P |
| 67.6 - 90.0 | L,B,M,C,N,A,D,O,R,P,Q,S | E,F,G,H,I,J,K |
| 90.1 - 112.5 | L,B,M,C,N,A,D,O,R,K,P,Q,S | E,F,G,H,I,J |
| 112.6 - 135.0 | L,B,M,C,N,A,D,O,R,I,K,P,Q,S | E,F,G,H,I |
| 135.1 - 157.5 | L,B,M,C,N,A,D,O,R,I,K,P,Q | E,F,G,H,I,S |
| 157.6 - 180.0 | L,B,M,C,N,A,D,O,R,I,J,K,P | E,F,G,H,Q,S |
| 180.1 - 202.5 | L,B,M,C,N,A,D,O,R,G,H,I,J,K,P | E,F,Q,S |
| 202.6 - 225.0 | L,B,M,C,N,A,D,O,R,G,H,I,J,K,P | E,F,Q,S |
| 225.1 - 247.5 | L,B,M,C,N,A,D,O,R,F,G,H,I,J | E,K,P,Q,S |
| 247.6 - 270.0 | L,B,M,C,N,A,D,O,R,F,G,H,I,J | E,K,P,Q,S |
| 270.1 - 292.5 | L,B,M,C,N,A,D,O,R,E,F,G,H,I | I,K,P,Q,S |
| 292.6 - 315.0 | L,B,M,C,N,A,D,O,R,E,F,G | H,I,J,K,P,Q,S |
| 315.1 - 337.5 | L,B,M,C,N,A,D,O,R,E,F,G | H,I,J,K,P,Q,S |
| 337.6 - 359.9 | L,B,M,C,N,A,D,O,R,E,F,S | G,H,I,J,K,P,Q |

Guidance for Off-site Protective Actions

Protective Action Zones Determination

Wind Speed Greater than 5 Miles per Hour

| Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction | Evacuate 2 Mile Radius-5 Mile Downwind | Shelter |
|---|---|---------------------------|
| 0 - 22.5 | L,B,M,C,D,O,R | A,E,F,G,H,I,J,K,N,P,Q,S |
| 22.6 - 45.0 | L,B,M,C,D,O,R | A,E,F,G,H,I,J,K,N,P,Q,S |
| 45.1 - 67.5 | L,B,M,C,D,O,R | A,E,F,G,H,I,J,K,N,P,Q,S |
| 67.6 - 90.0 | L,B,M,C,D,O,R,N | A,E,F,G,H,I,J,K,P,Q,S |
| 90.1 - 112.5 | L,B,M,C,O,R,N | A,D,E,F,G,H,I,J,K,P,Q,S |
| 112.6 - 135.0 | L,B,M,C,O,N,R,A | D,E,F,G,H,I,J,K,P,Q,S |
| 135.1 - 157.5 | L,B,M,C,O,A,N | D,E,F,G,H,I,J,K,P,Q,R,S |
| 157.6 - 180.0 | L,B,M,C,A,N | D,E,F,G,H,I,J,K,O,P,Q,R,S |
| 180.1 - 202.5 | L,B,M,C,A,N | D,E,F,G,H,I,J,K,O,P,Q,R,S |
| 202.6 - 225.0 | L,B,M,C,A,N,D | E,F,G,H,I,J,K,O,P,Q,R,S |
| 225.1 - 247.5 | L,B,M,C,A,D | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 247.6 - 270.0 | L,B,M,C,A,D | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 270.1 - 292.5 | L,B,M,C,A,D | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 292.6 - 315.0 | L,B,M,C,A,D | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 315.1 - 337.5 | L,B,M,C,D,R | A,E,F,G,H,I,J,K,N,O,P,Q,S |
| 337.6 - 359.9 | L,B,M,C,D,R | A,E,F,G,H,I,J,K,N,O,P,Q,S |

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

PAGs

(Projected Dose)

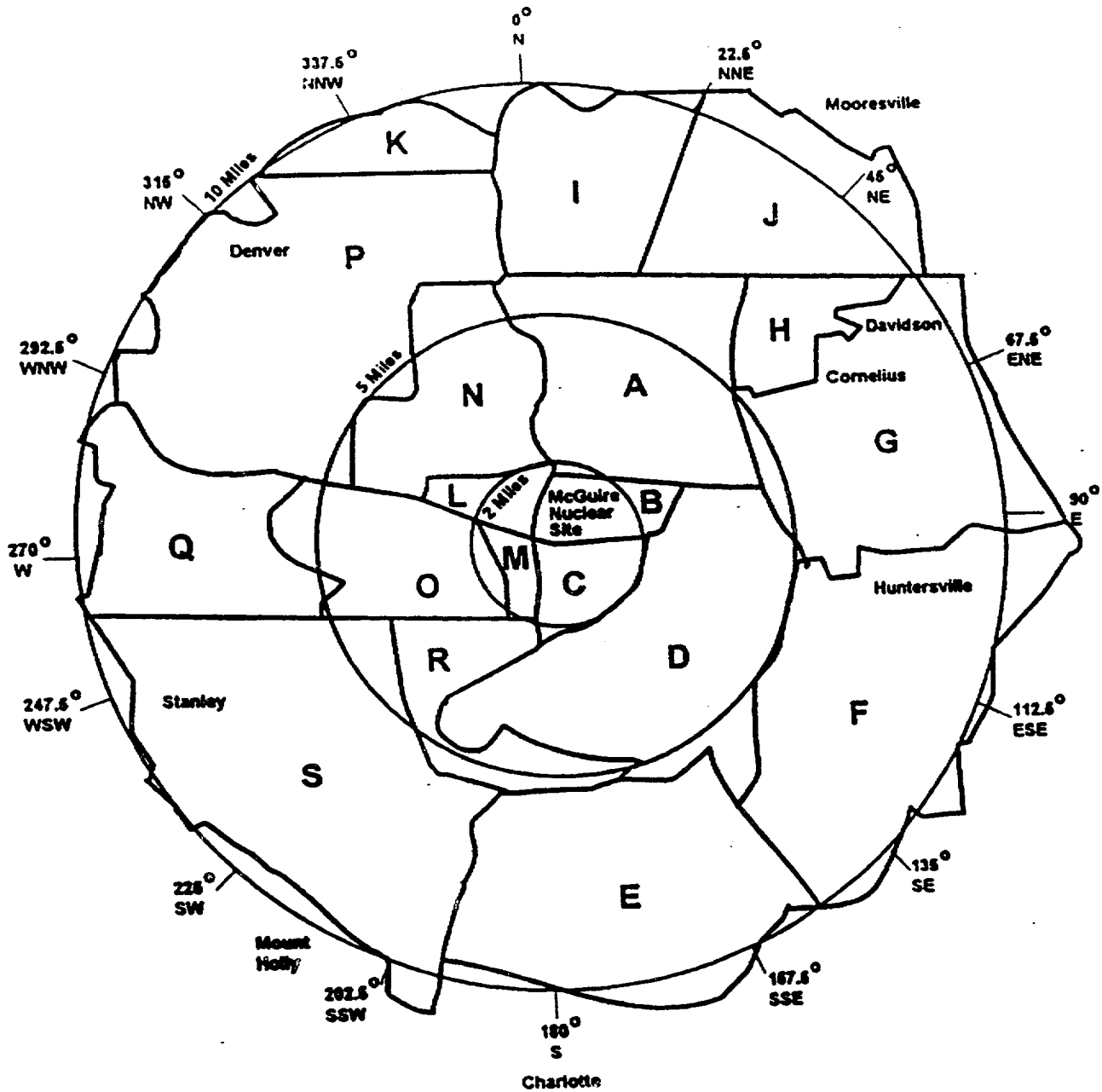
| Total Effective Dose Equivalent (TEDE) | Committed Dose Equivalent (CDE) Thyroid | Recommendation |
|--|---|---|
| < 1 rem | < 5 rem | No Protective Action is required based on projected dose. |
| ≥ 1 rem | ≥ 5 rem | Evacuate affected zones and shelter the remainder of the 10 mile EPZ not evacuated. |

Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents.

Guidance for Off-site Protective Actions

McGUIRE PROTECTIVE ACTION ZONES
(2 and 5 mile radius, inner circles)

10 MILE EPZ



Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 9

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check INITIAL **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

REPORTED BY: is the Communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Write in appropriate number **AND** codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
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NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}
- _____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}
- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- _____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown
- OR**
- Check B **AND** write in the Reactor Power level.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 9

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

Enclosure 4.3
Initial Notification
Completion/Transmission

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- ____ Item 15 Check B AND write affected zones for evacuation
 AND
 Check C AND write the letter designation for all other zones not evacuated.
- ____ Item 16 Have the Emergency Coordinator approve the message AND
 Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 6 of 9 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 IF Selective Signaling Group Call fails, THEN go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
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NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.3
Initial Notification
Completion/Transmission

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Page 6 of 9

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- _____ 1. Press **20** to activate all County radio units.
- _____ 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through 2.10 of this enclosure.

- _____ 4. After you have finished transmitting the message, conclude by saying:
"This is WQC700 base clear."

- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.3
Initial Notification
Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 8 of 9

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press GROUP FAX button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 9 of 9

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Enclosure 4.4

NRC Event Notification Worksheet

RP/0/A/5700/004

Page 1 of 2

NOTE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

| | | | | |
|---|------|---------------|--|----------------------------------|
| NOTIFICATION TIME/DATE | UNIT | CALLER'S NAME | CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044 | NRC OPERATIONS OFFICER CONTACTED |
| EVENT TIME & ZONE _____ Region II (time) (zone) | | EVENT DATE | POWER/MODE BEFORE | POWER/MODE AFTER |

| |
|-------------------------------|
| EVENT CLASSIFICATIONS |
| GENERAL EMERGENCY |
| SITE AREA EMERGENCY |
| ALERT |
| UNUSUAL EVENT |
| 50.72 NON-EMERGENCY |
| PHYSICAL SECURITY (73.71) |
| TRANSPORTATION (10 CFR 20) |
| MATERIAL/EXPOSURE (10 CFR 20) |
| OTHER |

| |
|---|
| 1-Hr Non-Emergency 10 CFR 50.72(b)(1) |
| (50.72 b1 (I)(B)) TS Deviation |
| |
| 1 Hr Non-Emergency |
| (70.52) (a) and (b) Accidental Criticality OR |
| (72.74) (a) Loss or theft of SNM |
| (50.36) Violation of a safety limit |
| MNS Facility Operating License Conditions |
| |
| |

| |
|---|
| 8-Hr Non-Emergency 10CFR 50.72(b)3 |
| (50.72 b3 (II)(A)) Degraded Condition |
| (50.72 b3 (II)(B)) Unanalyzed Condition |
| (50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3. |
| (50.72 b3 (V)(A)) Safe S/D Capability |
| (50.72 b3 (V)(B)) RHR Capability |
| (50.72 b3 (V)(C)) Control of Rad Release |
| |
| (50.72 b3 (V)(D)) Accident Mitigation |
| (50.72 b3 (X)(III)) Lost ENS |
| (50.72 b3 (X)(III)) Lost Other Assess./Comms |
| (50.72 b3 (X)(III)) Emergency Siren INOP |
| (50.72 b3 (XII)) Offsite Medical |

| |
|--|
| 4-Hr Non-Emergency 10 CFR 50.72(b)(2) |
| (50.72 b2 (I)) TS Required S/D |
| (50.72 b2 (IV)(A)) ECCS Discharge to RCS |
| (50.72 b2 (IV)(B)) RPS Actuation - critical scram |
| (50.72 b2 (XI)) Offsite Notification |
| (72.75)(b1) Rad exposure & release action impairment. |
| (72.75)(b2) Spent Fuel Storage SSC defect. |
| (72.75)(b3) Spent Fuel Storage degradation. |
| (72.75)(b4) Fuel Storage License deviation. |
| (72.75)(b5) Fuel Storage related offsite medical. |
| (72.75)(b6) Fire/Explosion damage to Spent Fuel Storage. |

| |
|--|
| 24-Hr. Non-Emergency |
| McGuire Facility Operating License Conditions |
| Material/Exposure (10CFR20) |
| |
| 26.73 Significant events involving fitness for duty. |
| (72.75)(c1) Contamination event restrictions. |
| |
| (72.75)(c2) Fuel Storage equipment failure. |

EVENT DESCRIPTION

Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.4 page 2 of 2 if necessary.

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

APPROVED BY: _____ TIME/DATE: _____ / ____ / ____
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

Enclosure 4.4

NRC Event Notification Worksheet

RP/0/A/5700/004

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 | |

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

| | 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 uCi/sec | | | 0.01 Ci |
| Particulate | | | 1 uCi/sec | | | 1 mCi |
| Liquid (excluding tritium & dissolved noble gases) | | | 10 uCi/min | | | 0.1 Ci |
| Liquid (tritium) | | | 0.2 Ci/min | | | 5 Ci |
| Total Activity | | | | | | |

| RECORD MONITORS IN ALARM | PLANT STACK (EMF 35, 36, 37) | CONDENSER/ AIR EJECTOR (EMF 33) | MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13) | SG BLOWDOWN (EMF 34) | OTHER |
|----------------------------|------------------------------|---------------------------------|--|----------------------|-------|
| RAD MONITOR READINGS: | | | | | |
| ALARM SETPOINTS: TRIP II | | | | | |
| T.S. LIMIT (If applicable) | | NOT APPLICABLE | | NOT 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: gpm/gpd | T.S. LIMITS EXCEEDED: | SUDDEN OR LONG TERM DEVELOPMENT: | |
| LEAK START DATE: | TIME: | COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq. _____ mCi/ml Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml | |

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.4 page 1 of 2)

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

- Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
 Check FOLLOW-UP **AND**
 Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

REPORTED BY: is the Communicator's name.

- Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

- Item 3 Write in the transmittal time **AND** date.
- Item 4 Authentication is not required when faxing.
- Item 5 Check D for GENERAL EMERGENCY.
- Item 6 Check A for Emergency Declaration At: **AND**
 Write the time **AND** date the classification was declared.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 6

| |
|---|
| NOTE: Reference RP/0/A/5700/000, (Classification of Emergency) |
|---|

| | |
|--------------|--|
| _____ Item 7 | Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). <u>DO NOT</u> use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065} |
|--------------|--|

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 6

- _____ Item 8 Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

- _____ Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 4 of 6

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 5 of 6

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

| |
|---|
| NOTE: If unchanged from the previous notification, the information does not have to be repeated. |
|---|

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check B **AND** write affected zones for evacuation

AND

Check C **AND** write the letter designation for all other zones not evacuated.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

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2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- _____ 2.2 Press "GROUP FAX" button.
- _____ 2.3 Press "SEND/RECEIVE" button.
- _____ 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- _____ 2.5 Ensure the State and Counties received the FAX by calling them.
- _____ 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.6
Termination Notification
Completion/Transmission

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1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

REPORTED BY: is the Communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Write in appropriate number **AND** codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.

—— Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
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2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

Enclosure 4.6
Termination Notification
Completion/Transmission

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- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press **20** to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

4. After you have finished transmitting the message, conclude by saying:

"This is WQC700 base clear."

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

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Termination Notification
Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.6
Termination Notification
Completion/Transmission

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OPERATION OF THE FAX

A. GROUP FAX

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

Enclosure 4.6
Termination Notification
Completion/Transmission

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OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Enclosure 4.7

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

RP/0/A/5700/004

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UNIT(S) AFFECTED:

U1 _____ U2 _____

{PIP-M-99-3800}

| | | | | | |
|---|---|---|-----------------|-----------------|----------------------|
| GENERAL | DATE: _____ | POWER LEVEL | NCS TEMP | NCS PRESS | |
| | TIME: _____ | U-1 _____ U-2 _____ | _____ | _____ | |
| EMERGENCY CLASSIFICATION | NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____ | | | | |
| | TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____ | | | | |
| ASSEMBLY EVACUATION | | YES | NO | TIME | LOCATION OR COMMENTS |
| | SITE ASSEMBLY SITE EVAC. (NON-ESSEN.) SITE EVAC. (ESSENTIAL) OTHER OFFSITE AGENCY INVOLVEMENT MEDICAL FIRE POLICE | _____ | _____ | _____ | _____ |
| RADIOLOGICAL | FIELD MON. TEAMS | NUMBER ASSEM. | NUMBER DEPLOYED | | |
| | PARS: | ZONES EVAC | | ZONES SHELTERED | |
| OFFSITE COMMUNICATION | RELEASE IN PROGRESS | YES | NO | | |
| | RELEASE PATHWAY | _____ | | | |
| CONTAINMENT PRESSURE | | _____ | PSIG | | |
| WIND DIRECTION | | _____ | WIND SPEED | _____ | |
| OFFSITE COMMUNICATION | LAST MESSAGE SENT: | NUMBER | TIME | | |
| | NEXT MESSAGE DUE: | _____ | _____ | | |
| NOTE: EOF COMMUNICATION | | CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF. | | | |
| OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____ _____ | | | | | |

Enclosure 4.8
Request for Emergency Exposure (a)

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| <u>Activity</u> | <u>Total Effective Dose Equivalent (TEDE)</u> | <u>Lens of Eye</u> | <u>Other Organs (b)</u> |
|--|---|--------------------|-------------------------|
| All | 5 rem | 15 rem | 50 rem |
| Protecting Valuable Property | 10 rem | 30 rem | 100 rem |
| Life saving or Protection of Large Populations | 25 rem | 75 rem | 250 rem |
| Life saving or Protection of Large Populations (c) | > 25 rem | > 75 rem | > 250 rem |

(a) Excludes declared pregnant women

(b) Includes skin and body extremities

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

| RP Badge No. | Name | Age | Employer | Signature of Individual |
|--------------|------|-----|----------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File