

**VIRGINIA ELECTRIC AND POWER COMPANY**  
**RICHMOND, VIRGINIA 23261**

February 28, 2002

United States Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington, D. C. 20555-0001

Serial No. 02-128  
SS&L/BAG R0  
Docket No. 50-280  
50-281  
License No. DPR-32  
DPR-37

Gentlemen:

**VIRGINIA ELECTRIC AND POWER COMPANY**  
**SURRY POWER STATION UNITS 1 AND 2**  
**REVISIONS TO EMERGENCY PLAN IMPLEMENTING PROCEDURES**

Pursuant to 10 CFR 50.54(q), enclosed are revisions to two Surry Power Station Emergency Plan Implementing Procedures. The revisions do not implement actions which decrease the effectiveness of our Emergency Plan. The Emergency Plan and Implementing Procedures continue to meet the standards of 10 CFR 50.47(b). Please update your manual by performing the actions described in the enclosed tabulation of changes.

Very truly yours,



Richard H. Blount, Site Vice President  
Surry Power Station

Enclosure

Commitments contained in this letter: None.

cc: U. S. Nuclear Regulatory Commission, Region II (2 copies)  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street S.W., Suite 23 T85  
Atlanta, Georgia 30303-8931

Mr. R. A. Musser  
NRC Senior Resident Inspector  
Surry Power Station

A045

Serial No. 02-128  
Surry EPIP Revisions

**VIRGINIA ELECTRIC AND POWER COMPANY  
REVISION TO SURRY POWER STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURE**

Enclosed are revisions to Surry Power Station Emergency Plan Implementing Procedures. Please take the following actions in order to keep your manual updated with the most recent revisions.

<b>REMOVE AND DESTROY:</b>	<b>EFFECTIVE DATE:</b>	<b>INSERT:</b>	<b>EFFECTIVE DATE:</b>
EPIP-2.01, Rev. 28	09/05/01	EPIP-2.01, Rev. 29	02/21/02
EPIP-5.07, Rev. 10	09/28/00	EPIP-5.07, Rev. 11	02/21/02

Emergency Plan Privacy and Proprietary Material have been removed.  
Reference Generic Letter No. 81-27

VIRGINIA POWER  
LEVEL 3 DISTRIBUTION  
SURREY POWER STATION  
This Document Should Be Verified  
EMERGENCY PLAN IMPLEMENTING PROCEDURE  
And Annotated to A Controlled Source  
As Required to Perform Work

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS (With 3 Attachments)	REVISION 29
		PAGE 1 of 18

**PURPOSE**

To initially notify State and local governments of the declaration of an emergency and to provide status updates related to the event.

**ENTRY CONDITIONS**

Any of the following:

1. An emergency has been declared.
2. Entry directed by Station Emergency Manager.

Approvals on File

Effective Date 02/21/02

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

- a. IF preparation of a new/revised message will prevent timely transmittal of an initial message reporting an emergency class (i.e., within 15 minutes of classification), THEN do the following:

- 1) Complete transmittal of current message.
- 2) RETURN TO Step 3 to prepare new emergency message.

- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:

- Update current message to include changed condition(s).
- RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>____ 1 INITIATE PROCEDURE:</p> <ul style="list-style-type: none"> <li>• By: _____</li> <li>Date: _____</li> <li>Time: _____</li> <li>Location: _____</li> </ul>		
<p>____ 2 CHECK FIRST REPORT OF EMERGENCY FOR EVENT - REQUIRED</p>		<p><u>IF</u> procedure previously initiated, <u>THEN</u> continue from step in effect identified during relief/turnover.</p>
<p><b><u>NOTE:</u></b></p> <ul style="list-style-type: none"> <li>• The initial notification of any emergency classification must be completed within 15 minutes of declaring the emergency class.</li> <li>• Items 4 through 8 on Attachment 2 may be excluded from the first report of any emergency classification, (including termination).</li> <li>• Attachment 1, Instructions for Completing Report of Emergency to State and Local Governments, may be referenced as needed.</li> </ul>		
<p>____ 3 RECORD INFORMATION ON ATTACHMENT 2 (REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS)</p>		
<p>____ 4 CHECK EMERGENCY - REMAINS IN EFFECT</p>		<p><u>IF</u> emergency terminated before message sent, <u>THEN</u> do the following:</p> <ul style="list-style-type: none"> <li>a) Record reason event terminated in Item 3.</li> <li>b) Record "State EOC portion of message not applicable" on bottom of Attachment 2 Page 2.</li> </ul>
<p>____ 5 HAVE SEM/RM APPROVE REPORT (initial at top of Attachment 2)</p>		

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

\_\_\_\_ 6 RECORD TIME NOTIFICATION STARTED

**NOTE:** • Multiple items excluded from a message may be read as a single statement, e.g., "Items 4 through 8 excluded from this message."

- Outbound calls through the PBX system are made by dialing 8-1-(area code)-###-####. Using unrestricted PBX telephones, outbound calls may be made by dialing 9-1-(area code)-###-#### (area code not required for outbound calls within local calling area). No prefix (8-, 9-) is needed when using a direct outside line.

\_\_\_\_ 7 SEND REPORT OF EMERGENCY TO  
STATE AND LOCAL GOVERNMENTS  
(i.e., Initial or Follow-up  
Report, as required):

a) Check Instaphone - CLEAR OF  
CONFLICTING MESSAGE TRAFFIC

a) IF Instaphone NOT available,  
THEN do the following:

1) Call State EOC on DEM ARD  
(Alternate: (804) 674-2400).

2) Notify State EOC Duty  
Officer of need to transmit  
message.

3) WHEN Instaphone available  
for message transmittal,  
THEN GO TO Step 7.b.

b) Use Instaphone to contact State  
and local Emergency Operations  
Centers (EOCs)

b) IF Instaphone NOT operable,  
THEN GO TO Step 11.

c) Perform initial roll-call  
(check boxes as EOC(s) answer)

d) Read Items 1 through 9

(STEP 7 CONTINUED ON NEXT PAGE)

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
7	SEND REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS (i.e., Initial or Follow-up Report, as required): (Continued)	
	e) Check each EOC answers acknowledgement roll-call (check associated box as EOC(s) answer)	e) <u>IF</u> any EOC does <u>NOT</u> respond, <u>THEN</u> circle locality name on Attachment 2.
	f) Repeat any items upon request	
	g) Record date and time transmittal of Items 1 through 9 completed	
	h) Check message reports emergency - REMAINS IN EFFECT	h) <u>IF</u> State EOC acknowledged message, <u>THEN</u> GO TO Step 9.
		<u>IF</u> State EOC did <u>NOT</u> acknowledge message, <u>THEN</u> do the following:
		1) Use DEM ARD phone to contact State EOC (Alternate: (804) 674-2400 (ask for Duty Officer)).
		<u>IF</u> all means of communications with State EOC are inoperable, <u>THEN</u> do the following:
		a) Notify SEM/RM.
		b) GO TO Step 9.
		2) Read Items 1 through 9.
		3) GO TO Step 9.
(STEP 7 CONTINUED ON NEXT PAGE)		

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

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WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.



## CONTINUOUS ACTION PAGE FOR EPIP-2.01

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED												
<p>_____ 9</p>	<p>VERIFY ALL LOCAL EOCs ANSWERED ACKNOWLEDGEMENT ROLL CALL</p>	<p><u>IF</u> any EOC(s) did <u>NOT</u> answer roll call, <u>THEN</u> do the following:</p> <p>a) Use telephone to call EOC(s) that did not answer.</p> <p>b) Refer to the table below for order of priority and list of local EOC phone numbers:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="padding: 2px;">Surry</td> <td style="padding: 2px;">(757) 294-5264</td> </tr> <tr> <td style="padding: 2px;">James City</td> <td style="padding: 2px;">(757) 566-0112</td> </tr> <tr> <td style="padding: 2px;">Isle of Wight</td> <td style="padding: 2px;">(757) 357-2151 (local) (757) 357-3191 (local)</td> </tr> <tr> <td style="padding: 2px;">Williamsburg</td> <td style="padding: 2px;">(757) 220-2331</td> </tr> <tr> <td style="padding: 2px;">Newport News</td> <td style="padding: 2px;">(757) 247-2578</td> </tr> <tr> <td style="padding: 2px;">York</td> <td style="padding: 2px;">(757) 890-3603</td> </tr> </tbody> </table> <p>c) <u>IF</u> State EOC notified, <u>THEN</u> read Items 1 through 9.</p> <p><u>IF</u> NO communications with State EOC, <u>THEN</u> read Items 1 through 10.</p> <p>d) Record the following on Attachment 2:</p> <ul style="list-style-type: none"> <li>• Method of contact.</li> <li>• Reason Instaphone failed (if known).</li> <li>• Date and time of contact.</li> </ul>	Surry	(757) 294-5264	James City	(757) 566-0112	Isle of Wight	(757) 357-2151 (local) (757) 357-3191 (local)	Williamsburg	(757) 220-2331	Newport News	(757) 247-2578	York	(757) 890-3603
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<p>_____ 10</p>	<p>GO TO STEP 12</p>													

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

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### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

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### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

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### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

**NOTE:** Other personnel may assist by making notifications simultaneously using other telephones.

11 SEND REPORT OF EMERGENCY TO  
STATE AND LOCAL GOVERNMENTS USING  
ALTERNATIVE MEANS:

a) Call State EOC:

1) Use DEM ARD (Alternate:  
(804) 674-2400, ask for EOC  
Duty Officer)

2) Read entire Attachment 2

3) Record date/time transmittal  
to State EOC complete

b) Call each local EOC and read  
Items 1 through 9:

Surry	(757) 294-5264
James City	(757) 566-0112
Isle of Wight	(757) 357-2151 (local) (757) 357-3191 (local)
Williamsburg	(757) 220-2331
Newport News	(757) 247-2578
York	(757) 890-3603

c) Record date/time transmittal of  
Items 1 through 9 complete

12 NOTIFY SEM/RM TRANSMITTAL WAS SENT

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 13	KEEP ATTACHMENT 2 WITH THIS PROCEDURE	
_____ 14	CHECK IF ITEM 11 ON REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS INDICATES REPORT OF RADIOLOGICAL CONDITIONS - REQUIRED	GO TO Step 17.

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

- NOTE:**
- The initial Report of Radiological Conditions must be transmitted to the State EOC (or State representatives in the LEOF/CEOF) as soon as possible following the release of radioactive material.
  - Follow-up reports should be issued approximately every 60 minutes or when there are changes in radiological conditions. Time should be measured from time of delivery, time facsimile sent, or time verbal transmittal completed.

15 GET REPORT OF RADIOLOGICAL CONDITIONS FOR THE STATE:

- a) Check if either of the following Radiological Status reports available:

- MIDAS Radiological Status report

OR

- EPIP-4.03, DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE, Attachment 1, Radiological Status

- b) Get Radiological Status report from radiological assessment organization

- c) Check report - COMPLETE

- a) IF NO Radiological Status report available, THEN do the following:

- 1) Determine from radiological assessment organization when report will be available.

- 2) Notify SEM/RM about delay.

- 3) WHEN Radiological Status report becomes available, THEN continue in this procedure.

- c) IF blank items remain on Radiological Status report, THEN return report to radiological assessment organization for completion.

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
16	<p>SEND REPORT OF RADIOLOGICAL CONDITIONS TO THE STATE:</p> <ul style="list-style-type: none"> <li>a) Attach Radiological Status report to Attachment 3</li> <li>b) Follow Attachment 3 Part I, Instructions for Virginia Power/Surry Emergency Communicator</li> <li>c) Check Report of Radiological Conditions to the State - SENT VIA FACSIMILE MACHINE</li> <li>d) Allow 5 minutes for State EOC Duty Officer to verify receipt of message</li> <li>e) Check receipt of message - VERIFIED BY STATE EOC DUTY OFFICER</li> <li>f) Record Date/Time verified on Attachment 3 Part III Item 1</li> <li>g) Notify SEM/RM transmittal - SENT</li> <li>h) Keep Attachment 3 with this procedure</li> </ul>	<ul style="list-style-type: none"> <li>c) <u>IF</u> Radiological Status report communicated verbally or delivered, <u>THEN</u> GO TO Step 16.g.</li> <li>e) <u>IF</u> receipt of message <u>NOT</u> verified, <u>THEN</u> do the following: <ul style="list-style-type: none"> <li>1) Call State EOC on DEM ARD (Alternate: (804) 674-2400).</li> <li>2) Ask State EOC Duty Officer if message received.</li> <li>3) <u>IF</u> receipt of message verified, <u>THEN</u> GO TO Step 16.f.</li> </ul> </li> <li><u>IF</u> message <u>NOT</u> received, <u>THEN</u> do the following: <ul style="list-style-type: none"> <li>a) Follow Attachment 3 Part I Item 6 instructions.</li> <li>b) GO TO Step 16.g.</li> </ul> </li> </ul>

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

- a. IF preparation of a new/revised message will prevent timely transmittal of an initial message reporting an emergency class (i.e., within 15 minutes of classification), THEN do the following:

- 1) Complete transmittal of current message.
- 2) RETURN TO Step 3 to prepare new emergency message.

- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:

- Update current message to include changed condition(s).
- RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

**NOTE:** Follow-up reports of emergency conditions must be provided to State and local governments approximately every 60 minutes (from previous message notification start time) or when there are changes in emergency conditions, unless otherwise agreed upon with the State.

\_\_\_\_ 17 CHECK ANY OF THE FOLLOWING MESSAGE UPDATE CONDITIONS - EXISTS:

- Status of any of the following Report of Emergency items - CHANGED:

- Emergency class (including event termination)
- Offsite Assistance Required
- Site Evacuation
- Prognosis Worsening

- Radioactive Release
- Protective Action Recommendation

OR

- Updated Radiological Status report provided by radiological assessment organization

OR

- Follow-up report due IAW schedule established with State EOC Duty Officer

\_\_\_\_ 18 RETURN TO APPLICABLE STEP AS INDICATED BELOW:

Report of Emergency to State and Local Governments	RETURN TO Step 3
Report of Radiological Conditions to the State	RETURN TO Step 15

WHEN Report of Emergency message update conditions satisfied, THEN RETURN TO Step 3.

WHEN Report of Radiological Conditions message update conditions satisfied, THEN RETURN TO Step 15.

IF termination message has been sent, THEN GO TO Step 27.

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

- a. IF preparation of a new/revised message will prevent timely transmittal of an initial message reporting an emergency class (i.e., within 15 minutes of classification), THEN do the following:
  - 1) Complete transmittal of current message.
  - 2) RETURN TO Step 3 to prepare new emergency message.
- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:
  - Update current message to include changed condition(s).
  - RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.



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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

- NOTE:**
- Data may be obtained from meteorological panel charts (via TSC staff communicating with Control Room when ERFCS not available), ERFCS (group reviews or EMCOMM, activated by typing EMCOMM and pressing the gray button labeled LAST), the computer modem or local data logger (described in 0-AP-20.03, LOSS OF METEOROLOGICAL MONITORING INSTRUMENTATION).
  - Both the ERFCS EMCOMM feature and ERFCS Group Review #39, COMERDS-1, Common ERDS Points, contain meteorological information averaged over the previous 15 minutes. ERFCS Group Review #39 presents averaged ambient temperature in degrees Fahrenheit (°F).

19 CHECK ON-SITE METEOROLOGICAL  
INFORMATION - AVAILABLE

IF on-site data NOT available,  
THEN do the following:

- Get regional information from one of the following:
  - Company Weather Center:  
(804) 273-3025.
  - National Weather Service  
(NWS): (800) 737-8624.
  - Have HP initiate EPIP-4.10,  
DETERMINATION OF X/Q.
- Give meteorological information to requestor.
- RETURN TO procedure step in effect.

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

- a. IF preparation of a new/revised message will prevent timely transmittal of an initial message reporting an emergency class (i.e., within 15 minutes of classification), THEN do the following:
  - 1) Complete transmittal of current message.
  - 2) RETURN TO Step 3 to prepare new emergency message.
- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:
  - Update current message to include changed condition(s).
  - RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

\_\_\_\_ 20 GET ON-SITE METEOROLOGICAL  
INFORMATION AS REQUESTED:

- a) Refer to specified step(s) to  
acquire requested information:

Temperature	Step 21
Wind Speed	Step 22
Wind Direction	Step 23
Affected Sectors	Steps 23 and 24
Stability Class	Step 25

- b) Give meteorological information  
to requestor

- c) RETURN TO procedure step in  
effect

\_\_\_\_ 21 DETERMINE TEMPERATURE:

- a) Get temperature from Main Tower  
Temperature indicator
- b) Use formula below to convert  
temperature to °F (if needed):  
°F = (°C x 1.8) + 32

**NOTE:** Primary source of wind speed is the Main Tower Lower Level  
indicator. Alternate sources are (1) Backup Tower, and (2) Main  
Tower Upper Level.

\_\_\_\_ 22 GET WIND SPEED

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

- a. IF preparation of a new/revised message will prevent timely transmittal of an initial message reporting an emergency class (i.e., within 15 minutes of classification), THEN do the following:
  - 1) Complete transmittal of current message.
  - 2) RETURN TO Step 3 to prepare new emergency message.
- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:
  - Update current message to include changed condition(s).
  - RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

- NOTE:**
- An approximate average wind direction for the previous 15 minutes should be determined.
  - Primary source of wind direction is the Main Tower Lower Level indicator. Alternate sources are (1) Backup Tower, and (2) Main Tower Upper Level.
  - Wind direction is always given as the compass point the wind blows from. Example: Wind direction is from East North East (ENE).

23 GET WIND DIRECTION IN TERMS OF  
COMPASS POINT WIND BLOWING FROM:

DEGREES	COMPASS POINT	DEGREES	COMPASS POINT	DEGREES	COMPASS POINT
0-11	N	192-214	SSW	350-371	N
12-34	NNE	215-236	SW	372-394	NNE
35-56	NE	237-259	WSW	395-416	NE
57-79	ENE	260-281	W	417-439	ENE
80-101	E	282-304	WNW	440-461	E
102-124	ESE	305-326	NW	461-484	ESE
125-146	SE	327-349	NNW	485-506	SE
147-169	SSE			507-529	SSE
170-191	S			530-540	S

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

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  - Update current message to include changed condition(s).
  - RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

**NOTE:** Affected sectors are recorded using alphabetic designations.

24 DETERMINE DOWNWIND SECTORS:

COMPASS POINT	DOWNWIND SECTORS	COMPASS POINT	DOWNWIND SECTORS
N	H - J - K	S	R - A - B
NNE	J - K - L	SSW	A - B - C
NE	K - L - M	SW	B - C - D
ENE	L - M - N	WSW	C - D - E
E	M - N - P	W	D - E - F
ESE	N - P - Q	WNW	E - F - G
SE	P - Q - R	NW	F - G - H
SSE	Q - R - A	NNW	G - H - J

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

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- 1) Complete transmittal of current message.
- 2) RETURN TO Step 3 to prepare new emergency message.

- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:

- Update current message to include changed condition(s).
- RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.



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**STEP**
**ACTION/EXPECTED RESPONSE**
**RESPONSE NOT OBTAINED**

- NOTE:**
- Main Tower Delta T is the preferred source of stability class. Sigma Theta (Backup Tower) is the secondary source.
  - The value closer to "G" should be used if unable to distinguish Delta T or Sigma Theta value.
  - Numerical ranges presented below for Delta T and Sigma Theta are less than the range of the chart recorder and indicator in the Control Room. Indications are not expected to read outside the ranges found on these tables.

\_\_\_\_\_ 25 DETERMINE STABILITY CLASS:

MAIN TOWER DELTA T			BACKUP TOWER SIGMA THETA		
DELTA T (°C)		STABILITY CLASS	SIGMA THETA (°)		STABILITY CLASS
≤ -0.67	=	A	≥ 22.5	=	A
-0.66 to -0.60	=	B	22.4 to 17.5	=	B
-0.59 to -0.53	=	C	17.4 to 12.5	=	C
-0.52 to -0.18	=	D	12.4 to 7.5	=	D
-0.17 to +0.53	=	E	7.4 to 3.8	=	E
+0.54 to +1.41	=	F	3.7 to 2.1	=	F
> +1.41	=	G	< 2.1	=	G

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

- a. IF preparation of a new/revised message will prevent timely transmittal of an initial message reporting an emergency class (i.e., within 15 minutes of classification), THEN do the following:
  - 1) Complete transmittal of current message.
  - 2) RETURN TO Step 3 to prepare new emergency message.
- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:
  - Update current message to include changed condition(s).
  - RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

**NOTE:** Responsibilities may be transferred to relief within a facility or to another facility, e.g., Control Room to TSC, Control Room to LEOF or CEOF, or TSC to LEOF or CEOF.

26 TRANSFER RESPONSIBILITY FOR  
STATE/LOCAL NOTIFICATIONS:

- a) Notify SEM (or RM if in LEOF/CEO)
- b) Tell relief Emergency Communicator about current event status
- c) Review most recently completed Attachments 2 and 3 with relief
- d) Tell relief Emergency Communicator when next notification is due
- e) Provide this procedure and all attachments or send copies of attachments to relief
- f) Have relief/turnover recorded in event log
- g) Check - INTERFACILITY TURNOVER HAS BEEN COMPLETED
- g) RETURN TO step in effect prior to relief.

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY CONDITION CHANGE CRITERIA

WHEN emergency conditions change (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation), THEN do one of the following:

- a. IF preparation of a new/revised message will prevent timely transmittal of an initial message reporting an emergency class (i.e., within 15 minutes of classification), THEN do the following:
  - 1) Complete transmittal of current message.
  - 2) RETURN TO Step 3 to prepare new emergency message.
- b. IF new/revised message can be prepared without delaying timely transmittal of an initial message reporting an emergency class, THEN do one the following:
  - Update current message to include changed condition(s).
  - RETURN TO Step 3 to prepare new emergency message.

### 2. REPORT OF EMERGENCY UPDATE CRITERIA

WHEN scheduled Report of Emergency to State and Local Governments - DUE, THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 3. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 4. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 5. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

\_\_\_\_ 27 TERMINATE PROCEDURE:

- Give EPIP-2.01, forms and other applicable records to the Control Room STA (TSC Emergency Procedures Coordinator or EOF Services Coordinator)

• Completed by: \_\_\_\_\_

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

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

-END-

NUMBER	ATTACHMENT TITLE	REVISION
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### Form Field

### Instructions for Preparing Form:

**Approval  
(SEM or RM)**

Leave blank. (The Station Emergency Manager (SEM) or Recovery Manager (RM) signs/initials this space after message is drafted.)

**Message #**

Record sequential message number on pages 1 and 2.

A single numbering sequence is used for Reports of Emergency to State and Local Governments (Attachment 2) from the initial classification until the Emergency Plan is exited. The numbering sequence for Reports of Radiological Conditions to the State (Attachment 3) is separate.

**Notification  
Start Time**

Leave blank. (Enter notification start time when beginning transmittal of the approved message.)

**Location**

Check off facility from which notification will be made.

**Roll Call**

Leave blank. (Check off recipients of the emergency message when they answer the roll call.)

**NOTE:** • Information to complete Items 1-2 and 4-7 obtained from SEM/RM.

- Items 4, 5, 6, 7 and/or 8 are optional for a message reporting initial entry into the Emergency Plan or an emergency class change, including emergency termination and may be checked 'Excluded from this message.'
- Inclusion of optional items, e.g., Item 6, Evacuation of onsite personnel, should be considered when it can result in avoiding an immediate follow-up message.

**Item 1**

**Emergency Class.**

IF message initial or follow-up report, THEN do the following:

- Check block for highest applicable emergency class.
- Enter time (0001-2400) and date of declaration.

IF initial message is also a termination report, THEN record time of termination in Item 3.

IF message emergency termination report, THEN do the following:

- Check Emergency Terminated block.
- Complete Items 2, 3 and 9.

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### Form Field

### Instructions for Preparing Form:

#### Item 2

#### Release of radioactive material.

The SEM/RM determines whether a release of radioactive material is occurring, has occurred, has occurred and has been terminated, or is projected to occur based on plant indications and/or consultation with the RAD/RAC. For the purposes of emergency messages, release refers to a radiological release attributable to the emergency event.

#### Item 3

#### Remarks / Description of event.

Write Remarks / Description of event in plain language. Avoid technical jargon, abbreviations and acronyms.

Explain any change in the prognosis of situation (Item 7) reported in the previous message.

IF Item 2 indicated a radiological release is occurring or has occurred, THEN remarks should be entered placing the release in context, e.g., release is estimated to be confined to the site, release estimated to be within normal plant limits, site boundary dose rates are below offsite protective action levels.

Avoid repeating Remarks / Description of event from the previous message.

The description should describe current conditions at the time the report approved by the SEM/RM.

#### Item 4

#### Assistance requested.

[ ] Excluded from this message may be checked for the initial report of an emergency class and termination reports only.

This item documents requests that have been made for on-site assistance from off-site organizations such as from fire departments, rescue squads or law enforcement agencies, including local law enforcement, Virginia State Police, Federal Bureau of Investigation, etc.). This item is NOT for requesting assistance. A check block for other off-site organizations and space to record a description of the off-site organization is provided, e.g., U.S. Department of Energy.

Continue to record requests for assistance until the request has been canceled or off-site assistance has been released. For an ambulance, continue to record request for assistance until the ambulance has been released from the hospital.

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**Form Field**

**Instructions for Preparing Form:**

**Item 5**

**Emergency Response Actions Underway.**

[ ] Excluded from this message may be checked for the initial report of an emergency class and termination reports only.

Check blocks are provided for the following:

[ ] Station monitoring teams dispatched offsite (teams may be dispatched for any emergency classification, but dispatch is generally required at the Site Area Emergency and General Emergency classifications)

[ ] Station emergency personnel called in (unless special circumstances are involved, station emergency personnel are called-in at an Alert or higher emergency class, but may be called-in for a Notification of Unusual Event)

[ ] Other (examples of other emergency response actions include dispatch of damage control teams, relocation of personnel from selected areas, etc.)

**Item 6**

**Evacuation of onsite personnel.**

[ ] Excluded from this message may be checked for the initial report of an emergency class and termination reports only.

The Remote Assembly Area is selected in accordance with EPIP-5.05, SITE EVACUATION.

An "Other" check block is provided in case personnel are evacuated to different location, e.g., local evacuation assembly center.

Early release of personnel, i.e., non-essential personnel are sent home early, is reported in Item 3, Remarks / Description of event.

Continue to record evacuation of onsite personnel until evacuated personnel released from the applicable Remote Assembly Area.



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**Form Field**

**Instructions for Preparing Form:**

**NOTE:** Changes in the prognosis of situation should be explained in Item 3, Remarks / Description of event.

**Item 7**

**Prognosis of situation.**

[ ] Excluded from this message may be checked for the initial report of an emergency class and termination reports only.

The "Other" check block can be used to provide an indication of anticipated event termination, e.g., emergency will be terminated when unit reaches cold shutdown at or about 1700 hours.

**Item 8**

**Meteorological data.**

[ ] Excluded from this message may be checked for the initial report of an emergency class and termination reports only.

[ ] Not available may be checked when waiting for meteorological information will delay transmission of a message. Efforts to obtain meteorological data from alternative sources should not delay sending emergency messages.

Check [ ] Based on onsite measurements when meteorological information is acquired from onsite instruments.

Onsite measurements may be acquired from any of the following:

- ERFCS EMCOMM feature (15-minute average) (activated by typing EMCOMM and pressing the gray button labeled LAST)
- ERFCS Group Review #39, COMERDS-1, Common ERDS Points (15-minute average)
- Control Room meteorological panel charts (approximate average for previous 15 minutes) (communicate with Control Room staff when ERFCS not available in other facilities)
- O-AP-20.03, LOSS OF METEOROLOGICAL MONITORING INFORMATION.

[Instructions for Item 8, Meteorological data, continued on following page.]

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**Form Field**

**Instructions for Preparing Form:**

**Item 8**  
[continued]

**Meteorological data.**

Multiple indications of wind direction and wind speed are available. The priority for using these indications is:

- 1 Main Tower Lower Level
- 2 Backup Tower
- 3 Main Tower Upper Level

Check [ ] Based on offsite regional data when onsite measurements are NOT available. Regional wind speed and wind direction data may be obtained from the following in the order indicated:

- 1 Company Weather Center, (804) 273-3025
- 2 National Weather Service (NWS), (800) 737-8624

Use the following table to convert indicated degree reading to compass point wind blowing from.

DEGREES	COMPASS POINT
0-11 or 350-371	N (NORTH)
12-34 or 372-394	NNE (NORTH NORTHEAST)
35-56 or 395-416	NE (NORTHEAST)
57-79 or 417-439	ENE (EAST NORTHEAST)
80-101 or 440-461	E (EAST)
102-124 or 462-484	ESE (EAST SOUTHEAST)
125-146 or 485-506	SE (SOUTHEAST)
147-169 or 507-529	SSE (SOUTH SOUTHEAST)
170-191 or 530-540	S (SOUTH)
192-214	SSW (SOUTH SOUTHWEST)
215-236	SW (SOUTHWEST)
237-259	WSW (WEST SOUTHWEST)
260-281	W (WEST)
282-304	WNW (WEST NORTHWEST)
305-326	NW (NORTHWEST)
327-349	NNW (NORTH NORTHWEST)

Record wind direction in compass point wind is blowing from.

Record wind speed.

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# Form Field

# Instructions for Preparing Form:

## Item 9

## Emergency Communicator identification.

Enter name of Emergency Communicator.

## Roll Call

Leave blank. (Check off recipients of the emergency message when they answer the roll call.)

## Message Close-Out

Leave blank. (Check off facility from which notification was made and enter date/time after transmitting Items 1-9.)

## Item 10

## Recommended offsite protective actions.

IF Item 1 indicates the emergency class is a Notification of Unusual Event, Alert or Site Area Emergency, THEN check  
[ ] None.

IF Item 1 indicates the emergency class is a General Emergency, THEN copy recommended offsite protective action from EPIP-1.06, PROTECTIVE ACTION RECOMMENDATION, Attachment 3, in Item 10.

## Item 11

## Report of Radiological Conditions.

IF Item 2 indicates a release of radioactive material has NOT occurred and is NOT projected, THEN check [ ] We will not issue a Report of Radiological Conditions.

IF a Report of Radiological Conditions is required AND all the following conditions are met:

- LEOF (or CEOF) - RESPONSIBLE FOR STATE NOTIFICATIONS
- Department of Emergency Management - PRESENT
- Department of Health (Radiological Health Programs) representative - PRESENT

THEN check [ ] We will provide the Report of Radiological Conditions to the State representatives in the LEOF (CEOF).

IF a Report of Radiological Conditions is required AND has to be transmitted to the State EOC, THEN check [ ] We will transmit a Report of Radiological Conditions to the State EOC.

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ATTACHMENT		PAGE
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Form Field

Instructions for Preparing Form:

Item 12

Update schedule and name of State EOC Duty Officer.

Leave blank. (Update schedule and identification of State EOC Duty Officer is determined in consultation with the State EOC Duty Officer after message is transmitted.)

Message  
Close-Out

Leave blank. (Check off facility from which notification was made and enter date/time after transmitting Items 10-12.)

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APPROVAL: (SEM or RM): \_\_\_\_\_; MESSAGE # \_\_\_\_\_; TIME NOTIFICATION STARTED: \_\_\_\_\_

This is Surry Power Station ☐ Control Room ☐ TSC ☐ LEOF ☐ CEOF. Standby for a roll-call followed by an emergency message. Use a Report of Emergency form to copy this message. (Conduct a roll-call and check boxes as each party answers)

☐ Surry County                      ☐ State EOC                      ☐ Williamsburg                      ☐ York County  
☐ James City County                      ☐ Isle of Wight County                      ☐ Newport News

The emergency message is as follows: (READ SLOWLY)

Item 1: Emergency Class:

<input type="checkbox"/> Notification of Unusual Event	<input type="checkbox"/> Site Area Emergency	Declared at _____ on _____ (24-hr time)                      (date)
<input type="checkbox"/> Alert	<input type="checkbox"/> General Emergency	

☐ Emergency Terminated

Item 2: Release of radioactive material:

☐ Has NOT occurred and is NOT projected                      ☐ Is presently occurring  
☐ Has occurred and is now terminated                      ☐ Is projected to occur

Item 3: Remarks / Description of event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: Items 4 - 8 may be excluded from initial message reporting any emergency class (including termination).

Item 4: Assistance requested: ☐ Excluded from this message  
☐ None  
 \_\_\_\_\_ (#) Fire Units from \_\_\_\_\_  
 \_\_\_\_\_ (#) Police Units from \_\_\_\_\_  
 \_\_\_\_\_ (#) Rescue Units from \_\_\_\_\_  
☐ Other \_\_\_\_\_

Item 5: Emergency response actions underway: ☐ Excluded from this message  
☐ None  
☐ Station monitoring teams dispatched offsite  
☐ Station emergency personnel called in  
☐ Other \_\_\_\_\_

Item 6: Evacuation of onsite personnel: ☐ Excluded from this message  
☐ No  
☐ Yes, evacuated to: ☐ Primary Remote Assembly Area  
    ☐ Secondary Remote Assembly Area  
    ☐ Other \_\_\_\_\_

(ATTACHMENT 2 CONTINUED ON NEXT PAGE)

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MESSAGE # \_\_\_\_\_

Item 7: Prognosis of situation: ☐ Excluded from this message  
☐ Improving ☐ Stable  
☐ Worsening ☐ Other \_\_\_\_\_

Item 8: Meteorological data is: ☐ Excluded from this message  
☐ Based on onsite measurements; ☐ Based on offsite regional data;  
☐ Wind direction is from the \_\_\_\_\_; ☐ Wind speed is \_\_\_\_\_ mph  
☐ Not available

Item 9: This is (name) \_\_\_\_\_/Emergency Communicator.  
Please acknowledge receipt of this message. (Conduct roll-call and check boxes)

☐ Surry County ☐ State EOC ☐ Williamsburg ☐ York County  
☐ James City County ☐ Isle of Wight County ☐ Newport News

This is Surry Power Station ☐ Control Room ☐ TSC ☐ LEOF ☐ CEOF out at \_\_\_\_\_ on \_\_\_\_\_.  
(24-hr time) (date)

**NOTE:** The remainder of this report is not transmitted when the message reports emergency termination. When transmitted, the following information is for state use only. Transmit to State EOC using the DEM ARD.

This is Surry Power Station ☐ Control Room ☐ TSC ☐ LEOF ☐ CEOF. Continuing the emergency message:

Item 10: Recommended offsite protective actions are:

☐ None

☐ Standard: Evacuate 360° from 0 miles to 5 miles.

☐ Expanded:

☐ Evacuate 360° from 0 miles to 5 miles.

☐ Evacuate 360° from 5 miles to \_\_\_\_\_ miles.

☐ Evacuate sectors \_\_\_\_\_ from \_\_\_\_\_ miles to \_\_\_\_\_ miles.

☐ Shelter 360° from \_\_\_\_\_ miles to \_\_\_\_\_ miles.

☐ Shelter sectors \_\_\_\_\_ from \_\_\_\_\_ miles to \_\_\_\_\_ miles.

☐ Shelter unaffected sectors from \_\_\_\_\_ miles to \_\_\_\_\_ miles.

Item 11: ☐ We will transmit a Report of Radiological Conditions to the State EOC.  
☐ We will provide the Report of Radiological Conditions to the State representatives in the LEOF (CEO).  
☐ We will not issue a Report of Radiological Conditions.

Item 12: Update schedule: ☐ 60 minute; ☐ Other \_\_\_\_\_

Name of State EOC Duty Officer: \_\_\_\_\_

This is Surry Power Station ☐ Control Room ☐ TSC ☐ LEOF ☐ CEOF out at \_\_\_\_\_ on \_\_\_\_\_.  
(24-hr time) (date)

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	REPORT OF RADIOLOGICAL CONDITIONS TO THE STATE	29
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**PART I. Instructions for Surry Emergency Communicator:**

1. Check name of facility: [ ] Control Room [ ] TSC [ ] Local EOF [ ] Central EOF

2. Record Message #: \_\_\_\_\_ Communicator's name: \_\_\_\_\_ Call-back #: ( ) - \_\_\_\_\_

3. Check which report is attached and record the report number and run time (as appropriate):

\_\_\_\_\_ MIDAS Radiological Status computer printout (2 pages) Report # \_\_\_\_\_ Run Time \_\_\_\_\_  
 \_\_\_\_\_ Radiological Status attachment from EPIP-4.03 (1 page) Report # \_\_\_\_\_

4. Have Station Emergency Manager (SEM) / Recovery Manager (RM) approve transmittal:

APPROVED FOR TRANSMITTAL: \_\_\_\_\_ (SEM / RM initials) DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_ : \_\_\_\_

5. IF report can be delivered to both VDES AND VDH staff in EOF, THEN GO TO PART I, ITEM 6.  
IF report will be sent by facsimile, THEN notify State EOC Report of Radiological Conditions will be sent by facsimile (Use DEM ARD or (804) 674-2400) and request receipt confirmation.

6. Deliver report to both VDEM AND VDH staff in EOF:

- Date/Time Message Delivered to VDEM Representative in Local/Central EOF: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_
- Date/Time Message Delivered to VDH Representative in Local/Central EOF: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_
- Record N/A by Part II and Part III below.

IF report will be sent by facsimile, THEN ask facsimile machine operator to transmit this message.

IF transmittal of report by facsimile NOT achievable, THEN do the following:

- Notify State EOC using DEM ARD or call (804) 674-2400
- Identify yourself and your location
- Ask EOC Duty Officer to use a Report of Radiological Conditions form to copy message
- Read the attached report
- Record when message transmittal completed: Date/Time Message Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_
- Record N/A by Part II and Part III below.

**PART II. Instructions for Facsimile Machine Operator:**

1. Record Facsimile Operator's name : \_\_\_\_\_ Date/Time Sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_

2. Transmit this message to State EOC facsimile machine (804) 674-2419.

IF facsimile transmission NOT successful, THEN RETURN message to Emergency Communicator.

3. Return original report to State and Local Emergency Communicator.

**PART III. Instructions for State EOC Duty Officer:**

1. Notify Surry Emergency Communicator report received. Date/Time Verified: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_  
 (Use DEM ARD or see PART I, Item 2 above for call-back number). Receipt Verification

2. Forward message to EOC Operations Officer for distribution to State Radiological Health Programs and Information & Planning representatives.

**LEVEL 2 DISTRIBUTION**  
 This Document Should Be Verified  
 And Annotated by A POWERED STATION  
 As Required in the EMERGENCY PREPAREDNESS PROCEDURE

NUMBER	PROCEDURE TITLE	REVISION
EPIP-5.07	ADMINISTRATION OF RADIOPROTECTIVE DRUGS	11
	(With 2 Attachments)	PAGE 1 of 5

**PURPOSE**

To obtain authorization and medical advice concerning administration of radioprotective drugs, and to provide information regarding dose and side effects to individuals who may be asked to take KI.

**ENTRY CONDITIONS**

Any one of the following:

1. Activation by another EPIP.
2. Activation by CPIP-6.2, RADIOLOGICAL ASSESSMENT COORDINATOR.
3. Survey results indicate inhalation dose may have exceeded 25 Rem.
4. Entry into high airborne activity area where inhalation dose may exceed 25 Rem.

Approvals on File

Effective Date <sup>21</sup>02/28/02  
~~2002~~



<b>NUMBER</b> EPIP-5.07	<b>PROCEDURE TITLE</b> ADMINISTRATION OF RADIOPROTECTIVE DRUGS	<b>REVISION</b> 11 <hr/> <b>PAGE</b> 2 of 5
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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\_\_\_\_ 1 INITIATE PROCEDURE:

• Initiated By: \_\_\_\_\_

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

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

**NOTE:** The Recovery Manager (RM) may authorize administration of KI for Offsite Monitoring Teams and LEOF personnel.

\_\_\_\_ 2 OBTAIN AUTHORIZATION FROM SEM/RM:

IF authorization NOT granted, THEN GO TO Step 11.

a) Review criteria for administering radioprotective drugs from controlling procedure with SEM/RM:

- EPIP-4.01, RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE
- CPIP-6.2, RADIOLOGICAL ASSESSMENT COORDINATOR

b) Record name and identification number of personnel selected to receive KI on Attachment 2

c) Record SEM/RM approval on Attachment 2

**NOTE:** Offsite Monitoring Team members complete Attachment 1 prior to dispatch in accordance with EPIP-4.02, RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE.

\_\_\_\_ 3 CHECK RADIOPROTECTIVE DRUG DOSAGE, SIDE EFFECTS AND MEDICAL STATEMENT - PREVIOUSLY COMPLETED

IF Radioprotective Drug Dosage, Side Effects and Medical Statement NOT completed, THEN GO TO Step 5.

\_\_\_\_ 4 GO TO STEP 6

<b>NUMBER</b> EPIP-5.07	<b>PROCEDURE TITLE</b> ADMINISTRATION OF RADIOPROTECTIVE DRUGS	<b>REVISION</b> 11 <hr/> <b>PAGE</b> 3 of 5
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
5	HAVE INDIVIDUAL(s) RECEIVING KI READ AND COMPLETE ATTACHMENT 1, RADIOPROTECTIVE DRUG DOSAGE, SIDE EFFECTS AND MEDICAL STATEMENT	<p>IF individual does <u>NOT</u> sign            Attachment 1, <u>THEN</u> do the            following:</p> <p>a) Do <u>NOT</u> issue KI to individual</p> <p>b) IF other individual(s)            selected, <u>THEN</u> continue            procedure for processing other            individuals.</p> <p>IF NO other individual requires            KI, <u>THEN</u> GO TO Step 11.</p>
<p><b>NOTE:</b> Copies of the Emergency Personnel Notification List (EPNL) are            maintained by Security, in the TSC, and in the LEOF/CEOF.</p>		
6	NOTIFY MEDICAL STAFF: <ul style="list-style-type: none"> <li>a) Use EPNL (Position 291) to get              telephone number for medical              staff (Use Post-CERC Activation              number after emergency response              facilities activated)</li> <li>b) Notify medical staff of              decision to issue KI and to              whom it will be issued</li> <li>c) Ask if KI should be issued to              individual(s) who checked box              2, 3 or 4 of Attachment 1,              Section III</li> </ul>	<p>IF medical staff can <u>NOT</u> be            notified immediately, <u>THEN</u> do the            following:</p> <p>1) Continue this procedure.</p> <p>2) Repeat attempts to contact            medical staff.</p>

<b>NUMBER</b> EPIP-5.07	<b>PROCEDURE TITLE</b> ADMINISTRATION OF RADIOPROTECTIVE DRUGS	<b>REVISION</b> 11  <b>PAGE</b> 4 of 5
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 7	CHECK EITHER OF THE FOLLOWING CONDITIONS EXISTS:  • Individual(s) checked Box 1  • Medical consent given for individual(s) who checked Box 2, 3 or 4	IF Box 5 checked, <u>THEN</u> do the following:  a) Do <u>NOT</u> consider individual for emergency work.  b) Do <u>NOT</u> issue KI.  c) GO TO Step 11.  IF medical consent <u>NOT</u> given, <u>THEN</u> GO TO Step 11.
*****  <b>CAUTION:</b> Potassium iodide should not be used by people allergic to iodine without prior medical consent.  *****		
<b>NOTE:</b> <ul style="list-style-type: none"> <li>• Potassium Iodine tablets are maintained in the TSC and LEOF Supply Cabinets, and in each offsite monitoring Emergency Kit. Alternate supplies are available from North Anna Power Station.</li> <li>• Administration of radioprotective drugs is preferably done prior to exposure, although administration within 2 hours after exposure is considered acceptable.</li> </ul>		
_____ 8	GIVE RADIOPROTECTIVE DRUGS TO DESIGNATED INDIVIDUAL(s)	
_____ 9	COMPLETE ATTACHMENT 2, POTASSIUM IODINE ISSUE LOG	

NUMBER EPIP-5.07	PROCEDURE TITLE ADMINISTRATION OF RADIOPROTECTIVE DRUGS	REVISION 11 PAGE 5 of 5
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

\_\_\_\_ 10 DO FOLLOW-UP ASSESSMENT IAW NORMAL  
STATION PROCEDURES:

- a) Wait at least 24 hours after  
exposure was received
- b) Do follow-up assessment

\_\_\_\_ 11 TERMINATE EPIP-5.07:

- Give EPIP-5.07, forms, and other  
applicable records to the  
Radiological Assessment  
Director/Radiological Assessment  
Coordinator
- Completed by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-5.07	RADIOPROTECTIVE DRUG DOSAGE, SIDE EFFECTS AND MEDICAL STATEMENT	11
ATTACHMENT		PAGE
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## SECTION I: DOSAGE AND SIDE EFFECTS

### CAUTION

Potassium Iodide should not be used by people allergic to Iodine. Keep out of reach of children. In case of overdose or allergic reaction, contact a physician or public health authority.

DIRECTIONS FOR USE: ADULTS: One (1) tablet once a day. DO NOT take tablet for more than 10 days.

### SIDE EFFECTS:

Usually, side effects occur when people take higher doses for longer periods of time. Do not take more than the recommended dose and do not take dose for longer than the time that is recommended to you. Side effects are unlikely due to low doses over short periods of time.

Possible side effects are skin rashes, swelling of salivary glands, and "iodism" (metallic taste, burning of mouth and throat, sore teeth and gums, symptoms of head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, swelling of parts of the face and body, and severe shortness of breath, requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

### WHAT TO DO IF SIDE EFFECTS OCCUR:

If side effects are severe or if you have an allergic reaction, stop taking potassium iodide and call a doctor.

## SECTION II:

1. ☐ I have read Section I, "DOSAGE AND SIDE EFFECTS".

## SECTION III:

Note: Items 1 through 4 below should be answered to the best of your knowledge.

- ☐ I have no known sensitivity to Iodine, nor do I have a medical condition that would make me reluctant to take Iodine tablets.
- ☐ I have a known sensitivity to Iodine.
- ☐ I have a medical condition that may negate my being able to take KI tablets, e.g., hyperthyroidism, hypothyroidism, etc.
- ☐ I am currently taking thyroid hormone tablets.
- ☐ I am a Declared Pregnant Worker under provisions of, or hereby state my intent to declare pregnancy in accordance with, VPAP-2101, Radiation Protection Program.

NAME: \_\_\_\_\_ ; DATE: \_\_\_\_\_  
(print) (signature)

