

OMAHA PUBLIC POWER DISTRICT

Confirmation of Transmittal for
Emergency Planning Documents/Information

<input type="checkbox"/> Radiological Emergency Response Plan (RERP)	<input checked="" type="checkbox"/> Emergency Plan Implementing Procedures (EPIP)	<input type="checkbox"/> Emergency Planning Forms (EPF)
<input type="checkbox"/> Emergency Planning Department Manual (EPDM)	<input type="checkbox"/> Other Emergency Planning Document(s)/ Information	

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The following document(s) / information is forwarded for your manual:

REMOVE SECTION

EPIP Index page 2 of 2 issued 12/07/01
EPIP-RR-29 R19a issued 03/13/01

INSERT SECTION

EPIP Index page 2 of 2 issued 02/13/02
EPIP-RR-29 R19b issued 03/13/01

Summary of Changes:

EPIP-RR-29 was revised to add the requirement to notify Nuclear Electric Insurance Limited (NEIL) when a Site Area Emergency and General Emergency is declared.


Supervisor - Emergency Planning

I hereby acknowledge receipt of the above documents/information and have included them in my assigned manuals.

Signature: _____ Date: _____

Please sign above and return by 04/12/02 to:

Karma Boone
Fort Calhoun Station, FC-2-1
Omaha Public Power District
444 South 16th Street Mall
Omaha, NE 68102-2247

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A045

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Fort Calhoun Station
Unit No. 1

EPIP-RR-29

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EMERGENCY PLAN IMPLEMENTING PROCEDURE

Title: EOF ADMINISTRATIVE LOGISTICS MANAGER ACTIONS

FC-68 Number: EC 26603

Reason for Change: Change ABB-CE to Westinghouse Electric. Administrative and editorial changes.

Requestor: Rhonda Hankins

Preparer: Rhonda Hankins

Correction (a): Page 6 (04-17-01)

Correction (b): Page 4 (02-13-02)

ISSUED: 03-13-01 3:00 pm

R19

EOF ADMINISTRATIVE LOGISTICS MANAGER ACTIONS

NON-SAFETY RELATED

1. PURPOSE

- 1.1 The purpose of this procedure is to provide guidance to the EOF Administrative Logistics Manager in performing actions outlined in the Emergency Plan Implementing Procedures (EPIPs).

2. REFERENCES/COMMITMENT DOCUMENTS

- 2.1 EPIP-EOF-1, Activation of the Emergency Operations Facility
- 2.2 EPIP-EOF-21, Potassium Iodide Issuance
- 2.3 EPIP-EOF-24, EOF Backup Alert Notification System Activation
- 2.4 ANI Underwriter's Manual
- 2.5 Emergency Telephone Book

3. DEFINITIONS

NONE

4. PREREQUISITES

NONE

5. PROCEDURE

- 5.1 Use the EOF Administrative Logistics Manager Checklist, Attachment 6.1, as an aid to completing required actions.

NOTE: The attached checklist is designed as a reminder of actions which are required to be performed during an emergency condition.

- 5.2 Review the procedure and checklist, and accomplish the applicable steps both upon initial activation and periodically, as required, thereafter.
- 5.3 At the completion of the shift or at event termination, initial the steps which are completed.

- 5.4 Retain all documentation (logs, calculation sheets, notes, etc.) generated or used during the emergency. At the termination, every position in the EOF will deliver documentation to you. Assemble all documentation for legal records and event analysis. Request the Emergency Planning Department to place in safe storage.

6. ATTACHMENTS

- 6.1 EOF Administrative Logistics Manager Checklist
- 6.2 Westinghouse Electric Emergency Information Sheet
- 6.3 INPO Event Notification

Attachment 6.1 - EOF Administrative Logistics Manager Checklist Page 1 of 3

* * Maintain a log of all key activities * *

- | | (✓) INIT/TIME |
|--|---------------|
| 1. Obtain and put on your Personnel Identification Badge. | _____ / _____ |
| 2. Contact Security at Energy Plaza to ensure security for the EOF and/or MRC have been dispatched and that 24-hour coverage is established. (See Emergency Telephone Book) | _____ / _____ |
| 3. Maintain security at the EOF either personally, or via a designee, until such time as formal security is in place. | _____ / _____ |
| 4. Lock the Northwest Hallway Door to prevent personnel from entering. Personnel should use the Southwest hallway. | _____ / _____ |
| 5. Place magnetic signs on the outside of the East doors to the EOF and manually lock the East doors. (Signs are located on door of the Copy Machine Room.) | _____ / _____ |
| 6. Retrieve Interactive Notification System (INS) Reports from your e-mail. Determine status of positions at the EOF to ensure it is staffed according to EPIP-EOF-1. | _____ / _____ |
| 7. Commence activation of the EOF using EPIP-EOF-1. | _____ / _____ |
| 8. Coordinate logistics support (e.g. transportation, lodging, food, special equipment and supplies purchase, etc.) as necessary. | _____ / _____ |
| 9. When formal security arrives at the EOF, they should be issued Security Guard - EOF - West Entrance Booklet #58. This booklet is located at the Administrative Logistics Manager's Workstation. Oversee the security operations at the EOF. | _____ / _____ |
| NOTE: At declaration of Site Area Emergency, monitor the Alert Notification System Controller to identify any siren that failed. | |
| 10. Prepare the Alert Notification System Controller to monitor siren system activation using EPIP-EOF-24. | |
| 10.1 If activated and any siren fails to sound, then notify the sheriff of the affected county as to which siren did not sound, so that notification of the public in that area can be made using other methods. | _____ |

Attachment 6.1 - EOF Administrative Logistics Manager Checklist Page 2 of 3

(✓) INIT/TIME

- | | | | |
|--------|--|-------|---------------|
| 10.2 | If requested by the states or counties, activate the sirens per EPIP-EOF-24. | _____ | _____ |
| 10.3 | Notify the Emergency Director, EOF Information Specialist, Iowa Emergency Management EOF Liaison and Nebraska Assistant to Governor Authorize Representative (GAR) of any siren activations or malfunctions. | _____ | _____ / _____ |
| 11. | Determine 24-hour staffing for all EOF positions (use EPF-11, as necessary). | _____ | _____ / _____ |
| 12. | When all shift rotation schedules have been submitted, direct the preparation of an EOF shift schedule and roster for posting and distribution. (Use EPF-11, as necessary). | _____ | _____ / _____ |
| 13. | Contact scheduled personnel to inform them of the shift schedules, using other personnel to assist, as necessary. | _____ | _____ / _____ |
| 14. | At Site Area Emergency and General Emergency, make notifications to the following support groups: | SAE | GE |
| 14.1 | American Nuclear Insurers (see Emergency Phonebook) | _____ | _____ |
| 14.2 | Fill out Attachment 6.2, Westinghouse Electric Emergency Information Sheet; | | |
| 14.2.1 | Have Emergency Director determine the level of Westinghouse Electric response desired; | _____ | _____ |
| 14.2.2 | Relay the information on Attachment 6.2 by calling the Westinghouse Electric Emergency Response Center. | _____ | _____ |
| 14.3 | Nuclear Regulatory Commission Region IV | _____ | _____ |
| 14.4 | Nuclear Electric Insurance Limited (NEIL) (see Emergency phone book) | _____ | _____ |
| 14.5 | Federal Emergency Management Agency | _____ | _____ |

Attachment 6.1 - EOF Administrative Logistics Manager Checklist Page 3 of 3

	(✓)	INIT	TIME
14.6 Institute of Nuclear Power Operations (using Attachment 6.3, INPO Event Notification)	_____	_____	
14.7 Metropolitan Utilities District	_____	_____	
14.8 Notify Union Pacific that a radiological emergency has occurred at the Fort Calhoun Station which may require stopping all railway traffic through the 10-mile EPZ (see the Emergency Telephone Book).	SAE	GE	_____ / _____
15. Provide a detailed briefing to your shift relief of any actions taken and the current emergency status.			_____ / _____
16. Assist in development and arranging Emergency Director staff briefings. Briefings should be held at maximum of 4 hour intervals. Attendees should include state and federal officials along with appropriate OPPD Emergency Response Organization members.			_____ / _____
17. As needed, contact OPPD support groups/individuals for assistance (see Emergency Phone Book).			_____ / _____
18. Notify the Radiation Health Center at University Hospital NHS (see Emergency Phone Book) of any OPPD employees that were administered potassium iodide (KI) per EPIP-EOF-21. Inform them that the individual(s) will be asked to report to the Radiation Health Center for follow-up examinations.			_____ / _____

Attachment 6.2 - Westinghouse Electric Emergency Information Sheet

1. Date: _____ Time: _____
2. Name and title: _____
3. Omaha Public Power District, Fort Calhoun Nuclear Station, Fort Calhoun, Nebraska
4. Call Back Numbers (2): _____ or _____
5. This call is for a: (circle one)

REAL EMERGENCY or DRILL

6. What is the EMERGENCY CLASSIFICATION? (circle one)

Alert Site Area Emergency General Emergency

7. What is the desired Westinghouse Electric Response, as specified by the Emergency Director (circle one):

- 7.1 **STANDBY** - No Westinghouse Electric action authorized other than to standby for further information as it becomes available.
- 7.2 **ALERT** - Westinghouse Electric is to inform its Emergency Response Organization (ERO), but no further action beyond the notification is authorized.
- 7.3 **CENTER ACTIVATION** - Westinghouse Electric is to inform its ERO and assemble their Emergency Response Team at the Westinghouse Electric Emergency Response Center (ERC). Further action would be specified by OPPD.
- 7.4 **FULL RESPONSE** - Westinghouse Electric to activate its ERC and bring other available system resources up to full alert. Further action would normally be specified by the utility, **but Westinghouse Electric would be authorized to take prudent, independent action where timely utility approval could not be obtained.**

8. Describe event briefly, with dates and times:

Attachment 6.3 - INPO Event Notification

1. Notification status (check one):

- a. Actual Event ☐
- b. Drill or Exercise ☐

2. Omaha Public Power District, Fort Calhoun Station, Unit 1, Fort Calhoun, Nebraska

3. Caller's Name: _____ Phone No.: _____
Calling From: ☐ Control Room (Simulator) ☐ TSC ☐ EOF ☐ Other

4. Utility's Sr Mgr in Charge of Emergency: _____ Phone No.: _____
Located in: ☐ Control Room (Simulator) ☐ TSC ☐ EOF ☐ Other Fax No.: _____

5. Event Classification (check one):

		Date Declared	Time Declared	Plant Time Zone
a. Unusual Event	<input type="checkbox"/>			
b. Alert	<input type="checkbox"/>			
c. Site Area Emergency	<input type="checkbox"/>			
d. General Emergency	<input type="checkbox"/>			
e. Terminated	<input type="checkbox"/>			

6. Reason for Event Declaration: _____

7. INPO Assistance Requested? _____ (yes/no)

- Type ☐ Facilitating technical information flow to the nuclear industry by maintaining NUCLEAR NETWORK®
- ☐ Locating **replacement equipment** and industry personnel with special **technical expertise**
- ☐ Providing **technical information and industry experience** with similar plant systems and components
- ☐ Dispatching an **INPO Liaison** to the affected plant/utility to facilitate utility interface with INPO and its industry resources
- ☐ Other: _____

When Needed: _____ Where Needed: _____

Utility Contact Requesting Assistance: _____

Utility Contact Phone Number: _____