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**Gary R. Peterson**  
Vice President  
Catawba Nuclear Station

April 3, 2002

U.S. Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington, DC 20555-0001

Subject: Duke Energy Corporation  
Catawba Nuclear Station Units 1 and 2  
Docket Nos. 50-413 and 50-414  
Emergency Plan Implementing Procedures

Please find enclosed for NRC Staff use and review the following  
Emergency Plan Implementing Procedures:

RP/0/A/5000/010, Conducting a Site Assembly or Preparing the  
Site for an Evacuation (Rev. 015)

RP/0/A/5000/020, Technical Support Center (TSC) Activation  
Procedure (Rev. 016)

SR/0/B/2000/003, Activation of the Emergency Operations Facility  
(Rev. 009)

SR/0/B/2000/004, Notification to States and Counties from the  
Emergency Operations Facility (Rev. 005)

Please delete OP/0/A/6200/021 (Post Accident Liquid Sampling  
System II+) from Volume II in accordance with the attached memo.

These revisions are being submitted in accordance with 10CFR  
50.54(q) and do not decrease the effectiveness of the Emergency  
Plan Implementing Procedures or the Emergency Plan.

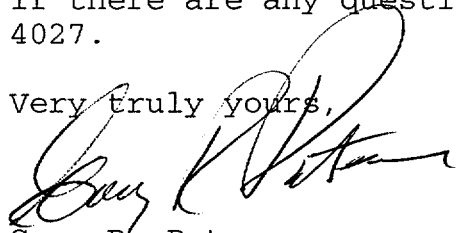
By copy of this letter, two copies of the above documents are  
being provided to the NRC, Region II.

A045

U.S. Nuclear Regulatory Commission  
April 3, 2002  
Page 2

If there are any questions, please call Tom Beadle at 803-831-4027.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Gary R. Peterson', written over the closing 'Very truly yours,'.

Gary R. Peterson

Attachments

xc (w/attachments):

L. A. Reyes  
U.S. Nuclear Regulatory Commission  
Regional Administrator, Region II  
Atlanta Federal Center  
61 Forsyth St., SW, Suite 23T85  
Atlanta, GA 30303

(w/o attachments):

C. P. Patel  
NRC Senior Project Manager (CNS)  
U.S. Nuclear Regulatory Commission  
Mail Stop O-8 H12  
Washington, DC 20555-0001

D. J. Roberts  
Senior Resident Inspector (CNS)  
U.S. Nuclear Regulatory Commission  
Catawba Nuclear Site

DUKE POWER COMPANY  
CATAWBA NUCLEAR STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/001	Classification of Emergency (Rev. 015)
RP/0/A/5000/002	Notification of Unusual Event (Rev. 035)
RP/0/A/5000/003	Alert (Rev. 038)
RP/0/A/5000/004	Site Area Emergency (Rev. 040)
RP/0/A/5000/005	General Emergency (Rev. 040)
RP/0/A/5000/06	Deleted
RP/0/A/5000/006 A	Notifications to States and Counties from the Control Room (Rev. 014)
RP/0/A/5000/006 B	Notifications to States and Counties from the Technical Support Center (Rev. 014)
RP/0/A/5000/006 C	Deleted
RP/0/A/5000/007	Natural Disaster and Earthquake (Rev. 021)
RP/0/A/5000/08	Deleted
RP/0/B/5000/008	Spill Response (Rev. 020)
RP/0/A/5000/009	Collision/Explosion (Rev. 006)
RP/0/A/5000/010	Conducting A Site Assembly or Preparing the Site for an Evacuation (Rev. 015)
RP/0/A/5000/11	Deleted
RP/0/B/5000/12	Deleted
RP/0/B/5000/013	NRC Notification Requirements (Rev. 029)
RP/0/B/5000/14	Deleted
RP/0/A/5000/015	Core Damage Assessment (Rev. 005)
RP/0/B/5000/016	Deleted
RP/0/B/5000/17	Deleted

March 25, 2002

DUKE POWER COMPANY  
CATAWBA NUCLEAR STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/018	Emergency Worker Dose Extension (1/15/96)
RP/0/B/5000/019	Deleted
RP/0/A/5000/020	Technical Support Center (TSC) Activation Procedure (Rev. 016)
RP/0/A/5000/021	Deleted
RP/0/B/5000/022	Evacuation Coordinator Procedure (Rev. 004)
RP/0/B/5000/023	Deleted
RP/0/A/5000/024	OSC Activation Procedure (Rev. 009)
RP/0/B/5000/025	Recovery and Reentry Procedure (Rev. 003)
RP/0/B/5000/026	Site Response to Security Events (Rev. 003)
RP/0/B/5000/028	Communications and Community Relations EnergyQuest Emergency Response Plan (Rev. 001)



DUKE POWER COMPANY  
CATAWBA NUCLEAR STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1000/006	Emergency Equipment Functional Check and Inventory (Rev. 053)
HP/0/B/1009/001	Radiation Protection Recovery Plan (Rev. 008)
HP/0/B/1009/003	Radiation Protection Response Following a Primary to Secondary Leak (Rev. 008)
HP/0/B/1009/004	Environmental Monitoring for Emergency Conditions Within the Ten-Mile Radius of CNS (Rev. 028)
HP/0/B/1009/005	Personnel/Vehicle Monitoring for Emergency Conditions (Rev. 016)
HP/0/B/1009/006	Alternative Method for Determining Dose Rate Within the Reactor Building (Rev. 008)
HP/0/B/1009/007	In-Plant Particulate and Iodine Monitoring Under Accident Conditions (Rev. 019)
HP/0/B/1009/008	Contamination Control of Injured Individuals (Rev. 015)
HP/0/B/1009/009	Guidelines for Accident and Emergency Response (Rev. 039)
HP/0/B/1009/014	Radiation Protection Actions Following an Uncontrolled Release of Radioactive Material (Rev. 008)
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release (Rev. 011)
HP/0/B/1009/017	Deleted
HP/1/B/1009/017	Deleted
HP/2/B/1009/017	Deleted
HP/0/B/1009/018	Deleted
HP/0/B/1009/019	Emergency Radio System Operation, Maintenance and Communication (Rev. 010)
HP/0/B/1009/024	Implementing Procedure for Estimating Food Chain Doses Under Post-Accident Conditions (Rev. 002)

March 25, 2002

DUKE POWER COMPANY  
CATAWBA NUCLEAR STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1009/025	Deleted
HP/0/B/1009/026	On-Shift Offsite Dose Projections (Rev. 003)
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. 002)
OP/0/A/6200/021	Deleted
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility (Rev. 003)
SR/0/B/2000/002	Standard Procedure for EOF Services (Rev. 002)
SR/0/B/2000/003	Activation of the Emergency Operations Facility (Rev. 009)
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility (Rev. 005)

## PROCEDURE PROCESS RECORD

Revision No. 015

## PREPARATION

- (2) Station Catawba
- (3) Procedure Title Conducting a Site Assembly or Preparing the Site for an Evacuation
- (4) Prepared By E. J. Bradley Date 3/22/02
- (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 B. R. Stoltz (QR) Date 3/25/02
- Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA Yes Date 3/25/02
- Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA Yes Date 3/25/02
- Mgmt. Involvement Review By \_\_\_\_\_ (Ops. Supt.) NA Yes Date 3/25/02
- (7) Additional Reviews
- Reviewed By \_\_\_\_\_ Date \_\_\_\_\_
- Reviewed By \_\_\_\_\_ Date \_\_\_\_\_
- (8) Temporary Approval (if necessary)
- By \_\_\_\_\_ (OSM/QR) Date \_\_\_\_\_
- By \_\_\_\_\_ (QR) Date \_\_\_\_\_
- (9) Approved By Richard L. Swigart Date 3/25/02

## 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  
Catawba Nuclear Station

Procedure No.  
RP/0/A/5000/010

**Conducting a Site Assembly or Preparing the Site for an  
Evacuation**

Revision No.  
015

**Reference Use**

Electronic Reference No.  
CN005GNW

## 1. Symptoms

- 1.1 A site assembly is an occurrence that warrants the accountability of all personnel on site for reasons of personnel safety or for dissemination of information.
- Alert, Site Area Emergency or General Emergency has been declared.
  - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an assembly.
  - Radiation levels in unrestricted areas of the Auxiliary Building  $> 2$  mr/hr (e.g., unlocked rooms, unposted areas, etc.).
  - EMF-41 indicates Auxiliary Building Airborne Radiation Level ( $> 1 \times 10^6$  cpm).
- 1.2 A site evacuation is an occurrence that necessitates the evacuation of non-essential personnel and declared pregnant workers for reasons of safety.
- Site Area Emergency, if plant conditions are rapidly degrading.
  - General Emergency.
  - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an evacuation.

## 2. Immediate Actions

**NOTE:** All personnel within the Protected Area are to be accounted as having identified their locations per NSD 114 or as being identified as missing with a search initiated within 30 minutes of the first site assembly announcement.

\_\_\_\_\_ 2.1 Conduct a site assembly.

\_\_\_\_\_ 2.1.1 Contact Security immediately at extension 3255 to inform them that a site assembly is being initiated.

**NOTE:** The Site Assembly/Evacuation siren is activated only two times to initiate a site assembly.

2.1.2 The following step sequence (A then B) shall be performed by the Operations Shift Manager or his designee **twice**:

\_\_\_\_\_ A. Sound a 20 second blast of the Site Assembly/Evacuation alarm (pushbutton on MC-1).

- PRI-SITE ASSEM/EVAC

**OR**

- SEC-SITE ASSEM/EVAC

\_\_\_\_\_ B. Announce over the plant public address system:

*"This is the Operations Shift Manager. This is a site assembly. This is a site assembly.*

*There is/are \_\_\_\_\_*  
(What)

*in/at \_\_\_\_\_*  
(Where)

*All personnel and visitors report to an assembly point. If you are inside the Protected Area and unsure of where to assemble, report to the High Rise Canteen or the Service Building Railroad Bay."*

\_\_\_\_\_ 2.1.3 Repeat the announcement in Step 2.1.2B at 5-minute intervals until notified that the site assembly has been completed.

\_\_\_\_\_ 2.1.4 **IF** personnel remain in site assembly after the initial accountability report, periodically assess the need for subsequent personnel accountability reports and site evacuation.

\_\_\_\_\_ 2.1.5 **WHEN** the decision is made to secure from a site assembly, the Operations Shift Manager shall make the following announcement **twice**:

*"This is the Operations Shift Manager. Secure from site assembly. Secure from site assembly."*

### 3. Subsequent Actions

**NOTE:** Site assembly shall precede site evacuation.

3.1 **IF** the decision is made to conduct site evacuation, the Operations Shift Manager **OR** the TSC Emergency Coordinator shall perform the following depending on the status of TSC activation:

\_\_\_\_\_ 3.1.1 **IF** the TSC is **NOT** activated, the Operations Shift Manager shall perform the following:

- \_\_\_\_\_ A. Notify RP Shift Technician on duty (ext. 5572 or plant pager 778-2777) for assistance in assessing the radiological hazard associated with the evacuation.
- \_\_\_\_\_ B. Select a site evacuation location using Enclosure 4.1.
- \_\_\_\_\_ C. Determine which personnel on site are to be considered "essential" in preparation for site evacuation of non-essential personnel.
- \_\_\_\_\_ D. Notify the Evacuation Coordinator (weekly Duty List) of the decision to evacuate the site by providing the following information/direction:
  - \_\_\_\_\_ 1. Evacuation site selection (Allen or Newport).
  - \_\_\_\_\_ 2. Implement RP/0/B/5000/022, Evacuation Coordinator's Procedure.
  - \_\_\_\_\_ 3. Report to the evacuation site.

**NOTE:** The Site Assembly/Evacuation siren is activated only two times to initiate a site evacuation.

- E. Perform the following step sequence (1, then 2) **twice**:
    - \_\_\_\_\_ 1. Sound a 20-second blast of the Site Assembly/Evacuation alarm (pushbutton on IMC-1).
      - PRI-SITE ASSEM/EVAC
- OR**
- SEC-SITE ASSEM/EVAC

- \_\_\_\_\_ 2. Announce over the plant public address system:

*"This is the Operations Shift Manager. This is a site evacuation. This is a site evacuation. "All non-essential personnel and declared pregnant workers proceed to Site*

*\_\_\_\_\_."*  
(Newport - Newport Tie Station; Allen - Allen Steam Station)

- \_\_\_\_\_ F. Repeat Step 3.1.1E.2 at 5-minute intervals until notified that the site evacuation has been completed.

- \_\_\_\_\_ G. Notify the Evacuation Coordinator at the evacuation site when evacuated personnel can return to their work locations or can be released to go home.

- Site Newport (Newport Tie Station)
  - 8-909-2440 (Tie Station Office)
  - 8-909-2447 (Site Evacuation Building)
- Site Allen (Allen Steam Station)
  - 704-829-2350 (Switchboard)
  - 704-829-2360 (Control Room - after hours)

- 3.1.2 **IF** the TSC is activated, the TSC Emergency Coordinator shall perform the following:

- \_\_\_\_\_ A. Inform the RP Manager/Supervisor, TSC Dose Assessor and RP Support as appropriate for assistance in assessing the radiological hazard, wind speed and direction associated with the evacuation.

- \_\_\_\_\_ B. Select a site evacuation location using Enclosure 4.1.

- \_\_\_\_\_ C. Determine which personnel on site are to be considered "essential" in preparation for site evacuation of non-essential personnel.

- \_\_\_\_\_ D. Notify the Evacuation Coordinator (weekly duty list) of the decision to evacuate the site by providing the following information/direction:

- \_\_\_\_\_ 1. Evacuation site selection (Allen or Newport).
- \_\_\_\_\_ 2. Implement RP/0/B/5000/022, Evacuation Coordinator's Procedure.
- \_\_\_\_\_ 3. Report to the evacuation site.



**NOTE:** The Site Assembly/Evacuation siren is activated only two times to initiate a site evacuation.

E. Direct the Control Room to perform the following step sequence twice:

\_\_\_\_\_ 1. Sound a 20-second blast of the Site Assembly/Evacuation alarm (pushbutton on IMC-1).

- PRI-SITE ASSEM/EVAC

OR

- SEC-SITE ASSEM/EVAC

\_\_\_\_\_ 2. Announce over the plant public address system:

*"This is the Operations Shift Manager. This is a site evacuation. This is a site evacuation. "All non-essential personnel and declared pregnant workers proceed to Site*

*\_\_\_\_\_."*  
(Newport - Newport Tie Station; Allen - Allen Steam Station)

\_\_\_\_\_ F. Direct the Control Room to continue to make the announcement in Step 3.1.2E.2 at 5 minute intervals until notified that the site evacuation has been completed.

\_\_\_\_\_ G. WHEN site evacuation has been completed, notify the Control Room to stop performing Step 3.1.2F.

\_\_\_\_\_ H. Notify the Evacuation Coordinator at the evacuation site when evacuated personnel can return to their work locations or can be released to go home.

- Site Newport (Newport Tie Station)
  - 8-909-2440 (Tie Station Office)
  - 8-909-2447 (Site Evacuation Building)
- Site Allen (Allen Steam Station)
  - 704-829-2350 (Switchboard)
  - 704-829-2360 (Control Room - after hours)

#### **4. Enclosure**

##### **4.1 Determination of Evacuation Site**

**Enclosure 4.1**  
**Determination of Evacuation Site**

RP/0/A/5000/010  
Page 1 of 2

**NOTE:** The key to Site Newport is kept at the Security PAP Badging Office.

1. Site Newport is located at the Duke Power, Newport Tie Station. This site is approximately 4.8 miles SW of the plant.
2. Site Allen is located at the Allen Steam Station in Belmont, N.C. This site is approximately 10 miles NNE of the plant.

**NOTE:** Wind Direction indicator in control room has a scale of 0 to 540 degrees. Both 0 and 360 degrees indicate North. To convert wind direction indication greater than 360 degrees to the standard 360 degree map (as above) you must subtract 360 from the indication.

3. Determine the evacuation site as follows:

**IF** wind speed < 5 mph select Site Allen.

**OR**

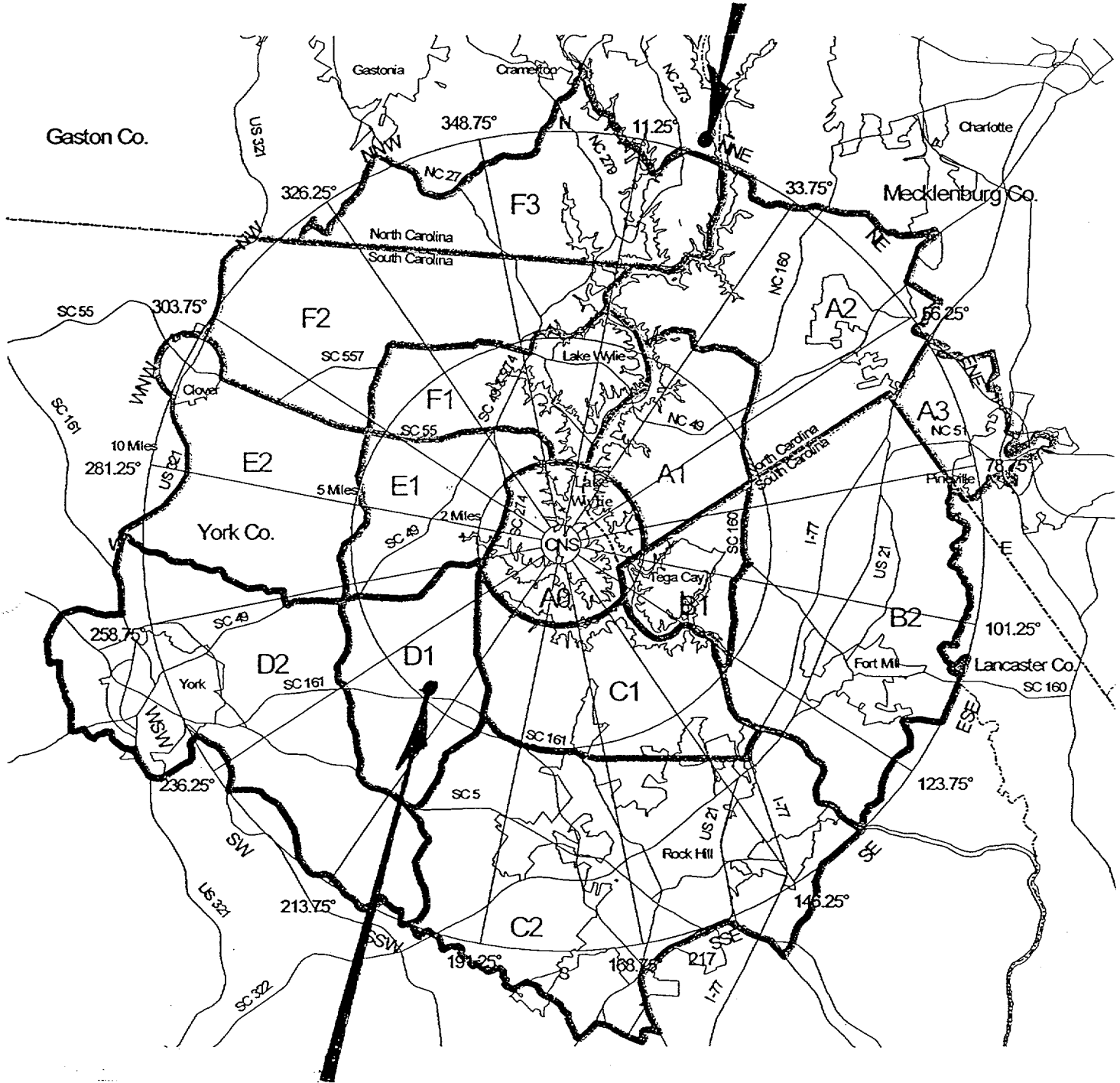
**IF** wind speed  $\geq$  5 mph, use the table below to determine the appropriate evacuation site:

Wind Direction (Degrees from North)	Evacuation Site
0 – 144.9	ALLEN
145 – 255	NEWPORT
255.1 – 360	ALLEN

**OR**

The Emergency Coordinator may use judgement to select the evacuation site based on plant and/or meteorological conditions.

# SITE "ALLEN"



# SITE "NEWPORT"



Duke Power Company  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0A/5000/020Revision No. 016**PREPARATION**

- (2) Station Catawba
- (3) Procedure Title Technical Support Center (TSC) Activation Procedure
- (4) Prepared By E. T. Bradley Date 3/21/02
- (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 GARY L MITCHELL (QR) Date 3-21-02
- Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA am Date 3-21-02
- Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA am Date 3-21-02
- Mgmt. Involvement Review By \_\_\_\_\_ (Ops. Supt.) NA am Date 3-21-02
- (7) Additional Reviews
- Reviewed By \_\_\_\_\_ Date \_\_\_\_\_
- Reviewed By \_\_\_\_\_ Date \_\_\_\_\_
- (8) Temporary Approval (if necessary)
- By \_\_\_\_\_ (OSM/QR) Date \_\_\_\_\_
- By \_\_\_\_\_ (QR) Date \_\_\_\_\_
- Approved By Richard L Swigart Date 3-21-02

**PERFORMANCE** (Compare with control copy every 14 calendar days while work is being performed.)

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- (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  
Catawba Nuclear Station**

**Technical Support Center (TSC) Activation Procedure**

**Reference Use**

Procedure No.

**RP/0/A/5000/020**

Revision No.

**016**

Electronic Reference No.

**CN005GNZ**

## 1. Symptoms

Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

## 2. Immediate Actions

**NOTE:**

1. The TSC must be "ACTIVATED" within 75 minutes of the emergency classification time.
2. This procedure is not required to be followed in step-by-step sequence. Sections of the procedure are to be implemented as the applicable action becomes necessary.
3. Specific telephone numbers are not provided in this procedure. Telephone numbers are located in the Emergency Response Telephone Directory. A hard copy of the Emergency Response Telephone Directory is located in the TSC. An electronic version of the Emergency Response Telephone Directory is available on the Catawba Nuclear Site Emergency Planning Web Page.

- 2.1 Upon notification to activate the TSC, Emergency Response Organization (ERO) personnel assigned to the TSC shall report to the TSC.
- 2.2 The Emergency Coordinator may initially report to the Control Room to discuss plant status with the Operations Shift Manager.

## 3. Subsequent Actions

- 3.1 Each represented group is responsible for ensuring their appropriate Checklist is completed (Enclosures 4.1 through 4.16) and for reviewing their Responsibilities.
- 3.2 The following definitions are applicable to the Emergency Notification Form:
  - 3.2.1 IMPROVING - Emergency conditions are improving in the direction of a lower classification or termination of the event.
  - 3.2.2 STABLE - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc. are operating as designed.
  - 3.2.3 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 off-site protective action recommendations.
  - 3.2.4 CRITICAL TASK – A task that must be completed as soon as possible and normally becomes the number one priority task. The Assessment and repair Team is dispatched immediately from the OSC. Examples include: SSF Startup, Fire Response, MERT or any task vital to protection of the reactor core.

3.2.5 **ESSENTIAL PERSONNEL** - Any personnel required to assist in the performance of assigned emergency response tasks. These personnel would not evacuate in the event of Site Evacuation

3.2.6 **RELEASE** - Any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs:

A. Reactor Building EMF monitors (38, 39 or 40) reading indicates an increase in activity

**OR**

EMF monitors 53A or 53B read greater than 1.5 R/hr

**AND**

Pressure inside the containment building is greater than Tech. Specs.

**OR**

An actual containment breach is determined.

B. Increase in activity monitored by unit vent EMF monitors 35, 36, or 37

C. Steam generator tube leak monitored by EMF 33.

3.2.7 10CFR50.54(x) Action - Reasonable actions that depart from a license condition or Technical Specification may be performed in an emergency when this action is immediately needed to protect the health and safety of the public, and no action consistent with the license condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent. Deviation from the intent of an emergency procedure constitutes a 10CR50.54(x) action.

3.3 The following SDS Group Displays have been established for emergency response use. To access these group displays type, GD (space) Group Display Name, in the white box at the upper right portion of the screen.

	Group Display Name	Group Display Description
3.3.1	EROCONT	Selected values associated with Containment
3.3.2	EROCORE1	Incore temperature values
3.3.3	EROCORE2	Additional Incore temperature values
3.3.4	EROCORE3	Additional Incore temperature values
3.3.5	EROEMF	Selected EMF instantaneous values
3.3.6	EROEMF15	Selected EMF 15 minute average values
3.3.7	EROENV	Selected Meteorological values
3.3.8	EROINJCT	Selected Letdown/Charging values
3.3.9	EROPLEAK	Selected Primary to Containment Leakage Values



- |        |           |  |
|--------|-----------|--|
| 3.3.10 | EROPRIM   | Selected Primary system values               |
| 3.3.11 | ERORD5    | Selected Raddose V Dose Assessment Points    |
| 3.3.12 | EROSAMG   | Selected SAMG values                         |
| 3.3.13 | EROSSECND | Selected Secondary system values             |
| 3.3.14 | EROSLEAK  | Selected Primary to Secondary Leakage Values |
| 3.3.15 | ERORXG    | Selected values for the Reactor Engineer     |
| 3.3.16 | ERDS1     | ERDS Group 1                                 |
| 3.3.17 | ERDS2     | ERDS Group 2                                 |
- 3.4 Personnel with training deficiencies must be approved by the Emergency Coordinator prior to participating as an ERO member. This approval shall be documented in the TSC Log.
- 3.5 RP/0/B/5000/022, "Evacuation Coordinator Procedure," shall be used as the controlling procedure for the Evacuation Coordinator position.
- 3.6 Contact the TSC Data Coordinator for resolution of any computer hardware/software problems, or the OSC NSC Manager for resolution of other equipment problems.
- 3.7 Emergency Planning shall coordinate participation in a post-event critique with the states and counties to determine and document lessons learned.

#### **4. Enclosures**

- 4.1 Emergency Coordinator
- 4.2 TSC Dose Assessor
- 4.3 TSC Off-Site Agency Communicator
- 4.4 NRC Communicator
- 4.5 Operations Superintendent
- 4.6 Operations Engineer
- 4.7 Assistant Operations Engineer
- 4.8 Engineering Manager
- 4.9 Reactor Engineer
- 4.10 System Support Engineer
- 4.11 TSC Emergency Planner
- 4.12 TSC Logkeeper
- 4.13 TSC Data Coordinator
- 4.14 RP Support
- 4.15 Security Manager
- 4.16 Assistant Emergency Coordinator
- 4.17 TSC Operational Checklist
- 4.18 Commitments for RP/0/A/5000/020

**Enclosure 4.1**  
**Emergency Coordinator Checklist**

RP/0/A/5000/020  
Page 1 of 12

**Initial**

**Prepare to assume the position of TSC Emergency Coordinator**

- \_\_\_\_\_ Print your name and arrival time on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster as Emergency Coordinator.
- \_\_\_\_\_ Obtain self-reading dosimeter at TSC entrance.
- \_\_\_\_\_ Initiate a dose card for RWP #33.
- \_\_\_\_\_ Establish 24-hour staffing for the TSC Emergency Coordinator position:
  - \_\_\_\_\_ Determine a shift rotation from the available TSC Emergency Coordinators
  - \_\_\_\_\_ Print the names of assigned shift TSC Emergency Coordinator and the 24-hour relief person on the TSC sign-in board
- \_\_\_\_\_ Read the following definitions as they apply to the Emergency Notification Form (listed in Subsequent Actions):
  - Improving
  - Stable
  - Degrading
  - Release
  - 10CRFR50.54(x)
  - Critical Task
- \_\_\_\_\_ Review the TSC Emergency Coordinator Task List
- \_\_\_\_\_ **IF** a shift turnover is in progress, perform the following steps:
  - \_\_\_\_\_ Review the events and actions taken by the shift on duty.
  - \_\_\_\_\_ Verify the current status of the TSC, OSC and EOF.
  - \_\_\_\_\_ Verify the time of the next off-site notification and which facility will perform it.
  - \_\_\_\_\_ Assume the duty of TSC Emergency Coordinator.
  - \_\_\_\_\_ Ensure the TSC and OSC are adequately staffed with essential personnel to continue emergency facility operations.
- \_\_\_\_\_ Perform the following actions based on the situation and progress in the event:
  - \_\_\_\_\_ Activate the TSC and OSC.
  - \_\_\_\_\_ Turn over command and control of the event to the EOF Director.
  - \_\_\_\_\_ Execute actions identified on the TSC Emergency Coordinator Task List.
  - \_\_\_\_\_ Implement Contingency Actions as necessary.

**Enclosure 4.1**  
**Emergency Coordinator Checklist**

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Initial

**Activate TSC/OSC (Station Manager or designee assumes role of TSC Emergency Coordinator) by completing the following steps:**

- \_\_\_\_\_ A. Ensure Enclosure 4.17, "TSC Operational Checklist," is being completed:
  - \_\_\_\_\_ 1. Contact TSC Emergency Planner to determine status.
  - \_\_\_\_\_ 2. **IF** TSC Emergency Planner is not available, assign Enclosure 4.17 completion to a TSC Off-site Agency Communicator.

**NOTE:** A job aid (Emergency Coordinator Update) is available in the position notebook for use in the preparation of announcements to be made over the public address system.

- \_\_\_\_\_ B. Contact OSM to determine the current status of the emergency situation.
- \_\_\_\_\_ C. Inform the TSC and OSC of the status of the emergency situation.
- \_\_\_\_\_ D. **WHEN** Public Affairs calls in on the Bell Line in preparation for the Public Spokesperson's media briefing, be prepared to:
  - \_\_\_\_\_ Discuss the details of the event.
  - \_\_\_\_\_ Provide requested information from the TSC OSC staffs.
- \_\_\_\_\_ E. Conduct a pre-activation conference with the TSC staff and OSC Coordinator:
  - \_\_\_\_\_ 1. Ensure TSC is adequately staffed (minimum to activate).
  - \_\_\_\_\_ 2. Ensure OSC is adequately staffed (minimum to activate).
  - \_\_\_\_\_ 3. Ensure TSC Off-site Communicators are prepared to perform off-site notifications.
- \_\_\_\_\_ F. Ensure Enclosure 4.17, "TSC Operational Checklist," is complete (Emergency Planner or Off-site Communicator).

**NOTE:**

- 1. The TSC Emergency Coordinator is responsible for classifying emergencies, notifying off-site agencies and making Protective Action Recommendations. This responsibility shall not be delegated and remains in effect until the EOF is operational.
- 2. Command and control of the event shall be transferred from the Control Room to the TSC in a manner that does not interfere with emergency response actions or notifications/recommendations to off-site agencies.

- \_\_\_\_\_ G. **WHEN** conditions allow, contact the Operations Shift Manager (OSM) to take turnover of command and control by completing the "Emergency Coordinator Turnover Form."
- \_\_\_\_\_ H. Declare TSC/OSC activated as of \_\_\_\_\_ hours.
- \_\_\_\_\_ I. Inform the site of the TSC/OSC activation and the status of the emergency situation.

**Enclosure 4.1**  
**Emergency Coordinator Checklist**

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Page 3 of 12

**Turn over command and control of the event to the EOF Director by completing the following steps:**

- NOTE:**
1. Command and control of the event shall be transferred from the TSC to the EOF in a manner that does not interfere with emergency response actions or notifications/recommendations to off-site agencies.
  2. The EOF Director is responsible for classifying emergencies, notifying off-site agencies and making Protective Action Recommendations. This responsibility shall not be delegated and remains in effect until the termination of the event or transfer of command and control back to the TSC.

- \_\_\_\_\_ A. **WHEN** conditions allow, contact the EOF Director to give turnover of command and control by completing the "Emergency Coordinator Turnover Form" in this enclosure.
- \_\_\_\_\_ 1. Complete the EOF Director Turnover Form in this enclosure.
- \_\_\_\_\_ 2. Fax the completed Turnover Form to the EOF.
- \_\_\_\_\_ 3. Conduct a verbal turnover with the EOF Director.
- \_\_\_\_\_ B. Announce to the TSC and OSC that the EOF is operational as of \_\_\_\_\_ hours.
- \_\_\_\_\_ C. Ensure the NRC is notified (NRC Communicator) that the EOF is operational (taken the command and control function for the emergency).

**Enclosure 4.1**  
**Emergency Coordinator Checklist**

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**Task List**

**Tasks performed upon TSC activation until EOF is declared operational:**

- \_\_\_\_\_ Declare emergency classifications (RP/0/A/5000/001).
- \_\_\_\_\_ Approve Emergency Notification Forms (RP/0/A/5000/006B).
- \_\_\_\_\_ Approve Protective Action Recommendations to off-site agencies (RP/0/A/5000/005).
- \_\_\_\_\_ Evaluate the emergency situation for classification downgrade or termination (Emergency Classification Downgrade/Termination Criteria and RP/0/A/5000/006B).

**Tasks performed upon TSC activation until the termination of the emergency:**

- \_\_\_\_\_ Set priorities for staff and work actions.
- \_\_\_\_\_ Identify critical tasks (defined in step 3.2) and immediately inform the OSC Coordinator.
- \_\_\_\_\_ **IF** the emergency involves one or more of the following specific events, consider implementing the Contingency Actions listed in this enclosure:
  - Radiological Release
  - Security Threat
  - Severe Accident
  - 10CFR50.54(x)
  - Facility and Equipment Failures
- \_\_\_\_\_ Approve NRC Notifications (RP/0/B/5000/013).
- \_\_\_\_\_ Conduct TSC staff briefings to update ERF staffs (EOF, OSC, TSC) on a periodic and as-needed basis (30-60 minutes, depending on the change in status).
- \_\_\_\_\_ Update site personnel on a periodic and as-needed basis over the public address system (a job aid, Emergency Coordinator Update, is available in the position notebook for use in the preparation of announcements to be made over the public address system).
- \_\_\_\_\_ Authorize the evacuation of non-essential personnel (RP/0/A/5000/010).
- \_\_\_\_\_ Establish Recovery Organization following emergency termination (RP/0/B/5000/025).
- \_\_\_\_\_ Conduct a turnover of TSC Emergency Coordinator responsibilities with the oncoming shift.

## Emergency Coordinator Checklist

## Contingency Actions for Specific Events List

Radiological Events

\_\_\_\_\_ Discuss the consequences of any radiological release on site and off site with TSC Dose Assessors.

**NOTE:** A decision to evacuate site personnel at Alert and Site Area Emergency should be based on avoided dose and the ability to functionally support plant operations.

\_\_\_\_\_ Evaluate the need to relocate personnel on site or conduct a site evacuation of non-essential personnel with the RP Manager (OSC) and the TSC staff.

\_\_\_\_\_ **IF** a decision is made to relocate personnel on site, notify the EOF Director of the planned action.

\_\_\_\_\_ **IF** a decision is made to evacuate non-essential personnel to an off-site location, ensure the following are notified of locations and the number of personnel:

\_\_\_\_\_ TSC Emergency Planner

\_\_\_\_\_ EOF Director

\_\_\_\_\_ Off-site Agencies

\_\_\_\_\_ Evaluate the need to issue a blanket dose extension for the event with the RP Manager.

\_\_\_\_\_ **IF** a blanket dose extension is issued, announce the following to TSC and OSC staff:

**"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). The RP Manager has approved a blanket dose extension for this event. If you have any questions concerning your dose limit, please contact RP in the OSC." (If a drill or exercise, announce "This is a drill.")**

\_\_\_\_\_ **IF** emergency worker doses are expected to exceed the blanket dose extension limits, ensure the RP Manager implements RP/0/B/5000/018, "Emergency Worker Dose Extension."

\_\_\_\_\_ Ensure RP surveys the TSC and OSC for radioactive contamination prior to the delivery and consumption of food or drink.

\_\_\_\_\_ **IF** RP determines that eating and drinking is allowed in the TSC and OSC, make the following announcement:

**"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). Eating and drinking are now allowed in the TSC and OSC." (If a drill or exercise, announce, "This is a drill.")**

**Contingency Actions for Specific Events List****Security Threat:**

- \_\_\_\_\_ Evaluate considerations listed in RP/0/B/5000/026 (Site Response to a Security Threat) with the Security Manager and TSC Emergency Planner.
- \_\_\_\_\_ **IF** off-site power is lost, ensure the RN System is protected to support D/G operations.

**NOTE:** A decision to evacuate site personnel at Alert and Site Area Emergency should be based on the security response plan and the ability to functionally support plant operations.

- \_\_\_\_\_ Evaluate the need to shelter or relocate personnel on site or conduct a site evacuation of non-essential personnel with the Security Manager and the TSC Emergency Planner.
- \_\_\_\_\_ **IF** a decision is made to locate and isolate a hostile force, make the following announcement to the site:  
  
**"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). A security event is in progress. Seek shelter in your current location and report suspicious activities to Security." (If a drill or exercise, announce, "This is a drill.")**
- \_\_\_\_\_ **IF** a decision is made to relocate personnel on site, notify the EOF Director of the planned action.
- \_\_\_\_\_ **IF** a decision is made to evacuate non-essential personnel to an off-site location, ensure the following are notified of locations and the number of personnel evacuated:
  - \_\_\_\_\_ TSC Emergency Planner
  - \_\_\_\_\_ EOF Director
  - \_\_\_\_\_ Off-site Agencies
- \_\_\_\_\_ Ensure the Security Manager screens all information for Safeguards implications prior to releasing the information from the TSC.



## Emergency Coordinator Checklist

## Contingency Actions for Specific Events List

**Severe Accident (SAMG):**

- \_\_\_\_\_ **IF** SACRG-1 or SACRG-2 is implemented by the Control Room, make the following announcement to the TSC and OSC:

**"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). This is the TSC Emergency Coordinator. As of \_\_\_\_\_ hours the Control Room has entered SACRG-1(2). I am the Lead Decision Maker. Evaluate plant conditions using the SAMG Diagnostic Flow Chart and the Severe Challenge Status Tree." (If a drill or exercise, announce, "This is a drill.")**

**Use of 10CFR50.54(x) (defined in Subsequent Actions of this procedure):**

- \_\_\_\_\_ **IF** a decision to implement 10CFR50.54(x) is made, ensure as a minimum that a licensed SRO approves the intended action prior to taking the action.
- \_\_\_\_\_ Ensure the following requirements are met within one hour of initiating an action justified by 10CFR50.54(x):
- \_\_\_\_\_ Report the action to the NRC using RP/0/B/5000/013 (NRC Notification Requirements). {1}
  - \_\_\_\_\_ Document the action taken in the Reactor Operator's Logbook.
  - \_\_\_\_\_ Document the action taken in the TSC Log.

**Facility and Equipment Failures**

- \_\_\_\_\_ **IF** video conferencing fails between the TSC and OSC, delegate a person to establish and maintain phone communications with the OSC.
- \_\_\_\_\_ **IF** video conferencing fails between the TSC and EOF, establish and maintain phone communications with the EOF.
- \_\_\_\_\_ **IF** the TSC becomes uninhabitable, relocate the TSC staff to the Control Room or another location that is appropriate for plant and radiological conditions.

**Enclosure 4.1**  
**Emergency Coordinator Checklist**

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**Emergency Coordinator Turnover Form**

1. Plant Status:

Unit 1: \_\_\_\_\_  
\_\_\_\_\_

Unit 2: \_\_\_\_\_  
\_\_\_\_\_

2. Emergency Classification: \_\_\_\_\_

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

3. Off-Site Agency Notifications Turnover to TSC Complete? \_\_\_\_ (Y/N)

4. Time Next Notification Due: \_\_\_\_\_

5. Significant Events:

\_\_\_\_\_ Radioactive Release  
Y/N

\_\_\_\_\_ Injured Personnel  
Y/N

\_\_\_\_\_ Other (Specify \_\_\_\_\_)  
Y/N

6. Protective Actions in Progress:

\_\_\_\_\_ Site Assembly (Time Initiated \_\_\_\_\_)  
Y/N

\_\_\_\_\_ Off-Site Protective Actions Recommended  
Y/N (List) \_\_\_\_\_

\_\_\_\_\_ Other (Specify \_\_\_\_\_)  
Y/N

7. Response Procedure In Progress: \_\_\_\_\_

RP \_\_\_\_\_ RP \_\_\_\_\_ RP \_\_\_\_\_

8. Actions in Progress:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enclosure 4.1**  
**Emergency Coordinator Checklist**

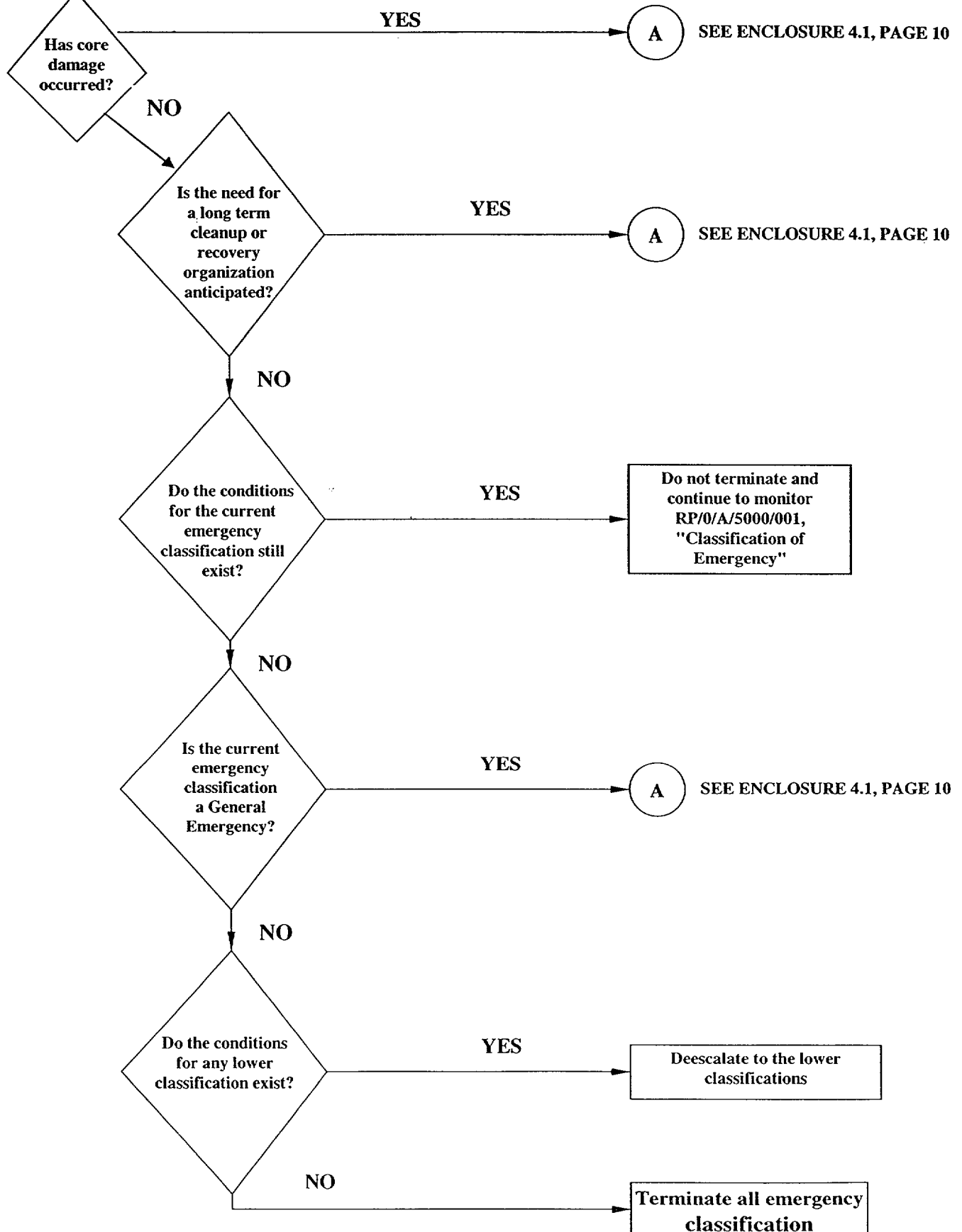
RP/0/A/5000/020  
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UNIT(S) AFFECTED: CATAWBA U1 \_\_\_\_\_ U2 \_\_\_\_\_ MCGUIRE U1 \_\_\_\_\_ U2 \_\_\_\_\_

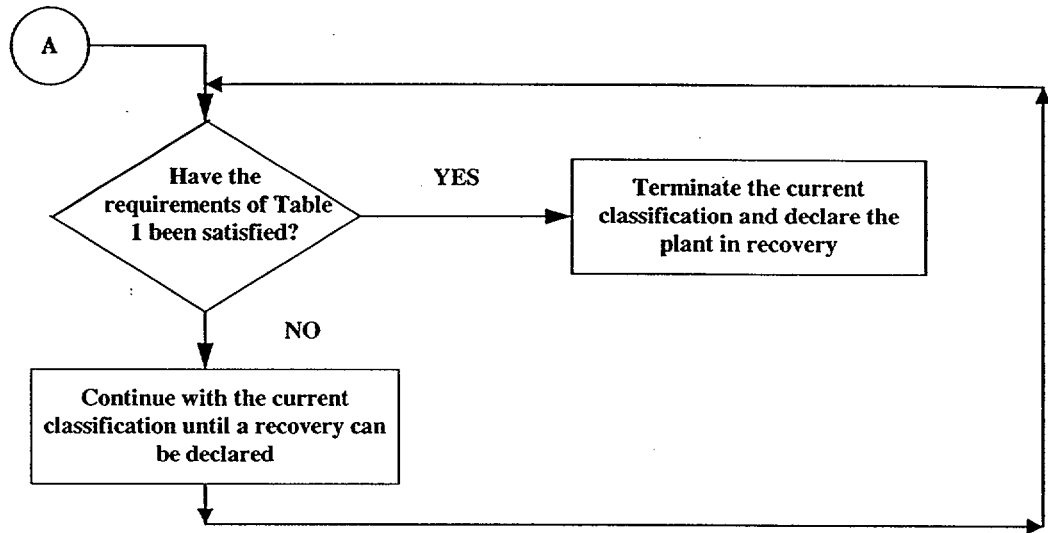
<b>GENERAL</b>	<b>DATE:</b> _____ <b>TIME:</b> _____	<b>POWER LEVEL</b> U-1 _____ U-2 _____	<b>NCS TEMP</b> _____ _____	<b>NCS PRESS</b> _____ _____																																													
<b>EMERGENCY CLASSIFICATION</b>	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____  TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____  REASON FOR EMER. CLASS _____ _____																																																
<b>SITE ASSEMBLY SITE EVACUATION</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 15%; text-align: center;">TIME</th> <th style="width: 35%; text-align: center;">LOCATION OR COMMENTS</th> </tr> </thead> <tbody> <tr> <td>SITE ASSEMBLY</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>SITE EVAC. (NON-ESSEN.)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>SITE EVAC. (ESSENTIAL)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OTHER OFFSITE AGENCY INVOLVEMENT</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>MEDICAL</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>FIRE</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>POLICE</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					YES	NO	TIME	LOCATION OR COMMENTS	SITE ASSEMBLY	_____	_____	_____	_____	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____	MEDICAL	_____	_____	_____	_____	FIRE	_____	_____	_____	_____	POLICE	_____	_____	_____	_____					
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OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____																																																	

2000 Director Form 4.1-1000

**EMERGENCY CLASSIFICATION DOWNGRADE/TERMINATION CRITERIA**



**EMERGENCY CLASSIFICATION DOWNGRADE/TERMINATION CRITERIA**



**TABLE 1**

Recovery Conditions	
<input type="checkbox"/>	No new evacuation or sheltering protective actions are anticipated.
<input type="checkbox"/>	Containment pressure is less than design pressure
<input type="checkbox"/>	Decay heat rejection to the ultimate heat sink has been established and either:  Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling),
	<u>OR</u>
	No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection.
<input type="checkbox"/>	The risks from recriticality are acceptably low
<input type="checkbox"/>	Radiation Protection is monitoring access to radiologically hazardous areas
<input type="checkbox"/>	Off-site conditions do not limit plant access
<input type="checkbox"/>	The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.
<input type="checkbox"/>	The recovery organization is ready to assume control of recovery operations: <ul style="list-style-type: none"><li>• Catawba - RP/0/B/5000/025</li><li>• McGuire - RP/0/A/5700/024</li></ul>

**Enclosure 4.1**  
**Emergency Coordinator Checklist**

RP/0/A/5000/020  
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PROCESSES/SITUATIONS	RP#	RESPONSIBILITY
<b>PROCESSES</b>		
Core Damage Assessment	RP/15	Reactor Engineer
Classification of Emergency	RP/01	Operations Superintendent
Emergency Classification Response	RP/02-NOUE RP/03-Alert RP/04-SAE RP/05-GE	Operations Engrs/OSM
Emergency Dose Extension	RP/18	Radiation Protection Mgr (OSC)
Emergency Notification Form/ Offsite Agency Notifications	RP/06B	Offsite Communicators, Operations, Dose Assessment, Emergency Planner
OSC Activation	RP/24	OSC Coordinator and OSC Staff
NRC Notifications	RP/13	NRC Communicator, Reg Compliance (on call)
Public Affairs and News Media Mgmt	RP/28	Community Relations (Media Mgr and Public Spokesperson)
Recovery and Re-entry	RP/25	EOF Director and TSC Emergency Coordinator
Site Assembly	RP/10, immediate actions	Security
Site Evacuation	RP/10, subsequent actions  RP/22	Emergency Planner, Security, Radiation Protection, Evacuation Coordinator,  Evacuation Coordinator
TSC Activation	RP/20	TSC Emergency Coordinator and TSC Staff
<b>SITUATIONS</b>		
Site Response to a Security Threat	RP/26	Operations Engrs/Environmental/ Emergency Planner
Collisions or Explosions	RP/09	Operations (Fire Bde)
Fire	RP/29	Operations (Fire Bde)
Medical Emergency	N/A	Security (MERT)
Natural Disasters (Tornado, Hurricane, Earthquake, Flooding, Low Lake Level)	RP/07	Operations OSM, Emergency Planner
Severe Weather Preparations (High Winds, Heavy Icing)	RP/30	All Site Groups
Spills/HAZMAT	RP/08	Operations (Fire Bde), HAZMAT, EH&S, NSC (OSC)

**Enclosure 4.2**  
**TSC Dose Assessor Checklist**

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Page 1 of 4

Initial

- NOTE:**
1. Off-site Agency Communicators will be contacting Dose Assessment to provide information for the Electronic Emergency Notification Form.
  2. Procedure steps may be completed out of sequence at the discretion of the person performing this enclosure.

- ☐ Upon arrival in the TSC, perform the following:
- Print name and time arrived on TSC sign-in board.
  - Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
  - Sign in on the TSC roster.
  - Obtain self-reading dosimeter and dose card (RWP #33).
  - Obtain and put on position badge.
- ☐ Establish a TSC Dose Assessor position log of activities (e.g., evolutions impacting this position, decisions made by this position, communications to/from other groups).
- ☐ Perform the following to start the TSC air monitoring:

EMF 55A	EMF 55B
<input type="checkbox"/> A. <b>IF</b> ON, press STOP button.	<input type="checkbox"/> A. <b>IF</b> ON, press STOP button.
<input type="checkbox"/> B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.	<input type="checkbox"/> B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.
<input type="checkbox"/> C. Wait 30 seconds before proceeding to start monitors.	<input type="checkbox"/> C. Wait 30 seconds before proceeding to start monitors.
<input type="checkbox"/> D. Start monitor by pressing start.	<input type="checkbox"/> D. Start monitor by pressing start.
<input type="checkbox"/> E. Acknowledge any alarms.	<input type="checkbox"/> E. Acknowledge any alarms.
<input type="checkbox"/> F. Wait 30 seconds.	<input type="checkbox"/> F. Wait 30 seconds.
<input type="checkbox"/> G. <b>IF</b> the alarm or monitor fails to start, repeat steps A thru F.	<input type="checkbox"/> G. <b>IF</b> the alarm or monitor fails to start, repeat steps A thru F.
<input type="checkbox"/> H. <b>IF</b> the EMF monitor fails to operate properly, request that TSC RP support initiate manual air sampling of the TSC.	<input type="checkbox"/> H. <b>IF</b> the EMF monitor fails to operate properly, request that TSC RP support initiate manual air sampling of the TSC.
<input type="checkbox"/> I. <b>IF</b> necessary, initiate a work request for inspection/repair of EMF monitor.	<input type="checkbox"/> I. <b>IF</b> necessary, initiate a work request for inspection/repair of EMF monitor.

- ☐ Evaluate any protective actions that have been recommended.

**Enclosure 4.2**  
**TSC Dose Assessor Checklist**

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- ☐ Power up both the Dose Assessment and Electronic Notification Form computers and LOGON to the Network per the following:
- User Name:    **CNSEP2**  
Password:     **CNSEP2**  
Domain:       **NAM**
- ☐ Initiate the following emergency response procedures, as necessary:
- SH/0/B/2005/001, "Emergency Response Offsite Dose Projections"
  - HP/0/B/1009/014, "Radiation Protection Actions Following an Uncontrolled Release of Liquid Radioactive Material"
  - HP/0/B/1009/006, "Alternative Method for Determining Dose Rate within the Reactor Building"
- ☐ Prepare to complete the Dose Assessment portion of the Electronic Notification Form by obtaining a copy of the TSC Dose Assessors Electronic Notification Form Instructions located in the TSC Dose Assessors Notebook.
- ☐ Ensure the NRC Health Physics Network (HPN) is activated.

**NOTE:**    1. EMF isolation or loss of sample flow can indicate invalid EMF readings.  
              2. Be aware of the effects of loss of power on critical EMFs.

- ☐ Calculate off-site dose projections approximately every fifteen minutes or at frequency intervals appropriate to plant conditions.
- ☐ **IF** necessary, contact OSC RP Supervisor to request radiation surveys inside the Protected Area fence.

**NOTE:**    CNS bridge line and wireless phone instructions are located in the TSC Dose Assessor notebook.

- ☐ Establish communications with EOF Dose Assessment Team via the Dose Assessment bridge line.
- ☐ Perform the following as needed:
- Provide computer off-site dose projection results.
  - Coordinate turnover to the EOF.
  - Provide support to the EOF team after EOF activation as needed.
  - Be prepared to resume dose assessment activities if EOF functions are transferred back to the TSC.
- ☐ Provide a listing of essential personnel for your position that should not leave the site during a site evacuation to RP Support.



**Enclosure 4.2**  
**TSC Dose Assessor Checklist**

RP/0/A/5000/020  
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**NOTE:** A job aid (TSC Update Briefing - Dose Assessor) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

- ☐ Consider the following items that may be applicable in order to provide the latest status to the Emergency Coordinator staff and ERO during TSC update briefings:
- Any potential release or release in progress (especially at the site boundary).
  - Specific areas where off-site dose rates increasing
  - Meteorological Data (wind speed and wind direction, measured  $\Delta$  temperature, stability class, and precipitation)
  - Dose projections based on changes in meteorological status
  - Dose projections at site boundary
  - Off-site dose projections that may be above or below normal operating limits
  - Any release in progress, including dose rates
  - Field Team Status/Data
  - Analyzed source term
  - Source Term Mitigation Strategies
  - Special evaluation for off-site dose consequences in such cases as a containment loss of integrity or steam generator tube rupture
  - Projected or changing plant conditions
  - Increase or decrease of release path EMF readings
  - Significant changes in radiological conditions
  - On-site radiological concerns
  - Radiological EAL criteria per RP/0/A/5000/001

**NOTE:**

1. Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.
2. Off-site dose assessment results, including projections, are to immediately follow the initial notifications.
3. The primary method of providing dose information to the Off-site Agency Communicators is via the Electronic Notification Form program, however, situations may dictate the use of the hard copy Emergency Notification Forms.

- ☐ Provide Off-site Agency Communicators with dose assessment information and other pertinent radiological information as requested utilizing the Electronic Notification Form program.
- ☐ Recommend off-site and on-site protective actions to the Emergency Coordinator (until TSC/EOF dose assessor turnover occurs and the EOF is activated).

**Enclosure 4.2**  
**TSC Dose Assessor Checklist**

RP/0/A/5000/020  
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- ☐ Perform the following to stop the TSC air monitoring upon securing from TSC activation:

<b>EMF 55A</b>	<b>EMF 55B</b>
<input type="checkbox"/> A. <u>IF</u> ON, press <b>STOP</b> button.	<input type="checkbox"/> A. <u>IF</u> ON, press <b>STOP</b> button.
<input type="checkbox"/> B. Acknowledge any alarms by pressing the <b>ACKNOWLEDGE</b> button.	<input type="checkbox"/> B. Acknowledge any alarms by pressing the <b>ACKNOWLEDGE</b> button.
<input type="checkbox"/> C. Verify monitors are <b>OFF</b> by confirming the <b>ON</b> light goes out and that the acknowledge and alarm lights are <b>ON</b> .	<input type="checkbox"/> C. Verify monitors are <b>OFF</b> by confirming the <b>ON</b> light goes out and that the acknowledge and alarm lights are <b>ON</b> .
<input type="checkbox"/> D. Repeat steps A, B and C as necessary.	<input type="checkbox"/> D. Repeat steps A, B and C as necessary.
<input type="checkbox"/> E. <u>IF</u> necessary, initiate a work request for inspection/repair of EMF monitor.	<input type="checkbox"/> E. <u>IF</u> necessary, initiate a work request for inspection/repair of EMF monitor.

- ☐ Restore dose assessor work area and all equipment to a ready state condition after a drill or event is terminated.
- ☐ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

## TSC Off-Site Agency Communicator Checklist

## Initial

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Establish a TSC Off-Site Agency Communicator position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups
- \_\_\_\_\_ Obtain a copy of RP/O/A/5000/006B, "Notifications to the State and Counties from the Technical Support Center."
- \_\_\_\_\_ Execute RP/O/A/5000/006B, "Notifications to the State and Counties from the Technical Support Center."
- \_\_\_\_\_ Verify all TSC clocks are synchronized with the Control Room satellite clock.
- \_\_\_\_\_ Ensure off-site agency communicators in the EOF are aware of information affecting off-site agencies even after turnover has occurred (e.g., fire in the motor control center has been put out).

**NOTE:** A job aid (TSC Update Briefing - Off-site Communications) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

- \_\_\_\_\_ Provide the status of off-site agency notifications to the Emergency Coordinator and staff during TSC update briefings.
- \_\_\_\_\_ Provide the TSC Emergency Planner with a listing of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.4**  
**NRC Communicator Checklist**

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**NOTE:** The NRC Communicator position is initially filled by shift personnel in the Control Room. This position transfers to the TSC upon TSC activation.

Initial

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self-reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using SRWP #33.
- \_\_\_\_\_ Establish an NRC Communicator position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups

**NOTE:** RP/0/B/5000/013, "NRC Notification Requirements," provides primary and alternate phone numbers for the NRC Operations Center.

- \_\_\_\_\_ Establish continuous communications with the NRC Operations Center upon request by the NRC.
- \_\_\_\_\_ Perform the following activities as necessary throughout the event:
  - \_\_\_\_\_ A. Inform the NRC of TSC/EOF activation/deactivation.
  - \_\_\_\_\_ B. Inform the NRC of plant conditions at all times.
  - \_\_\_\_\_ C. **IF** the Regulatory Compliance Engineer position is staffed, inform the RC Engineer of planned NRC activities.
  - \_\_\_\_\_ D. Inform the Logkeeper of all NRC notifications.

**NOTE:** Instructions for use of the OPS bridge line are provided in the Emergency Response Telephone Directory.

- \_\_\_\_\_ To listen in on the Operations communication loop, dial the OPS bridge line. Be sure the phone/headset is on mute.
- \_\_\_\_\_ Provide the TSC OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.5**  
**Operations Superintendent Checklist**

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**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Establish an Operations Superintendent position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups

<p><b>NOTE:</b> Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.</p>
--

- \_\_\_\_\_ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- \_\_\_\_\_ Perform the following as necessary throughout the event:
  - A. Provide technical expertise regarding solutions to operational problems to the TSC, Control Room, OSC and other members of the ERO as required.
  - B. Advise Emergency Coordinator on the anticipated course of the event.
  - C. Assist in making decisions on emergency classifications, mitigation strategies, and contingency plans.
  - D. Ensure each operating shift is staffed with adequate personnel to support all emergency situations, augmenting with additional resources as necessary.
  - E. Assist the TSC Off-Site Agency Communicators in completion of the Emergency Notification Forms using Step 3.2 for definitions associated with Emergency Notification Form.

**Enclosure 4.5**  
**Operations Superintendent Checklist**

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Page 2 of 3

Initial

\_\_\_\_\_ Establish direct communications with OSM for the following conditions:

- A. During all 10CFR50.54x discussions.
- B. Anytime it is required to back-track in procedures.
- C. Anytime the TSC recommends skipping procedure steps.
- D. During all discussion of significant troubleshooting plans.
- E. Anytime confusion, misunderstanding or disagreement exists between the Control Room and the TSC.

**NOTE:** A job aid (TSC Update Briefing - Operations) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

- A. Provide the status of the following items as applicable to the Emergency Coordinator staff during update briefings.
  - Current Emergency Classification
  - Basis for Current Emergency Classification/Anticipated Changes to Emergency Classification
  - Current Mode
  - NC Temperature
  - NC Pressure
  - S/G Level
  - Current Plant Condition (Improving/Stable/Degrading)
  - Basis for Current Plant Condition
  - Key Problem Area/Recommended Priorities
- B. Evaluate and prioritize requests for information from the TSC staff, EOF staff, NRC and others.
- C. Evaluate and consult with Control Room personnel on suggested mitigation strategies.

\_\_\_\_\_ Assist Emergency Coordinator as a Decision-maker upon entry into Severe Accident Management Guidelines.

\_\_\_\_\_ Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

- A. Complete the "Operations 24-Hour TSC Essential Staffing List"
- B. Provide the TSC Logkeeper with the completed staffing list.

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.5**  
**Operations Superintendent Checklist**

RP/0/A/5000/020  
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**Operations 24 Hour TSC Essential Staffing List**

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
<b>75 MINUTE RESPONDERS - DESIRED</b>		
Operations Superintendent	(1) _____ / _____	(1) _____
Operations Engineer	(1) _____ / _____	(1) _____
Assistant Operations Engineer	(1) _____ / _____	(1) _____
NRC Communicator	(1) _____ / _____	(1) _____
Control Room/TSC Communicator	(1) _____ / _____	(1) _____
<b>OTHER ESSENTIAL PERSONNEL</b>		
Other Essential OPS Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____
	(5) _____ / _____	(5) _____
	(6) _____ / _____	(6) _____
	(7) _____ / _____	(7) _____
	(8) _____ / _____	(8) _____

**Enclosure 4.6**  
**Operations Engineer Checklist**

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Page 1 of 1

**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Establish an Operations Engineer position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups

**NOTE:** Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

- \_\_\_\_\_ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- \_\_\_\_\_ Perform the following as necessary throughout the event:
  - A. Follow Response Procedures (RPs) and ensure completion of appropriate steps.
  - B. Maintain contact with Operations personnel in the Control Room, OSC and EOF.
  - C. Provide recommends to the Operations Superintendent for emergency classification and protective action recommendation changes based on plant conditions.
  - D. Consult the EOF for possible solutions if procedural adequacy becomes a concern.
  - E. Provide information to Off-site Agency Communicator and the NRC Communicator as requested regarding changes in plant conditions and protective action recommendations due to plant conditions using Step 3.2 for definitions associated with the Emergency Notification Form.
- \_\_\_\_\_ Serve as Lead Evaluator upon entry into Severe Accident Management Guidelines
- \_\_\_\_\_ Provide the OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon TSC deactivation.
- \_\_\_\_\_ Notify the shift SSA to restore the Operations TSC procedure files upon TSC deactivation.



**Enclosure 4.7**  
**Assistant Operations Engineer Checklist**

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**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Establish an Assistant Operations Engineer position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups
- \_\_\_\_\_ Obtain a copy of RP/0/A/5000/001, "Classification of Emergency," from the procedure cabinet.
- \_\_\_\_\_ Obtain a copy of the current classification procedure and any applicable EOP.

<p><b>NOTE:</b> Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.</p>
--

- \_\_\_\_\_ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- \_\_\_\_\_ Perform the following as necessary throughout the event:
  - A. Support Control Room and TSC with EOPs and RPs.
  - B. Provide recommends to the Operations Superintendent for emergency classification and protective action recommendation changes based on plant conditions.
  - C. Assist the Operation Engineer in following Response Procedures (RPs) and ensure completion of appropriate steps.
  - D. Assist the Operations Engineer in providing back-up service to Control Room personnel ensuring the correct procedural flowpath is followed.
  - E. Assist the Operations Engineer in preparing Control Room personnel of possible difficult points in the procedures by a look ahead.
  - F. Assist Operations Engineer in development of Severe Accident Management Guidelines Strategies.
- \_\_\_\_\_ Provide the OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.8**  
**Engineering Manager Checklist**

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Page 1 of 4

**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

**NOTE:** The Engineering Manager's OAC computer screen is normally displayed on the large screen to the left of the TSC Emergency Coordinator.

- \_\_\_\_\_ Ensure Engineering Manager PC is on and displaying plant status.
- \_\_\_\_\_ Establish an Engineer Manager position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups

**NOTE:** Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

- \_\_\_\_\_ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- \_\_\_\_\_ Confirm that the System Support Engineer has verified the Technical Support Center Ventilation System to be operable (capable of operating in filter mode).
- \_\_\_\_\_ Confirm that the System Engineer has verified the proper response of TSC computers (information displayed matches plant conditions).
- \_\_\_\_\_ Obtain the following information from the System Support Engineer
  - A. System Initiating Event
  - B. System Fault
  - C. Equipment Out Of Service
- \_\_\_\_\_ Establish verbal communications with TSC Dose Assessment personnel.
- \_\_\_\_\_ Establish communications with OSC Equipment Engineer.

OSC Equipment Engineer Contacted: \_\_\_\_\_
- \_\_\_\_\_ Establish communications with the Accident Assessment Manager in the EOF.

EOF Accident Assessment Manager Contacted: \_\_\_\_\_

**Enclosure 4.8**  
**Engineering Manager Checklist**

RP/0/A/5000/020  
Page 2 of 4

Initial

\_\_\_\_\_ Perform the following as necessary throughout the event:

- A. Continually assess plant conditions and inform the TSC Emergency Coordinator of potential for changing conditions.
- B. Provide the status of the following items to the Emergency Coordinator staff during update briefings. (Update briefings are conducted at approximately 30 minute intervals). The following page provides a sheet that may be used to note status information.
  - Known system fault(s)
  - Level of Core Damage
  - Estimated time to core uncover/core damage
  - Shutdown Margin
  - Subcooling Margin
  - ECCS Status (injection flow rates, proper ECCS response) (Primary heat removal capability)
  - Aux Feed Status (feedwater flows, proper CA response) (Secondary heat removal capability)
  - Reactor Vessel Integrity Status
  - Manage overall site engineering effort and ensure adequate levels of engineering resources are available to support the TSC and OSC.
  - Serve as point of contact for TSC Reactor Engineer, TSC Systems Support Engineer and OSC Equipment Engineer.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

- \_\_\_\_\_ A. Complete the "Engineering 24 Hour TSC Essential Staffing List."
- \_\_\_\_\_ B. Provide the TSC Logkeeper with the completed staffing list.

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.8**  
**Engineering Manager Checklist**

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Page 3 of 4

**Engineering Manager Status Information**

**1. Known system fault(s)**

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**2. Level of Core Damage**

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**3. Estimated time to core uncover/core damage**

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**4. Shutdown Margin (TIME/MARGIN)**

/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/

**5. Subcooling Margin (TIME/MARGIN)**

/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/

**6. ECCS Status (injection flow rates, proper ECCS response) (Primary heat removal capability)**

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**7. Aux Feed Status (feedwater flows, proper CA response) (Secondary heat removal capability)**

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**8. Reactor Vessel Integrity Status**

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**9. Containment Integrity Status**

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## Engineering Manager Checklist

## Engineering 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
<b>75 MINUTE RESPONDERS - REQUIRED</b>		
Reactor Engineer	(1) _____ / _____	(1) _____
<b>75 MINUTE RESPONDERS - DESIRED</b>		
Engineering Manager	(1) _____ / _____	(1) _____
Systems Support Engineer	(1) _____ / _____	(1) _____
<b>OTHER ESSENTIAL PERSONNEL</b>		
Other Essential Engineering Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____

**Enclosure 4.9**  
**Reactor Engineer Checklist**

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Page 1 of 3

**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Turn on Reactor Engineer computer, log on LAN under ID with write privilege for NE-LIB and verify software.
- \_\_\_\_\_ Establish a Reactor Engineer position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups
- \_\_\_\_\_ IF applicable, obtain a copy of and execute RP/0/A/5000/015, "Core Damage Assessment."

<p><b>NOTE:</b> Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.</p>
--

- \_\_\_\_\_ To listen in on the Operations communication loop, dial the OPS bridge line. Be sure that the phone/headset is on mute.
- \_\_\_\_\_ Perform the following as necessary throughout the event:
  - A. Evaluate plant and reactor performance using available data in terms of:
    - Level of core damage.
    - Estimated time to core uncover/core damage
    - Shutdown margin
    - Subcooling margin
    - Trend appropriate parameters to monitor recovery

<p><b>NOTE:</b> The "TSC Engineering Manager Update Worksheet" of this enclosure may be used to maintain data to be provided to the TSC Engineering Manager.</p>
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- B. Provide TSC Engineering Manager and/or TSC Operations Superintendent with information concerning any abnormal core conditions.
- C. Ensure control and accountability of Special Nuclear Materials.
- D. Exchange information with EOF Accident Assessment Group as requested.

**Enclosure 4.9**  
**Reactor Engineer Checklist**

RP/0/A/5000/020  
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- \_\_\_\_\_ Provide the Engineering Manager with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

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### Shutdown Margin

## Core Status

[illegible]



**Enclosure 4.10**  
**System Support Engineer Checklist**

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Page 1 of 3

**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Establish a System Support Engineer position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups
- \_\_\_\_\_ Verify the proper response of TSC computers (information displayed matches plant conditions).
- \_\_\_\_\_ Verify that the Technical Support Center Ventilation System is operable (capable of operating in filter mode).
- \_\_\_\_\_ Provide the following information to the TSC Engineering Manager:
  - A. Initiating Event:
  - B. Primary Systems Equipment OOS:
  - C. Primary Systems Faults:
  - D. Secondary Systems Equipment OOS:
  - E. Secondary Systems Faults:
  - F. Electrical Systems Equipment OOS:
  - G. Electrical Systems Faults:

**Enclosure 4.10**  
**System Support Engineer Checklist**

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Page 2 of 3

Initial

\_\_\_\_\_ Perform the following as necessary throughout the event:

**NOTE:** The "TSC Engineering Manager Update Worksheet" of this enclosure may be used to maintain data to be provided to the TSC Engineering Manager.

- A. Provide TSC Engineering Manager and/or TSC Operations Superintendent with the following information:
  - Known system fault(s)
  - ECCS Status (injection flow rates, proper ECCS response, Primary heat removal capability)
  - Aux Feed Status (feedwater flows, proper CA response, Secondary heat removal capability)
  - Trend appropriate parameters to monitor recovery.
- B. Advise TSC Engineering Manager on current systems status and accident mitigation strategies.
- C. Exchange information with EOF Accident Assessment Group.

\_\_\_\_\_ Provide the TSC Engineering Manager with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.10**  
**System Support Engineer Checklist**  
**TSC Engineering Manager Update Worksheet**

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Page 3 of 3

TIME: \_\_\_\_\_

Known system fault(s): \_\_\_\_\_

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ECCS Status (injection flow rates, proper ECCS response, Primary heat removal capability): \_\_\_\_\_

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Aux Feed Status (feedwater flows, proper CA response, Secondary heat removal capability):

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Trend appropriate parameters to monitor recovery: \_\_\_\_\_

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**Enclosure 4.11**  
**TSC Emergency Planner Checklist**

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Initial

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Complete Enclosure 4.17, "TSC Operational Checklist," and provide completed enclosure to Emergency Coordinator for approval.
- \_\_\_\_\_ Obtain a current copy of the qualified Catawba Nuclear Site Emergency Response Organization.
- \_\_\_\_\_ Verify that all TSC and OSC positions are staffed by qualified Catawba Nuclear Site Emergency Response Organization personnel.
- \_\_\_\_\_ Perform the following as necessary throughout the event:
  - A. Directly support the Emergency Coordinator providing:
    - Support for activation and operation of the TSC.
    - Emergency Plan information
    - Interface with NRC
    - Interface with state and county agencies
    - Any other support as requested by the Emergency Coordinator
  - B. Facilitate the operation of the TSC.
  - C. Assist Off-Site Agency Communicators in preparation of emergency notification forms.
  - D. Act as site evacuation point of contact for Emergency Coordinator **AND** serve as interface between Security Manager, Evacuation Coordinator and the Radiation Protection Manager for evacuation purposes.
  - E. **IF** a security event occurs, perform the following for the Emergency Planner bridge line:
    - \_\_\_\_\_ Notify Community Relations to contact the TSC on the Emergency Planner bridge line.
    - \_\_\_\_\_ Hang up the Community Relations speakerphone located to the left of the Emergency Coordinator's position.
    - \_\_\_\_\_ Demand authentication from any person entering the bridge line.
    - \_\_\_\_\_ Record the name and function of all persons on the bridge line.
    - \_\_\_\_\_ Connect Security Manager to bridge line to ensure only appropriate information is discussed.

## TSC Emergency Planner Checklist

\_\_\_\_\_ Establish communications with the EOF Emergency Planner on the Emergency Planning bridge line.

\_\_\_\_\_ Establish communications with the Evacuation Coordinator and keep Evacuation Coordinator informed of site evacuation status.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

\_\_\_\_\_ A. Complete the "Command and Special Staff 24 Hour TSC Essential Staffing List."

\_\_\_\_\_ B. Provide the TSC Logkeeper with the completed staffing list.

\_\_\_\_\_ Assist the NRC Resident in setting up listen only communication on the OPS bridge line.

\_\_\_\_\_ **WHEN** the emergency event (or drill) is terminated, announce over the TSC/OSC public address system:

**"Attention in the TSC and OSC. Gather all completed procedures and event log sheets. Give all documentation to Emergency Planning. A post event critique will be held at \_\_\_\_\_ hours on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in the TSC."**

**Enclosure 4.11**  
**TSC Emergency Planner Checklist**

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**Command and Special Staff 24 Hour TSC Essential Staffing List**

<b>JOB FUNCTION</b>	<b>CURRENT RESPONDER'S NAME/ ARRIVAL TIME</b>	<b>24 HOUR STAFFING RELIEF'S NAME</b>
<b>75 MINUTE RESPONDERS - REQUIRED</b>		
Emergency Coordinator	(1) _____ / _____	(1) _____
<b>75 MINUTE RESPONDERS - DESIRED</b>		
Assistant Emergency Coordinator	(1) _____ / _____	(1) _____
Security/HR Manager	(1) _____ / _____	(1) _____
TSC Emergency Planner	(1) _____ / _____	(1) _____
TSC Off-site Agency Communicator	(1) _____ / _____	(1) _____
TSC Logkeeper	(1) _____ / _____	(1) _____
TSC Data Coordinator	(1) _____ / _____	(1) _____
Evacuation Coordinator	(1) _____ / _____	(1) _____
NRC Resident	(1) _____ / _____	(1) _____
<b>ON CALL PERSONNEL</b>		
Regulatory Compliance Engineer (as needed)	(1) _____ / _____	(1) _____

**Enclosure 4.11**  
**TSC Emergency Planner Checklist**

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**24 Hour TSC Essential Staffing List**

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
<b>ADDITIONAL ESSENTIAL PERSONNEL</b>		
Additional Essential Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____
	(5) _____ / _____	(5) _____
	(6) _____ / _____	(6) _____
	(7) _____ / _____	(7) _____
	(8) _____ / _____	(8) _____
	(9) _____ / _____	(9) _____
	(10) _____ / _____	(10) _____
	(11) _____ / _____	(11) _____
	(12) _____ / _____	(12) _____
	(13) _____ / _____	(13) _____
	(14) _____ / _____	(14) _____
	(15) _____ / _____	(15) _____
	(16) _____ / _____	(16) _____
	(17) _____ / _____	(17) _____
	(18) _____ / _____	(18) _____
	(19) _____ / _____	(19) _____
	(20) _____ / _____	(20) _____

**Enclosure 4.11**  
**TSC Emergency Planner Checklist**  
**TSC Facility Post Event Checklist**

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**Initial**

- \_\_\_\_\_ Obtain printed copy of TSC Log
  - \_\_\_\_\_ Retrieve:
    - \_\_\_\_\_ Video Tapes
    - \_\_\_\_\_ Completed Procedures
    - \_\_\_\_\_ Notes
  - \_\_\_\_\_ Turn off:
    - \_\_\_\_\_ Copier
    - \_\_\_\_\_ Computers
    - \_\_\_\_\_ PA System (Used for Critique)
    - \_\_\_\_\_ OSC Video Conferencing System (Leave EOF Video Conference computer on)
    - \_\_\_\_\_ Video Monitors
  - \_\_\_\_\_ Perform:
    - \_\_\_\_\_ Supply Cabinet Inventory (PT/0/B/4600/004) Checklist
    - \_\_\_\_\_ Clean Tables Off
    - \_\_\_\_\_ Put all Trash in Containers
    - \_\_\_\_\_ Erase Status Boards
    - \_\_\_\_\_ Procedure Cabinet Inventory
- 
- \_\_\_\_\_ RP/0/A/5000/001    3 copies
  - \_\_\_\_\_ RP/0/A/5000/002    3 copies
  - \_\_\_\_\_ RP/0/A/5000/003    3 copies
  - \_\_\_\_\_ RP/0/A/5000/004    3 copies
  - \_\_\_\_\_ RP/0/A/5000/005    3 copies
  - \_\_\_\_\_ RP/0/A/5000/006B   2 copies
  - \_\_\_\_\_ RP/0/A/5000/007    2 copies
  - \_\_\_\_\_ RP/0/B/5000/008    2 copies
  - \_\_\_\_\_ RP/0/A/5000/009    2 copies
  - \_\_\_\_\_ RP/0/A/5000/010    2 copies
  - \_\_\_\_\_ RP/0/B/5000/013    2 copies
  - \_\_\_\_\_ RP/0/A/5000/015    2 copies
  - \_\_\_\_\_ RP/0/A/5000/018    2 copies



**Enclosure 4.11**  
**TSC Emergency Planner Checklist**  
**TSC Facility Post Event Checklist**

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**NOTE:** RP/0/A/5000/020 enclosure copies shall be attached to Procedure Process Record and main body of RP/0/A/5000/020

___	RP/0/A/5000/020	2 copies
___	Enclosure 4.1	1 copy
___	Enclosure 4.2	1 copy
___	Enclosure 4.3	1 copy
___	Enclosure 4.4	1 copy
___	Enclosure 4.5	1 copy
___	Enclosure 4.6	1 copy
___	Enclosure 4.7	1 copy
___	Enclosure 4.8	1 copy
___	Enclosure 4.9	1 copy
___	Enclosure 4.10	1 copy
___	Enclosure 4.11	1 copy
___	Enclosure 4.12	1 copy
___	Enclosure 4.13	1 copy
___	Enclosure 4.14	1 copy
___	Enclosure 4.15	1 copy
___	Enclosure 4.16	1 copy (Include a copy of Enclosure 4.1)
___	Enclosure 4.17	1 copy
___	Enclosure 4.18	1 copy
___	RP/0/B/5000/022	2 copies
___	RP/0/B/5000/025	2 copies
___	RP/0/B/5000/026	2 copies
___	RP/0/B/5000/029	2 copies
___	RP/0/B/5000/030	2 copies
___	HP/0/B/1009/001	2 copies
___	HP/0/B/1009/003	2 copies
___	HP/0/B/1009/004	2 copies
___	HP/0/B/1009/007	2 copies
___	HP/0/B/1009/009	2 copies
___	HP/0/B/1009/014	2 copies
___	HP/0/B/1009/016	2 copies
___	HP/0/B/1009/019	2 copies
___	HP/0/B/1009/024	2 copies
___	HP/0/B/1009/026	2 copies
___	SH/0/B/2005/001	5 copies

**TSC Emergency Planner Checklist****TSC Facility Post Event Checklist**

- \_\_\_ SAMG Drill Strategy Sheets 5 copies
- \_\_\_ SAMG Emergency Strategy Sheets 5 copies
- \_\_\_ EG/1/A/CSAM/SACRG1 2 copies
- \_\_\_ EG/1/A/CSAM/SACRG2 2 copies
- \_\_\_ EG/2/A/CSAM/SACRG1 2 copies
- \_\_\_ EG/2/A/CSAM/SACRG2 2 copies
- \_\_\_ EG/0/A/CSAM/DFC 5 copies
- \_\_\_ EG/0/A/CSAM/SAG-1 5 copies
- \_\_\_ EG/0/A/CSAM/SAG-2 5 copies
- \_\_\_ EG/0/A/CSAM/SAG-3 5 copies
- \_\_\_ EG/0/A/CSAM/SAG-4 5 copies
- \_\_\_ EG/0/A/CSAM/SAG-5 5 copies
- \_\_\_ EG/0/A/CSAM/SAG-6 5 copies
- \_\_\_ EG/0/A/CSAM/SAG-7 5 copies
- \_\_\_ EG/0/A/CSAM/SCST 5 copies
- \_\_\_ EG/0/A/CSAM/SCG-1 5 copies
- \_\_\_ EG/0/A/CSAM/SCG-2 5 copies
- \_\_\_ EG/0/A/CSAM/SCG-3 5 copies
- \_\_\_ EG/0/A/CSAM/SCG-4 5 copies
- \_\_\_ EG/0/A/CSAM/SAEG-1 5 copies
- \_\_\_ EG/0/A/CSAM/SAEG-2 5 copies
- \_\_\_ SAAG File No: 428 - CA-1 through CA-7 5 sets
  
- \_\_\_ Copy of Qualified ERO Listing (TSC & OSC only) for procedure cabinet
  
- \_\_\_ ERO Position Specific Notebooks - attach the following enclosures to copy of Procedure Process Record and main body of Procedure RP/0/A/5000/020:
  - \_\_\_ Enclosure 4.1 1 copy
  - \_\_\_ Enclosure 4.2 1 copy (Include 2 copies of TSC Dose Assessor Electronic Notification Form Instructions [EP Group Manual Guideline 5.6.4, Encl. 5.1])
  - \_\_\_ Enclosure 4.3 1 copy (Include 1 copy of RP/0/A/5000/006B and 5 copies of Emergency Notification Form)
  - \_\_\_ Enclosure 4.4 1 copy
  - \_\_\_ Enclosure 4.5 1 copy
  - \_\_\_ Enclosure 4.6 1 copy
  - \_\_\_ Enclosure 4.7 1 copy
  - \_\_\_ Enclosure 4.8 1 copy
  - \_\_\_ Enclosure 4.9 1 copy
  - \_\_\_ Enclosure 4.10 1 copy
  - \_\_\_ Enclosure 4.11 1 copy
  - \_\_\_ Enclosure 4.12 1 copy
  - \_\_\_ Enclosure 4.13 1 copy

**Enclosure 4.11**  
**TSC Emergency Planner Checklist**  
**TSC Facility Post Event Checklist**

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Initial

- ☐ Enclosure 4.14 1 copy
- ☐ Enclosure 4.15 1 copy
- ☐ Enclosure 4.16 1 copy (Include a copy of Enclosure 4.1)
- ☐ Enclosure 4.17 1 copy
- ☐ Enclosure 4.18 1 copy

- ☐ Perform the following with regards to the TSC Ericsson phones:
- ☐ Assure all TSC cell phones have been turned off
  - ☐ Remove battery from phone and place in charger

- ☐ Replenish:
- ☐ Procedure cabinet
  - ☐ Supplies as necessary (Reseal Cabinets)

- ☐ Call:
- ☐ Cleaning Crew
  - ☐ Southern Food (If items need to be picked up)

- ☐ Turn in to Emergency Planning:
- ☐ Logs
  - ☐ Completed Procedures
  - ☐ Notes
  - ☐ Video Tapes
  - ☐ Supply Inventory Checklist

**Enclosure 4.11**  
**TSC Emergency Planner Checklist**

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**OSC Facility Post Event Checklist**

**Initial**

- \_\_\_\_\_ **Print:**
  - \_\_\_\_\_ Copy of OSC Log
  - \_\_\_\_\_ Team Task Sheets
  
- \_\_\_\_\_ **Retrieve:**
  - \_\_\_\_\_ Video Tapes
  - \_\_\_\_\_ Completed Procedures
  - \_\_\_\_\_ Notes
  
- \_\_\_\_\_ **Turn off:**
  - \_\_\_\_\_ Copier
  - \_\_\_\_\_ Computers
  - \_\_\_\_\_ PA System
  - \_\_\_\_\_ Video Conferencing System Monitors (not computers)
  - \_\_\_\_\_ Video Monitors
  
- \_\_\_\_\_ **Perform:**
  - \_\_\_\_\_ Supply Cabinet Inventory If Tamper Seal Is Broken (PT/0/B/4600/04) Checklist
  - \_\_\_\_\_ Clean Tables Off
  - \_\_\_\_\_ Put all Trash In Containers
  - \_\_\_\_\_ Erase Status Boards
  - \_\_\_\_\_ Procedure Cabinet Inventory
    - \_\_\_\_\_ RP/0/B/5000/008      2 copies
    - \_\_\_\_\_ RP/0/B/5000/029      2 copies
    - \_\_\_\_\_ RP/0/B/5000/030      2 copies
    - \_\_\_\_\_ RP/0/A/5000/024      1 copy
    - \_\_\_\_\_ HP/0/B/1000/006      2 copies
    - \_\_\_\_\_ HP/0/B/1009/001      2 copies
    - \_\_\_\_\_ HP/0/B/1009/003      2 copies
    - \_\_\_\_\_ HP/0/B/1009/005      2 copies
    - \_\_\_\_\_ HP/0/B/1009/006      2 copies
    - \_\_\_\_\_ HP/0/B/1009/007      2 copies
    - \_\_\_\_\_ HP/0/B/1009/008      2 copies
    - \_\_\_\_\_ HP/0/B/1009/009      4 copies
    - \_\_\_\_\_ HP/0/B/1009/014      2 copies
    - \_\_\_\_\_ HP/0/B/1009/016      2 copies

**Enclosure 4.11**  
**TSC Emergency Planner Checklist**

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**OSC Facility Post Event Checklist**

**Initial**

- \_\_\_\_\_ Replace: RP/0/A/5000/024 - 1 copy each
- \_\_\_\_\_ Equipment Engineer
  - \_\_\_\_\_ Maintenance Manager
  - \_\_\_\_\_ Radiation Protection Manager
  - \_\_\_\_\_ Radiation Protection Supervisor
  - \_\_\_\_\_ DRC Supervisor
  - \_\_\_\_\_ Chemistry Manager
  - \_\_\_\_\_ EH&S Manager
  - \_\_\_\_\_ OSC Coordinator
  - \_\_\_\_\_ OSC Operations Supervisor
  - \_\_\_\_\_ OSC Log/Status Keeper
  - \_\_\_\_\_ NSC Manager
  - \_\_\_\_\_ Procedure Cabinet
- \_\_\_\_\_ Replenish:
- \_\_\_\_\_ Procedures
  - \_\_\_\_\_ Supplies as necessary (Reseal Cabinets)
- \_\_\_\_\_ Call:
- \_\_\_\_\_ Cleaning Crew
  - \_\_\_\_\_ Southern Foods if items need to be picked up
- \_\_\_\_\_ Turn in to Emergency Planning
- \_\_\_\_\_ Logs
  - \_\_\_\_\_ Team Task Sheets
  - \_\_\_\_\_ Completed Procedures
  - \_\_\_\_\_ Notes
  - \_\_\_\_\_ Video Tapes
  - \_\_\_\_\_ Supply Inventory Checklist (PT/0/B/4600/004)

**Enclosure 4.12**  
**TSC Logkeeper Checklist**

RP/0/A/5000/020  
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**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

**NOTE:** The TSC Log is normally displayed on the large screen to the right of the TSC Emergency Coordinator.

- \_\_\_\_\_ Startup TSC Logkeeper Computer.

**NOTE:** Instructions for operating the electronic message board are displayed on the back of the electronic message board remote control.

- \_\_\_\_\_ Verify that current Emergency Classification is displayed on electronic message board.
- \_\_\_\_\_ Perform the following as necessary throughout the event:

**NOTE:** Incorrect log entries are corrected by a new entry in the log.

1. Provide logkeeping of the event for the Emergency Coordinator.
  2. **IF** Autolog becomes inoperable, maintain log manually.
  3. Ensure the electronic event classification status board is maintained with current emergency classification.
  4. Coordinate data displays as requested by the Emergency Coordinator.
  5. Ensure that emergency declaration times stated in the TSC Log are consistent with the emergency declaration times stated on the applicable Emergency Notification Form.
- \_\_\_\_\_ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
  - \_\_\_\_\_ Store the 24 Hour TSC Essential Staffing Lists for the following TSC functions:
    - Command and Special Staff
    - Operations
    - Radiation Protection
    - Engineering
  - \_\_\_\_\_ Provide a printed copy of the final TSC Log to Emergency Planning upon deactivation of the TSC.

## TSC Data Coordinator Checklist

## Initial

- \_\_\_\_\_ Ensure TLD has been obtained.
- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Obtain a copy of the Data Coordinator's Reference Manual located in the OAC Area of the TSC.

- |   |
|---|
| <p><b>NOTE:</b></p> <ol style="list-style-type: none"><li>1. Emergency Response Data System (ERDS) transmission to the NRC is required to be initiated within one hour of declaring an actual Alert or higher Emergency Classification.</li><li>2. The Control Room normally initiates ERDS transmission.</li><li>3. ERDS transmission is simulated for drills/exercises.</li></ol> |
|---|

- \_\_\_\_\_ **IF** classification is Alert or higher, verify ERDS data transmission to the NRC has been established by the Control Room.
- \_\_\_\_\_ **IF** ERDS data transmission has not been established, troubleshoot as necessary and initiate ERDS data transmission per Data Coordinator's Reference Manual.
- \_\_\_\_\_ Perform the following as necessary throughout the event:
  - A. Verify that TSC and OSC electronic equipment is operating properly per the Data Coordinator's Reference Manual.
  - B. Establish contact with EOF Data Coordinator.
  - C. Ensure data is available in the TSC and OSC for use in accident mitigation.
  - D. Manage data gathering and dissemination by:
    - Maintaining IT hardware/software in the TSC and OSC.
    - Ensuring necessary software graphics and displays operate and meet the needs of the TSC and OSC.
    - Providing TSC and OSC hardware/software oversight.
    - Maintain ERDS transmission to the NRC.
- \_\_\_\_\_ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.14**  
**RP Support Checklist**

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**Initial**

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.
- \_\_\_\_\_ Establish an RP Support position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups
- \_\_\_\_\_ Perform the following actions upon arrival at the TSC:
  - A. Open TSC Emergency Kit
  - B. Place portable instruments into service.
  - C. Provide TSC personnel Self Reading Dosimeters (SRDs) as necessary; (e.g., Pocket Dosimeters).
  - D. Provide Dose Cards to TSC personnel, as necessary.
  - E. Monitor TSC dose rates, as necessary.
  - F. Initiate contamination control requirements, as appropriate
  - G. Inform Emergency Coordinator when eating and drinking is permitted in the TSC and OSC.
- \_\_\_\_\_ Set up personnel monitoring equipment based on contamination levels and site conditions; (e.g., TSC Portal Monitor, and frisker, as necessary).
  - A. Initiate personnel monitoring contamination control requirements, as necessary.
  - B. Establish a travel path for personnel entering the TSC, as necessary.
  - C. Establish a travel path for personnel exiting the TSC, as necessary.
  - D. Ensure personnel monitoring equipment is used by personnel in the TSC.
- \_\_\_\_\_ Activate Field Monitoring Team (FMT) organization based on information from dose assessors and potential radiological releases.

**NOTE:**

- 1. Notify RP Supervisor and TSC Dose Assessor of any field teams assigned prior to OSC activation.
- 2. Field teams may be directed by the EOF Field Monitoring Coordinator (FMC) prior to activation of the EOF.

- A. Contact OSC RP Management (RP Supervisor or RP Duty Shift) for FMT support.
- B. Request FMT support based on number of RP personnel available in OSC.
- C. Request FMT support based on current meteorological conditions.
- D. Request additional FMTs per notification by TSC Dose Assessor or EOF Field Monitor Coordinator, as appropriate.



**Enclosure 4.14**  
**RP Support Checklist**

RP/0/A/5000/020  
Page 2 of 5

**Initial**

\_\_\_\_\_ Contact Field Monitor Team members in OSC or Emergency Equipment Storage Room, as appropriate.

- A. Determine personnel assignment to Field Monitor Teams.
- B. Initiate HP/0/B/1009/019, "Emergency Radio System Operation Maintenance, and Communication"

\_\_\_\_\_ Update FMT personnel on plant radiological status.

- A. Update FMT personnel on any previous or current off-site releases; (e.g., plume of radioactive material, liquid or gaseous activity that has been released).
- B. Update FMT personnel on potential off-site release; (e.g., plume of radioactive material, liquid or gaseous activity that may be released).

\_\_\_\_\_ Obtain current meteorological information.

- A. Assess initial plume movement based on meteorological information.

\_\_\_\_\_ Dispatch one or more Field Monitor Teams as follows:

<u>Call Sign</u>	<u>Members</u>	<u>Transportation</u>
Sample Van 1	2	Emergency Van
Sample Van 2	2	Emergency Van
Alpha	2	Land Vehicle
Bravo	2	Land Vehicle (as necessary)
Charlie	2	Land Vehicle (as necessary)
Delta	2	Land Vehicle (as necessary)

\_\_\_\_\_ Dispatch Field Monitor Teams based on stability class, wind direction, wind speed, and time of release, as follows:

- A. Sample Van 1 to left side of the plume.
- B. Sample Van 2 to right side of the plume.
- C. Alpha Survey Team to the 0.5 mile site radius to traverse the plume at its estimated arc.
- D. Bravo Survey Team in an attempt to intersect the leading edge of the plume.
- E. Charlie and Delta Survey Teams to assist in defining any affected areas.

\_\_\_\_\_ Request field team to assess potential offsite radiological conditions; (e.g., dose rates from gaseous or liquid release).

\_\_\_\_\_ Instruct Emergency Sample Vans to obtain environmental samples as necessary per HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of Catawba Nuclear Station".

**Enclosure 4.14**  
**RP Support Checklist**

RP/0/A/5000/020  
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Initial

- NOTE:**
1. Changes in meteorological conditions may affect assembly points.
  2. On site survey teams, inside the protected area, dispatched from OSC (e.g., Foxtrot Team) should report survey results to OSC RP Supervision.
  3. TSC RP Support or EOF Field Monitor Coordinator are to be notified of on site survey results using telephone or radio, as appropriate.

- \_\_\_\_\_ If necessary, assist EOF Field Monitoring Coordinator (FMC) direct field teams.
- \_\_\_\_\_ Monitor radio communication between FMC/Radio Operator and field teams.
- \_\_\_\_\_ Notify RPM and TSC Dose Assessor of plume directional movement as determined by field team surveys.
  - A. Communicate significant meteorological changes to RPM and TSC Dose Assessor.
- \_\_\_\_\_ Monitor dose rates in TSC.
  - A. Initiate discussion with RPM on the need to evacuate TSC if General Area dose rate approaches 5 mrem/hr and dose rate is expected to continue.
  - B. Initiate discussions with RPM regarding need to provide dose extensions for Field Monitoring team members, when appropriate.
- \_\_\_\_\_ Inform RPM and TSC Dose Assessor of any on-site or near site hazards.
  - A. Notify RPM of vehicle accidents.
  - B. Notify RPM of personnel accidents.
  - C. Notify RPM of safety incidents reported by the FMTs
- \_\_\_\_\_ Maintain a 10 mile radius map in the TSC.
  - A. Confirm approximate plume shape and location using accumulated field team information.
  - B. Illustrate approximate plume shape and location on the map using accumulated field data.
  - C. Post current FMT locations.
  - D. Post latest instrument survey results for each field monitoring location.
- \_\_\_\_\_ Assess field-monitoring strategies for plume assessment.
  - A. Review plant radiological status.
  - B. Review field data and meteorological information approximately every fifteen minutes for any changes.
- \_\_\_\_\_ Advise TSC Dose Assessor of field monitoring results.
- \_\_\_\_\_ Issue re-zeroed pocket dosimeters to TSC personnel when necessary.
  - A. Issue dose cards to TSC personnel when necessary.

**Enclosure 4.14**  
**RP Support Checklist**

RP/0/A/5000/020  
Page 4 of 5

Initial

- \_\_\_\_\_ Maintain an organized file of sample results/data generated from FMT activities.
- \_\_\_\_\_ Coordinate radiological monitoring of food items supplied to the TSC with Nuclear Supply Chain and Emergency Planning representatives.
- \_\_\_\_\_ Provide radiological event information to Field Monitor Coordinator (FMC) at EOF, as necessary.

<b>NOTE</b> TSC RP Support becomes functionally responsible to OSC RPM upon EOF activation.
---

- \_\_\_\_\_ Restore RP Emergency Response Kit equipment to a ready state condition after a drill or event is terminated.  
  
Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.
  - \_\_\_\_\_ A. Complete the "Radiation Protection 24 Hour TSC essential Staffing List."
  - \_\_\_\_\_ B. Provide the TSC Logkeeper with the completed staffing list.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

## RP Support Checklist

## Radiation Protection 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
<b>75 MINUTE RESPONDERS - REQUIRED</b>		
Dose Assessors	(1) _____ / _____ (2) _____ / _____	(1) _____ (2) _____
<b>75 MINUTE RESPONDERS - DESIRED</b>		
RP Support	(1) _____ / _____	(1) _____
<b>OTHER ESSENTIAL PERSONNEL</b>		
Other Essential RP Personnel (as needed)	(1) _____ / _____ (2) _____ / _____ (3) _____ / _____ (4) _____ / _____	(1) _____ (2) _____ (3) _____ (4) _____

**Enclosure 4.15**  
**Security Manager Checklist**

RP/0/A/5000/020  
Page 1 of 2

Initial

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
- \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- \_\_\_\_\_ Sign TSC roster located at the TSC sign-in board.
- \_\_\_\_\_ Obtain self reading dosimeter and complete applicable portion of a dose card using RWP #33.

<b>NOTE:</b> Security has the lead role for locating unaccounted personnel identified during a Site Assembly.
---

- \_\_\_\_\_ Provide OSC Radiation Protection Manager with the names and location of Security personnel not located at a designated site assembly.
- \_\_\_\_\_ Establish a Security Manager position log that captures as a minimum:
  - A. Evolutions impacting this position
  - B. Decisions made by this position
  - C. Communication to/from other work groups

<b>NOTE:</b> A job aid (TSC Update Briefing - Security) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.
---

- \_\_\_\_\_ Provide the status of Security operations to the Emergency Coordinator and staff during TSC update briefings.
- \_\_\_\_\_ Provide site assembly status information to the Emergency Coordinator as soon as it is determined.
  - A. Number of unaccounted personnel inside the protected area
  - B. Evaluate the number of unaccounted personnel to determine if making an announcement by name for these personnel to re-swipe their badge in a site assembly card reader is feasible
  - C. Approximate number of personnel assembled inside and outside the protected area
- \_\_\_\_\_ Notify the Emergency Coordinator when site assembly is completed.
- \_\_\_\_\_ Serve as Security point of contact for:
  - A. Site Assembly Accountability
  - B. Site Evacuation
  - C. MERT Support
  - D. Security Plan Implementation

**Enclosure 4.15**  
**Security Manager Checklist**

RP/0/A/5000/020  
Page 2 of 2

\_\_\_\_\_ Coordinate evacuation with Evacuation Coordinator and Emergency Planner.

- A. Provide Emergency Coordinator with approximate number of site evacuees.
- B. Ensure RP is preparing for appropriate evacuation site.
- C. Inform the Emergency Coordinator when site evacuation has been completed.

\_\_\_\_\_ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.16**  
**Assistant Emergency Coordinator Checklist**

RP/0/A/5000/020  
Page 1 of 1

Initial

- \_\_\_\_\_ Print name and time arrived on TSC sign-in board.
  - \_\_\_\_\_ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
  - \_\_\_\_\_ Sign TSC roster located in the TSC sign-in board area.
  - \_\_\_\_\_ Obtain self reading dosimeter and complete applicable portion of a dose card using RWP #33.
  - \_\_\_\_\_ Establish an Assistant Emergency Coordinator position log that captures as a minimum:
    - A. Evolutions impacting this position
    - B. Decisions made by this position
    - C. Communication to/from other work groups
  - \_\_\_\_\_ Obtain several copies of "Emergency Coordinator Update Form" for use as the event progresses.
  - \_\_\_\_\_ Review Enclosure 4.1, "Emergency Coordinator Checklist" and "Emergency Coordinator Responsibilities."
  - \_\_\_\_\_ Perform the following as necessary throughout the event:
    - A. Assist the Emergency Coordinator in activation of the Technical Support Center
    - B. Assist the TSC Off-Site Agency Communicator prepare Emergency Notification Forms.
- NOTE:** Job aids are available in this position's notebook to provide thoroughness and consistency in the preparation and delivery of updates to the site and emergency response facilities (TSC/OSC/EOF):

  - Emergency Coordinator Site Update
  - TSC/OSC/EOF Update Briefing
- C. Prepare routine updates to the site and emergency response facilities for the Emergency Coordinator.
  - D. Fax a copy of each completed "TSC/OSC/EOF Update Briefing" form to the EOF Director.
  - E. Assist the Emergency Coordinator in turnover to the EOF
    - Complete the "EOF Director Turnover Form" from Enclosure 4.1.
    - Review the completed "EOF Director Turnover Form" with the Emergency Coordinator.
    - Fax the "EOF Director Turnover Form" to the EOF for use by the EOF Director during turnover.
  - F. Act as a receiver of information when the Emergency Coordinator is unavailable and relay the information to the Emergency Coordinator in a timely manner.
  - G. Proactively seek information when the Emergency Coordinator is in a reactive mode.
  - H. Make face-to-face confirmation of information provided when the Emergency Coordinator is unavailable.
  - I. Serve as the Emergency Coordinator when needed.
  - J. Assist in making decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

**Enclosure 4.17**  
**TSC Operational Checklist**

RP/0/A/5000/020  
Page 1 of 2

**Initial**

\_\_\_\_\_ Verify that personnel qualified to perform the following functions are present in the TSC. These personnel are required to be present within 45 minutes of the Emergency Declaration.

\_\_\_\_\_ TSC Dose Assessor

\_\_\_\_\_ Time arrived in TSC

**NOTE:** NRC Communicator position is filled by shift personnel. This position is initially located in the Control Room and transfers to the TSC upon TSC activation.

\_\_\_\_\_ Verify that personnel qualified to perform the following functions are present in the TSC. These personnel are required to be present within 75 minutes of the Emergency Declaration.

\_\_\_\_\_ Emergency Coordinator

\_\_\_\_\_ Time arrived in TSC

\_\_\_\_\_ TSC Off-Site Agency Communicator (2)

\_\_\_\_\_ Time arrived in TSC

\_\_\_\_\_ Time arrived in TSC

\_\_\_\_\_ Reactor Engineer (Core/Thermal Hydraulics)

\_\_\_\_\_ Time arrived in TSC

\_\_\_\_\_ Announce the following using the TSC/OSC Public Address:

- A. **"Anyone who has consumed alcohol within the past five (5) hours, notify either the Emergency Coordinator or the OSC Coordinator."**
- B. **"All personnel in the TSC and OSC must have on a TLD and a self-reading dosimeter. Assume areas are contaminated until surveyed by RP."**
- C. **"No eating or drinking until the TSC and OSC are cleared by RP."**

\_\_\_\_\_ **IF** less than 30 minutes have elapsed since a site assembly was initiated, make the following announcement using the plant PA System:

**"A site assembly is in progress. If you have not swiped your identification badge at a site assembly point card reader, swipe the card at this time."**



**Enclosure 4.17**  
**TSC Operational Checklist**

RP/0/A/5000/020  
Page 2 of 2

Initial

- \_\_\_\_\_ Contact Corporate Security at 382-1234 to ensure that they have been notified to unlock the EOF.
- \_\_\_\_\_ Verify the Engineering Manager has determined the operability of the TSC Ventilation (pressurization and filter) System.
- \_\_\_\_\_ **IF** TSC Ventilation System is inoperable, notify the Emergency Coordinator of the following available information:
- A. Reason for inoperability \_\_\_\_\_
- \_\_\_\_\_
- B. Expected time duration for return service \_\_\_\_\_
- C. Radiological hazard to TSC personnel \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ Verify the TSC Off-Site Agency Communicator is prepared to take over communications with state and local agencies:
- A. Emergency Notification Forms are available.
- B. Selective Signaling phone or outside lines are functional.
- \_\_\_\_\_ TSC Operational Checklist complete at \_\_\_\_\_
- (Time)

**Enclosure 4.18**  
**Commitments for RP/0/A/5000/020**

RP/0/A/5000/020  
Page 1 of 1

{1} PIP 2-C96-0273



**Duke Power**

Catawba Nuclear Station  
4800 Concord Road  
York, SC 29745  
(803) 831-3000

March 27, 2002

To: CNS EPIP Manual Holders:

Please delete the following procedure from your Catawba Nuclear Station Emergency Plan Implementing Procedures Manual:

OP/0/A/6200/021, Post Accident Liquid Sampling System II+

The NRC issued Amendments No. 193 (Facility Operating License NPF-35) and No. 185 (Facility Operating License NPF-52). The amendments delete TS section 5.5.4 "Post Accident Sampling," for Catawba Nuclear Station, Units 1 and 2, and thereby eliminate the requirements to have and maintain the post-accident sampling systems (PASS-Palss/Pacs).

With the elimination of the PASS system, OP/0/A/6200/021 is no longer needed and is being deleted.

---

E. T. Beadle  
Emergency Planning Manager

(R04-01)

Duke Power Company  
**PROCEDURE PROCESS RECORD  
 FOR STANDARD PROCEDURES**

(1) ID No.: SR/0/B/2000/003  
 Revision No.: 009

**PREPARATION**(2) Procedure Title Activation of the Emergency Operations Facility(3) Prepared By B. R. L. L.Date 3/12/02

(4)	Applicable To:	<input type="checkbox"/> ONS	<input checked="" type="checkbox"/> MNS	<input checked="" type="checkbox"/> CNS
(5)	Technical Advisor			
(6)	Requires NSD 228 Applicability Determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		YES = New procedure or reissue with major changes NO = Reissue with minor changes OR to incorporate previously approved changes		
(7)	Review (QR)	By _____ Date _____	By <u>Alan L. Brewer</u> Date <u>3/18/02</u>	By <u>GMM L. Mitchell</u> Date <u>3-13-02</u>
	Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By <u>ALB</u> Date <u>3/18/02</u>	By <u>NAGLM</u> Date <u>3-13-02</u>
	Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By <u>ALB</u> Date <u>3/18/02</u>	By <u>GLM</u> Date <u>3-13-02</u>
	Mgmt. Involvement Review (Ops. Supt.)	By _____ NA _____ Date _____	By <u>ALB</u> Date <u>3/18/02</u>	By <u>GLM</u> Date <u>3-13-02</u>
(8)	Additional Reviews	By _____ (QA) Date _____  By _____ Date _____	By _____ (QA) Date _____  By _____ Date _____	By _____ (QA) Date _____  By _____ Date _____
(9)	Approved	By _____ Date _____	By <u>R. L. Murray</u> Date <u>3-19-02</u>	By <u>R. L. Sweigart</u> by <u>E. J. Beadle</u> Date <u>3/13/02</u>
(10)	Use Level			

**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(11) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(12) Date(s) Performed \_\_\_\_\_  
 Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

## (13) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists or blanks properly 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 and properly dated, identified, and marked?  
☐ Yes ☐ NA Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(14) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(15) Remarks (attach additional pages, if necessary)

**Duke Power Company  
McGuire Nuclear Station**

**Activation of the Emergency Operations Facility**

**Reference Use**

Procedure No.

SR/**0**/B/2000/003

Revision No.

009

Electronic Reference No.

MC007003

## Activation of the Emergency Operations Facility

### 1. Symptoms

Conditions exist where events are in progress or have occurred which resulted in the activation of the Emergency Operations Facility (EOF) Emergency Response Organization (ERO).

### 2. Immediate Actions

- 2.1 Upon notification to activate, ERO personnel assigned to the EOF shall report to that facility.

### 3. Subsequent Actions

**NOTE:** This procedure is not intended to be followed in a step-by-step sequence. Sections of the procedure are to be implemented, as the applicable action becomes necessary.

- 3.1 The EOF must be operational using 75 minutes as a goal for the minimum staff to be in place following declaration of an Alert or higher classification.
- 3.2 Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the off-site agencies.
- 3.3 Each represented group is responsible for ensuring their appropriate checklist is completed.
- 3.4 **IF** additional positions are needed to support the emergency, or for 24 coverage, **THEN** the following are available for telephone numbers.

- Catawba

Home phone numbers are located in the Catawba Nuclear site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

**NOTE:** To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

- 3.5 The following SDS Group Displays have been established for emergency response use. To access these group displays, type GD (space)"Group Display Name" in the white box at the upper right portion of the screen.

<b>Catawba Specific</b>	
<u>Group Display Name</u>	<u>Group Display Description</u>
ERDS1	ERDS Group 1
ERDS2	ERDS Group 2
EROCONT	Selected values associated with containment.
EROCORE1	Incore temperature values
EROCORE2	Additional incore temperature values
EROCORE3	Additional incore temperature values
EROINJCT	Selected letdown/charging values
EROPLEAK	Selected primary to containment leakage values
EROSLEAK	Selected primary to secondary leakage values
EROPRIM	Selected primary system values
ERORD5	Selected Raddose V Assessment Points
ERORXG	Selected Value for Reactor Engineer
EROSAMG	Selected SAMG Values
EROSSECND	Selected secondary system values

<b>McGuire Specific</b>	
<u>Group Display Name</u>	<u>Group Display Description</u>
ERO-1	Selected plant parameters
EROCONT	Emergency Response Containment
EROCORE	Emergency Response Incore
EROINJCT	Emergency Response Injection
EROPRIM	Emergency Response Primary
ERORD5	Selected Raddose V Assessment Points
EROSSECND	Emergency Response Secondary. {PIP-M-99-2593, M-00-1107}.

- 3.6 To resolve equipment problems, contact the following:

- Computer problems - EOF Data Coordinator
- Other equipment problems - EOF Services Manager

### 3.7 Definitions

3.7.1 The following definitions are applicable to the Emergency Notification Form, Line 8: {1}

- **IMPROVING** - Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **STABLE** - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed.
- **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 off-site Protective Action Recommendations

3.7.2 The following definitions are applicable to the Emergency Notification Form, Line 10:

- **EMERGENCY RELEASE** - Any unplanned and quantifiable discharge to the environment of radioactive effluent **ATTRIBUTABLE TO A DECLARED EMERGENCY EVENT**. A release is considered to be in progress if any one or more of the following occurs:
- Reactor Building EMF monitors reading indicates an increase in activity (Catawba and McGuire 38, 39 or 40).

**OR**

Containment High Range EMF monitors reading greater than 1.5 R/hr.  
(Catawba 53A or 53B) (McGuire 51A or 51B)

**AND**

Pressure inside the containment building is greater than Tech. Specs.  
(Catawba and McGuire 0.3 psig)

**OR**

An actual containment breach is determined.

- Increase in activity monitored by Unit Vent EMF (Catawba and McGuire 35, 36, or 37).
- Steam generator tube leak monitored by EMF (Catawba and McGuire 33)
- Field Monitoring Team results.
- Knowledge of the event and its impact on system operation and resultant release pathways.

3.7.3 **ACTIVATED** - The Emergency Operations Facility has accepted turnover and has direction and control of assigned emergency response functions.



- 3.7.4 OPERATIONAL - The Emergency Response Facility (e.g. Technical Support Center Operations Support Center, Emergency Operations Facility) is staffed and ready to perform assigned emergency response functions.

#### **4. Enclosures**

- 4.1 EOF Director/Assistant EOF Director Checklist
- 4.2 Catawba Protective Actions
- 4.3 McGuire Protective Action
- 4.4 Emergency Classification Downgrade/Termination
- 4.5 Radiological Assessment Manager Checklist
- 4.6 EOF Dose Assessor Checklist
- 4.7 Field Monitoring Coordinator Checklist
- 4.8 Radio Operator Checklist
- 4.9 EOF Off-Site Agency Communicator Checklist
- 4.10 Access Control Director Checklist
- 4.11 Accident Assessment Manager Checklist
- 4.12 Accident Assessment Interface Checklist
- 4.13 Operations Interface Checklist
- 4.14 Administrative Support Checklist
- 4.15 Reactor Physics Checklist
- 4.16 EOF Emergency Planner Checklist
- 4.17 EOF Log Recorder/Status Keeper Checklist
- 4.18 EOF Data Coordinator Checklist
- 4.19 EOF Services Manager Checklist
- 4.20 Meteorologist Checklist
- 4.21 Fitness for Duty Questionnaire
- 4.22 Commitments for SR/0/B/2000/003

INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

\_\_\_\_\_ Put on position badge.

\_\_\_\_\_ Sign in on the EOF staffing board.

**NOTE:** The EOF Log Recorder will maintain the official log for the EOF Director/Assistant EOF Director. The EOF Director/Assistant EOF Director may maintain an additional log if desired.

\_\_\_\_\_ Establish a log of activities.

\_\_\_\_\_ Establish communications with the Emergency Coordinator or Assistant Emergency Coordinator in the affected site's TSC as follows:

- Video conference

**OR**

- Use the affected site's EOF Director to Emergency Coordinator Ringdown phone

**OR**

- Catawba TSC, dial 8-831-5870

**OR**

- McGuire TSC, dial 8-875-4950

\_\_\_\_\_ Verify the following EOF positions, as a minimum, are filled, have checked out their assigned equipment/procedures and are prepared to assume their EOF duties prior to declaring the EOF operational:

- \_\_\_\_\_ EOF Director
- \_\_\_\_\_ Accident Assessment Manager
- \_\_\_\_\_ Radiological Assessment Manager
- \_\_\_\_\_ Access Control Director
- \_\_\_\_\_ Off-Site Agency Communicator
- \_\_\_\_\_ Off-Site Agency Communicator

**NOTE:** For all drills, messages should be preceded with "This is a drill. This is a drill."

\_\_\_\_ Announce over the EOF public address system the following:

"Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours, notify either the EOF Director, Assistant EOF Director, or the appropriate lead in each functional area."

\_\_\_\_ Declare the EOF operational. EOF operational time: \_\_\_\_\_.

**NOTE:** For all drills, messages should be preceded with "This is a drill. This is a drill"

\_\_\_\_ Announce the following over the EOF public address system:

"Attention all EOF personnel. This is \_\_\_\_\_ and as of \_\_\_\_\_ hours,  
(EOF Director's Name)  
the EOF is operational."

\_\_\_\_ Inform the Emergency Coordinator or Assistant Emergency Coordinator that the EOF is:

- Operational
- Gathering plant status information
- Ready to receive turnover at the Emergency Coordinator's convenience.

\_\_\_\_ Read the definitions for the following terms contained in Steps 3.7.1 and 3.7.2 in the body of this procedure:

- Stable
- Degrading
- Improving
- Emergency Release

**NOTE:** The following step may be accomplished by conducting a Time Out or by verifying the level of readiness with the individuals in the positions.

\_\_\_\_ Verify the following positions, at a minimum, are ready to activate (i.e. have received the necessary information from their TSC counterpart, etc.) and are positioned to perform the next off site agency communication via the Emergency Notification Form (ENF).

- \_\_\_\_ Accident Assessment Manager
- \_\_\_\_ Radiological Assessment Manager
- \_\_\_\_ Lead Off-Site Agency Communicator

**NOTE:** The Emergency Coordinator or Assistant Emergency Coordinator faxes copy of EOF Director Turnover Form to EOF. A copy of the "EOF Director Turnover Form" is provided on page 8 of this enclosure for use if needed.

**NOTE:** If a classification change is recognized during turnover the turnover should not be completed until after the activated facility (TSC) declares and transmits the notification to the offsite agencies.

\_\_\_\_\_ Receive turnover from Emergency Coordinator or Assistant Emergency Coordinator utilizing the "EOF Director Turnover Form."

\_\_\_\_\_ Begin preparing, or delegate to the Assistant EOF Director, for briefing Offsite Agencies using the job aide on page 9 of 9. {8}

**NOTE:** The EOF Director is responsible for determining Emergency Classifications, approving Protective Action Recommendations, and approving Off-Site Agency Emergency Notification Forms after the EOF is activated. These responsibilities remain with the EOF Director and shall not be delegated.

\_\_\_\_\_ Inform the Emergency Coordinator that the EOF is ready to activate.

**NOTE:** For all drills, messages should be preceded with "This is a drill. This is a drill."

\_\_\_\_\_ Announce over the EOF public address system the following:

"Attention all EOF personnel. The EOF was activated at \_\_\_\_\_ hours. This is \_\_\_\_\_. I am the EOF Director and have taken responsibility for emergency management from the Emergency Coordinator in the Technical Support Center. The current emergency classification is \_\_\_\_\_. The following is a summary of the plant status....."

Additional information will be provided to you as conditions change. The next off-site agency notification shall be transmitted by \_\_\_\_\_ hours. The EOF staff shall prepare for a time-out and a roundtable discussion at \_\_\_\_\_ hours."

\_\_\_\_\_ Discuss current emergency classification with the EOF staff and verify that it meets the criteria of:

- Catawba RP/0/A/5000/001

**OR**

- McGuire RP/0/A/5700/000

\_\_\_\_\_ Upon declaration of a Site Area Emergency, consult with the Accident Assessment Manager and the Radiological Assessment Manager to determine potential zones for protective action recommendations should the event progress to a General Emergency.

\_\_\_\_ Upon declaration of a General Emergency, the EOF Director shall IMMEDIATELY (within 15 minutes) recommend Protective Actions to off-site authorities via the Emergency Notification Form (ENF) using:

- Catawba Enclosure 4.2, Page 1
- McGuire Enclosure 4.3

**NOTE:** If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

\_\_\_\_ Evaluate specific plant conditions, off-site dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in the previous notification.

- Catawba Enclosure 4.2, page 2
- McGuire Enclosure 4.3

\_\_\_\_ Review dose projections with Radiological Assessment manager to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.

\_\_\_\_ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request they consider sheltering/evacuation of the general population located beyond the affected 10 mile EPZ.

\_\_\_\_ Discuss, or delegate to the Assistant EOF Director the responsibility to discuss, plant status with the County Directors of Emergency Preparedness (CDEP), the State Liaisons or the State Directors of Emergency Preparedness (SDEP) as necessary/requested using one of the following methods:

- The EOF State Liaisons will communicate information from the EOF Director to County/State representatives using the Decision Line.

**NOTE:** If using the EOF/Assistant EOF Director telephone individual State and/or County numbers can be obtained from the appropriate sites Emergency Telephone Directory.

- Use the Decision Lines or the EOF/Assistant EOF Director telephone to contact the appropriate states/counties. Obtain the Decision Line Dial Codes or phone numbers from the appropriate Emergency Telephone Directory. {7}

**Catawba Site Specific**

\_\_\_\_ York CDEP \_\_\_\_\_

\_\_\_\_ Mecklenburg CDEP \_\_\_\_\_

\_\_\_\_ Gaston CDEP \_\_\_\_\_

\_\_\_\_ NC SDEP \_\_\_\_\_

\_\_\_\_ SC SDEP \_\_\_\_\_

**McGuire Site Specific**

\_\_\_\_\_ Mecklenburg CDEP \_\_\_\_\_  
\_\_\_\_\_ Gaston CDEP \_\_\_\_\_  
\_\_\_\_\_ Lincoln CDEP \_\_\_\_\_  
\_\_\_\_\_ Iredell CDEP \_\_\_\_\_  
\_\_\_\_\_ Catawba CDEP \_\_\_\_\_  
\_\_\_\_\_ Cabarrus CDEP \_\_\_\_\_  
\_\_\_\_\_ NC SDEP \_\_\_\_\_

\_\_\_\_\_ **IF** Duke Power has provided Protective Action Recommendations to the States and Counties,  
**THEN** request SDEPs and CDEPs to inform the EOF Director of the decisions for actual Protective  
Actions for the plume exposure pathway populations. Record SDEPs and CDEPs protective action  
decisions below:

Zones Evacuated: \_\_\_\_\_

Zones Sheltered: \_\_\_\_\_

Information Received from: \_\_\_\_\_

\_\_\_\_\_ Inform Emergency Coordinator or Assistant Emergency Coordinator of SDEPs and CDEPs  
protective action decisions and other off-site conditions.

\_\_\_\_\_ Perform the following steps as needed throughout the event:

- Conduct a time-out and hold a roundtable discussion approximately every 30 minutes with the  
EOF staff to discuss:
  - Emergency Classification
  - Protective Action Recommendations
  - Emergency Notification Form status
  - Off-site dose projections
  - Mitigation strategies
  - Termination criteria as defined in Enclosure 4.4
- Announce to the EOF the emergency classification, plant status, and priorities via the EOF public  
address system following EOF time-outs.
- The Emergency Coordinator or Assistant Emergency Coordinator updates may be broadcast on  
the EOF public address system.

- Advise Emergency Coordinator or Assistant Emergency Coordinator of the following:
    - All aspects of the emergency situation, including alternate strategies outside of procedures as plant conditions dictate.
    - Emergency Classification changes
    - Protective Action Recommendations changes
    - Mitigation strategies
    - Contingency plans
  - Ensure that 10CFR50.54(x) actions are approved prior to performing the action. (Reasonable actions that depart from a license condition or technical specification may be performed in an emergency, per 10CFR50.54(x), when this action is immediately needed to protect the health and safety of the public and no action consistent with the license condition or technical specification that can provide adequate or equivalent protection is immediately apparent. Deviation from an Emergency Procedure constitutes a 10CFR50.54(x) action. Actions taken per 10CFR50.54(x) shall be:
    - Approved, as a minimum, by a Licensed Senior Reactor Operator prior to taking such action, and
    - Documented in the Reactor Operators Logbook, and
    - Documented in the TSC Logbook, and
    - Reported to the NRC within one hour using:
      - RP/0/B/5000/013, "NRC Notification Requirements" {3}
      - RP/0/A/5700/010, "NRC Immediate Notification Requirements"
  - Authorize emergency worker extensions if the radiation exposure doses are expected to exceed the blanket dose extension limits authorized by the Radiation Protection Manager using:
    - Catawba RP/0/A/5000/018
    - McGuire System Radiation Protection Manual Section VI-6
  - Approve personnel with training deficiencies prior to their participation as an EOF staff member. This approval shall be documented in the EOF Log.
  - Assist Emergency Coordinator or Assistant Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines.
  - Turn over EOF Director duties to the Assistant EOF Director prior to leaving the EOF Director's Area.
- \_\_\_\_ Verify that the EOF Emergency Planner completes the "EOF 24-Hour Staffing Log" located in Enclosure 4.16.
- \_\_\_\_ Assist the TSC Emergency Coordinator or Assistant TSC Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG) {PIP-0-M-99-2593}.

**NOTE:** The Off-Site Recovery Organization will stay at the EOF and work with the counties and states if radiological conditions exist beyond the site boundary. The On-Site Recovery Organization will be established by the Emergency Coordinator.

\_\_\_\_\_ Establish Recovery Organization if needed using:

- Catawba RP/0/A/5000/025
- McGuire RP/0/A/5700/024

\_\_\_\_\_ Conduct a critique following termination of a drill or actual event.

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning following termination of a drill or actual event.

Close out the emergency event in accordance with the applicable procedure:

\_\_\_\_\_ Notification of Unusual Event  
Catawba - RP/0/A/5000/002  
McGuire - RP/0/A/5700/001

\_\_\_\_\_ Alert  
Catawba - RP/0/A/5000/003  
McGuire - RP/0/A/5700/002

\_\_\_\_\_ Site Area Emergency  
Catawba - RP/0/A/5000/004  
McGuire - RP/0/A/5700/003

\_\_\_\_\_ General Emergency  
Catawba - RP/0/A/5000/005  
McGuire - RP/0/A/5700/004



## Enclosure 4.1

SR/0/B/2000/003

## EOF Director/Assistant EOF Director Checklist

Page 8 of 9

(S) AFFECTED: CATAWBA U1 \_\_\_\_\_ U2 \_\_\_\_\_ MCGUIRE U1 \_\_\_\_\_ U2 \_\_\_\_\_

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 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 _____ _____ _____ _____				

## Job Aid {8}

		AVAILABLE	NOT AVAILABLE	COMMENTS
S/G HEAT REMOVAL	AFW TRAIN A	_____	_____	
	AFW TRAIN B	_____	_____	
	TD AFW TRAIN	_____	_____	
ECCS	NV TRAIN A	_____	_____	COMMENTS
	NV TRAIN B	_____	_____	
	NI TRAIN A	_____	_____	
	NI TRAIN B	_____	_____	
	ND TRAIN A	_____	_____	
	ND TRAIN B	_____	_____	
	STAND BY MU WATER PMP	_____	_____	
COOLING WATER	KC TRAIN A	_____	_____	COMMENTS
	KC TRAIN B	_____	_____	
	RN TRAIN A	_____	_____	
	RN TRAIN B	_____	_____	
POWER SYSTEMS	BUSLINE A	_____	_____	COMMENTS
	BUSLINE B	_____	_____	
	DG A	_____	_____	
	DG B	_____	_____	
	SATA	_____	_____	
	SATB	_____	_____	
	TRAIN A DC POWER	_____	_____	
	TRAIN B DC POWER	_____	_____	
	SSF DG	_____	_____	
CONTAINMENT	CONT. SPRAY TRAIN A	_____	_____	COMMENTS
	CONT. SPRAY TRAIN B	_____	_____	
	H <sup>2</sup> IGNITERS TRAIN A	_____	_____	
	H <sup>2</sup> IGNITERS TRAIN B	_____	_____	
	CONT. AIR RETURN FANS TRAIN A	_____	_____	
	CONT. AIR RETURN FANS TRAIN B	_____	_____	
	CONT. ISOL. TRAIN A	ACTUATED _____	ISOL.COMPL. _____	
	CONT. ISOL. TRAIN B	_____	_____	

Note: This form is not required for TSC/EOF Turnover. It is made available as a job aid only and can be used for other activities (e.g. Briefing the NRC).

**Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR)** to be entered on Line 15 of the Emergency Notification Form using one of the following tables:

**WIND SPEED LESS THAN OR EQUAL TO 5 MPH**

Evacuate zones: A0, A1, B1, C1, D1, E1, F1

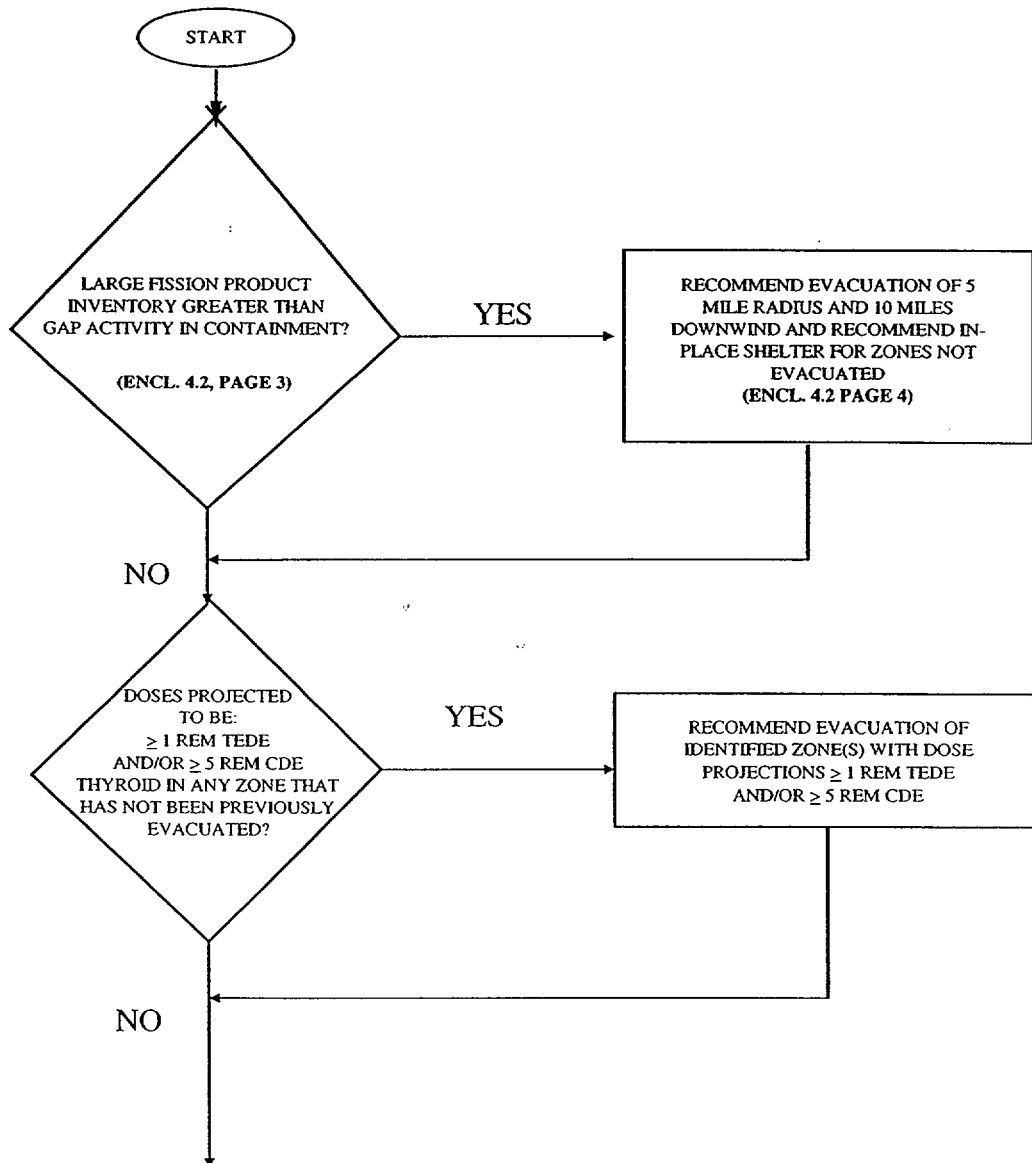
**AND**

Shelter In-Place zones: A2, A3, B2, C2, D2, E2, F2, F3

**WIND SPEED GREATER THAN 5 MPH**

Wind Direction (Degrees from North)	2 Mile Radius - 5 miles Downwind	Remainder of EPZ
	<i>EVACUATE</i>	<i>SHELTER IN-PLACE</i>
348.75 -11.25	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3
11.26 -33.75	A0, C1, D1	A1, A2, A3, B1, B2, C2, D2, E1, E2, F1, F2, F3
33.76 -56.25	A0, C1, D1, E1	A1, A2, A3, B1, B2, C2, D2, E2, F1, F2, F3
56.26 -78.75	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
78.76 -101.25	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
101.26 -123.75	A0, D1, E1, F1	A1, A2, A3, B1, B2, C1, C2, D2, E2, F2, F3
123.76 -146.25	A0, E1, F1	A1, A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
146.26 -168.75	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
168.76 -191.25	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
191.26 -213.75	A0, A1, B1, E1, F1	A2, A3, B2, C1, C2, D1, D2, E2, F2, F3
213.76 -236.25	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
236.26 -258.75	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
258.76 -281.25	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
281.26 -303.75	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
303.76 -326.25	A0, B1, C1	A1, A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
326.26 -348.74	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3

Guidance for Protective Actions  
Protective Action Recommendation Flowchart



CONTINUE ASSESSMENT OF LARGE FISSION PRODUCT INVENTORY IN CONTAINMENT, DOSE PROJECTION CALCULATIONS, WIND SPEED AND WIND DIRECTION TO DETERMINE IF ADDITIONAL ZONES SHOULD BE RECOMMENDED FOR EVACUATION.

NOTE:

CHANGES IN WIND SPEED AND/OR WIND DIRECTION MAY REQUIRE THAT ADDITIONAL ZONES BE RECOMMENDED FOR EVACUATION. THESE ADDITIONAL RECOMMENDATIONS ARE BASED ON THE FOLLOWING:

- IF WIND SPEED IS LESS THAN OR EQUAL TO 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT THEN RECOMMEND EVACUATION OF ZONES A0, A1, B1, C1, D1, E1, AND F1 IF NOT PREVIOUSLY RECOMMENDED FOR EVACUATION
- IF WIND SPEED IS GREATER 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT THEN USE ENCLOSURE 4.2 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED
- IF LARGE FISSION PRODUCT INVENTORY IS GREATER THAN GAP ACTIVITY IN CONTAINMENT THEN USE ENCLOSURE 4.2 PAGE 4 OF 4 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED

**Enclosure 4.2**  
**Catawba Protective Actions**

SR/0/B/2000/003  
Page 3 of 4

**Guidance for Protective Actions**

**Guidance for Determination of Gap Activity**

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

TIME AFTER SHUTDOWN (HOURS)	HIGH RANGE CONTAINMENT MONITOR READING - EMF 53A and/or EMF 53B  <i>100 % GAP Activity Release</i>
0	2,340 R/Hr
0 – 2	864 R/Hr
2 – 4	624 R/Hr
4 – 8	450 R/Hr
>8	265 R/Hr

**Enclosure 4.2**  
**Catawba Protective Actions**

SR/0/B/2000/003  
Page 4 of 4

**Protective Action Zones Determination Table**  
(This Table Used For Large Fission Product Inventory Greater Than Gap Activity In Containment Only)  
Use this table to determine the recommended zones for evacuation within the  
**5 mile radius and 10 miles downwind for any windspeed.**

<b>PROTECTIVE ACTION ZONES DETERMINATION TABLE</b>		
<b>Wind Direction (Degrees from North)</b>	<b>5 Mile Radius - 10 miles Downwind</b>	<b>Remainder of EPZ</b>
	<i><b>EVACUATE</b></i>	<i><b>IN-PLACE SHELTER</b></i>
348.75 -11.25	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3
11.26 -33.75	A0, A1, B1, C1, C2, D1, D2, E1, F1	A2, A3, B2, E2, F2, F3
33.76 -56.25	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1	A2, A3, B2, F2, F3,
56.26 -78.75	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1, F2	A2, A3, B2, F3
78.76 -101.25	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2	A2, A3, B2, C2, F3,
101.26 -123.75	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2, F3	A2, A3, B2, C2
123.76 -146.25	A0, A1, B1, C1, D1, E1, E2, F1, F2, F3	A2, A3, B2, C2, D2
146.26 -168.75	A0, A1, A2, B1, C1, D1, E1, E2, F1, F2, F3	A3, B2, C2, E2
168.76 -191.25	A0, A1, A2, B1, C1, D1, E1, F1, F2, F3	A3, B2, C2, D2, E2
191.26 -213.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
213.76 -236.25	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
236.26 -258.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3	C2, D2, E2, F2
258.76 -281.25	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
281.26 -303.75	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
303.76 -326.25	A0, A1, A3, B1, B2, C1, C2, D1, E1, F1	A2, D2, E2, F2, F3
326.26 -348.74	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3

**Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR)**  
within 15 minutes to be entered on line 15 of the Emergency Notification Form (ENF) using  
the following information as appropriate.

**NOTE:**{5}1. If necessary, obtain needed data from one of the following sources in order of sequence:

A. DPC Meteorological Lab (8-594-0341).

B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).

C. Catawba Nuclear Station Control Room (8-831-5345).

**IF** containment radiation levels exceed the levels on Enclosure 4.3, page 2 of 3, **THEN:**

Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the table on Enclosure 4.3, page 2 of 3, using wind direction.

**AND**

Shelter remaining zones as shown in the table on Enclosure 4.3, page 2 of 3, using wind direction.

**OR**

**IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.3, page 2 of 3, **THEN:**

**IF** wind speed is less than or equal to 5 MPH, **THEN:**

Evacuate zones L, B, M, C, N, A, D, O, R

**AND**

Shelter zones E, F, G, H, I, J, K, P, Q, S

**OR**

**IF** wind speed is greater than 5 MPH, **THEN:**

Evacuate the 2-mile radius **AND** 5 miles downwind as shown in the table on Enclosure 4.3, page 3 of 3, using wind direction.

**AND**

Shelter remaining zones as shown on Enclosure 4.3, page 3 of 3, using wind direction.

**Enclosure 4.3**  
**McGuire Protective Actions**

SR/0/B/2000/003  
Page 2 of 3

**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, **THEN** call up the following computer points based on need:

Unit 1 OAC

Unit 2 OAC

M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

<u>Time After Shutdown (Hours)</u>	<u>Containment Monitor Reading (R/HR) EMF51A or 51B (100% Gap Activity Release)</u>
0	2,340
0-2	864
2-4	624
4-8	450
>8	265

**PROTECTIVE ACTION ZONES DETERMINATION**

<b>For Containment Radiation Levels Exceeding GAP Activity</b>		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction{5}	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,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,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,J	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



**Enclosure 4.3**  
**McGuire Protective Actions**

SR/0/B/2000/003  
Page 3 of 3

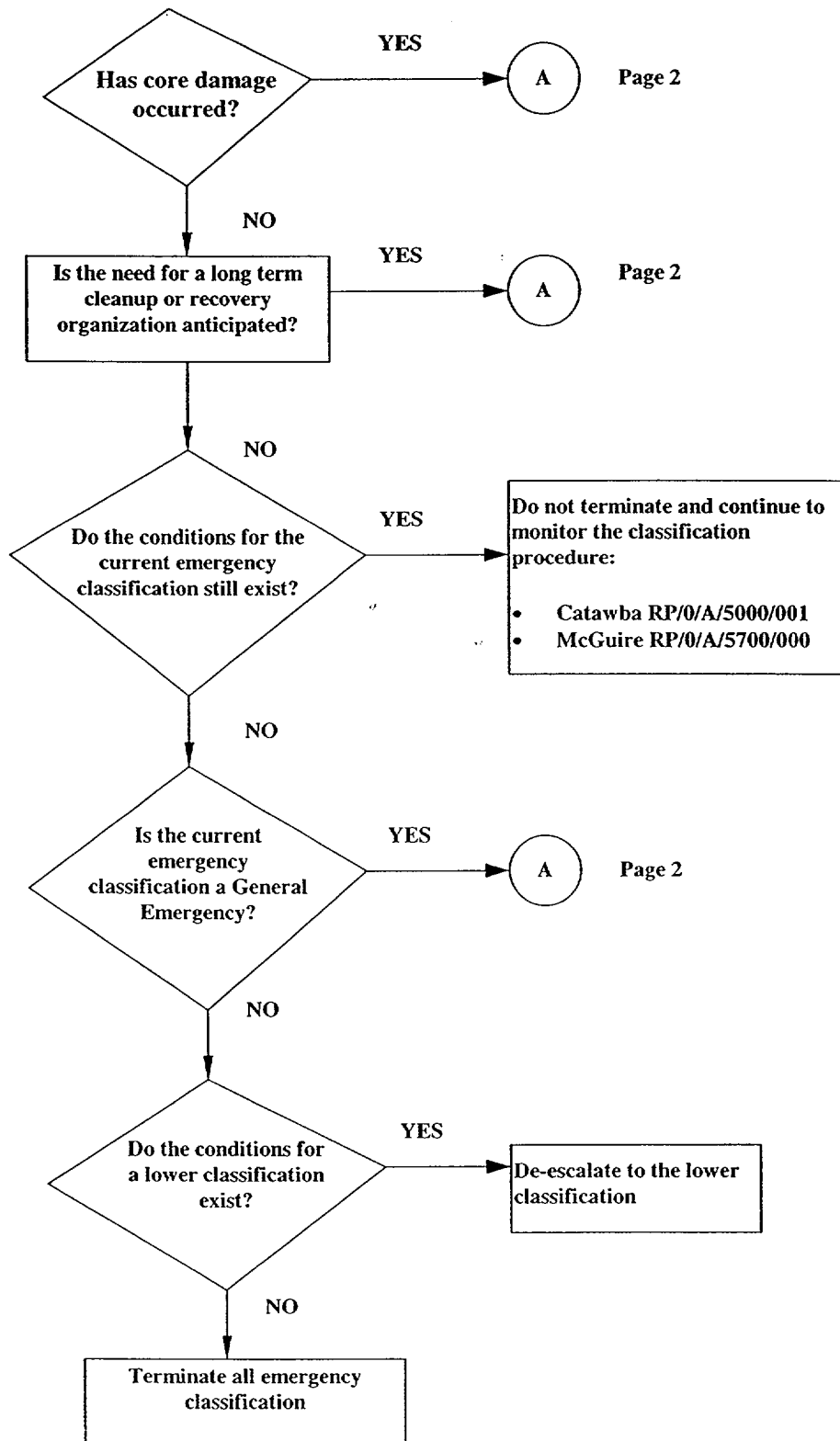
<b>Wind Speed Greater than 5 Miles per Hour</b>		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction{5}	<b>Evacuate</b> 2 Mile Radius-5 Mile Downwind	<b>Shelter</b>
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
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,E,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.

**Emergency Classification Downgrade/  
Termination Criteria**

# Emergency Classification Downgrade/ Termination Criteria

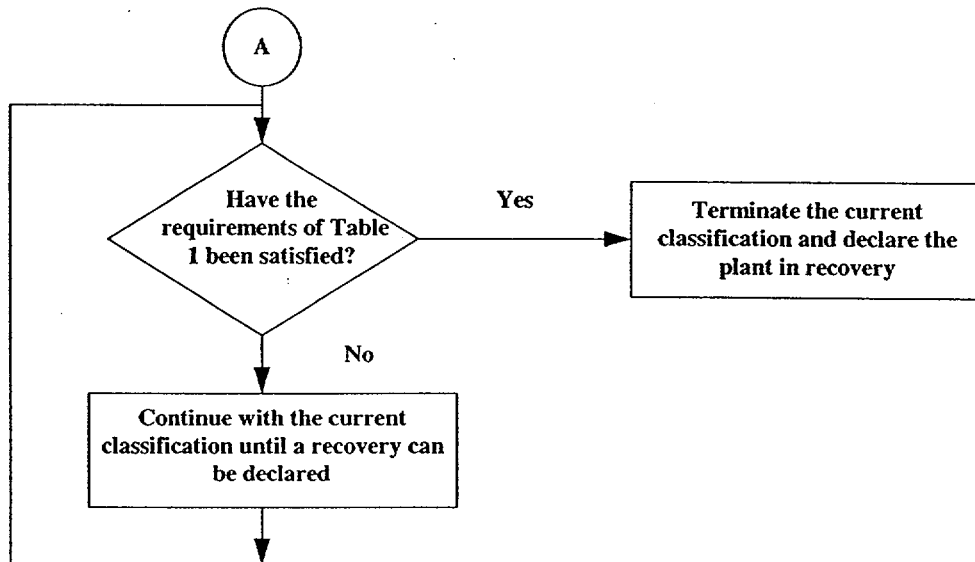


Table 1

- \_\_\_\_\_ No new evacuation or sheltering protective actions are anticipated.
- \_\_\_\_\_ Containment pressure is less than design pressure.
- \_\_\_\_\_ Decay heat rejection to the ultimate heat sink has been established and either:
  - Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling),
  - OR**
  - No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {2}
- \_\_\_\_\_ The risks from recriticality are acceptably low.
- \_\_\_\_\_ Radiation Protection is monitoring access to radiologically hazardous areas.
- \_\_\_\_\_ Off-site conditions do not limit plant access.
- \_\_\_\_\_ The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.
- \_\_\_\_\_ The recovery organization is ready to assume control of recovery operations:
  - Catawba - RP/0/B/5000/025
  - McGuire - RP/0/A/5700/024

## Radiological Assessment Manager Checklist

INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Notify EOF Director that the Radiological Assessment Manager (RAM) position is operational.
- \_\_\_\_\_ Ensure all Radiation Protection personnel reporting to the EOF also sign in on the staffing board.
- \_\_\_\_\_ Power up the Radiological Assessment Computer.
- \_\_\_\_\_ Verify EOF Off-Site Agency Communicators have opened an electronic Emergency Notification Form.
- \_\_\_\_\_ Log on to the Emergency Notification Form by following the instructions in the EOF Radiological Assessment Managers position notebook behind the ENF Logon Instructions tab.
- \_\_\_\_\_ Verify the electronic Emergency Notification Form can be accessed.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Discuss the following with the EOF Director:
  - 1) Any release in progress, including dose rates (especially at the site boundary)
  - 2) Field Team status/data
  - 3) On-site radiological concerns
- \_\_\_\_\_ Review Criteria in "Classification of Emergency" procedure for emergency classification changes and discuss with Accident Assessment personnel plant conditions including power failures, valve closures, etc.

Catawba RP/0/A/5000/001

**OR**

McGuire RP/0/A/5700/000

**Catawba Specific**

- \_\_\_\_\_ Obtain HP/0/B/1009/009, "Guidelines for Accident and Emergency Response," and perform duties as described in the procedure.
- \_\_\_\_\_ Establish communications with the TSC via the RP Loop; communication established after beep. {4}

**Radiological Assessment Manager Checklist**

- \_\_\_\_\_ Review dose projections to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.

**NOTE:** If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

- \_\_\_\_\_ Evaluate with the EOF Director recommendations for public protective actions.

- \_\_\_\_\_ Assist Public Affairs and/or Public Spokesperson with dose comparisons based on computer model or field data.

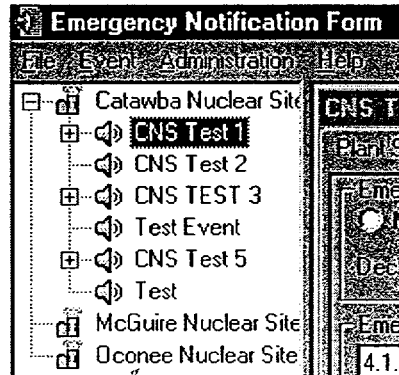
**NOTE:** Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

- \_\_\_\_\_ Provide radiological information on the electronic Emergency Notification Form as per the directions beginning on page 3 of this enclosure.

- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**ELECTRONIC ENF INSTRUCTIONS**

- \_\_\_\_\_ Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)
- \_\_\_\_\_ Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)



- NOTE:**
- Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.
  - The Radiological Assessment Manager is responsible for completing and maintaining the Release and Met./Off-site Dose Sections. Information for these Sections may be loaded directly from the RADDPOSE V Program.
  - RADDPOSE V information for the electronic emergency notification form must be saved to the "ini" file.

- \_\_\_\_\_ Verify that a RADDPOSE V Dose Run for the current event has been performed.

- NOTE:** Radiological dose projection information is **not** required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification. However, it may be loaded/transmitted if available within the required timeframe.

## Radiological Assessment Manager Checklist

\_\_\_\_\_ Select the **Release** Section tab for the specific event.

**NOTE:** If automatic load feature is not operational, manually enter the RADDose information.

- \_\_\_\_\_ Select the **"Load From RadDose"** button on the bottom of the screen.
- \_\_\_\_\_ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**
- \_\_\_\_\_ Verify loaded data is correct.
- \_\_\_\_\_ Click the **"Save"** button at the bottom of the screen. This will update the status indicator for this section.

**Enclosure 4.5**  
**Radiological Assessment Manager Checklist**

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Status Indicators at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:

**Black** - information and time conflict

**Green** - information is 0 to 10 minutes old.

**Yellow** - information is 10 to 15 minutes old.

**Red** - information is greater than 15 minutes old

Plan Status	Plan Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg
10/18/1999 14:17	10/18/1999 14:28	10/18/1999 14:29	10/28/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/18/1999
RED	RED	RED	GREEN	RED	RED		RED

\_\_\_\_\_ Immediately proceed to the **Met./Offsite Dose** Section.

\_\_\_\_\_ Select the **Met./Offsite Dose** Section tab for the specific event.

**CNS Test 1**

Plan Status	Plan Summary	Protective Actions	Release	Met./Offsite Dose	Communications
-------------	--------------	--------------------	---------	-------------------	----------------

Offsite Dose Estimate

☒ New ☐ Unchanged

Protection Time:

Estimated Duration:  hrs

TEDE:  mrem Thyroid CDE:  mrem

Site Boundary:

2 miles	<input type="text"/>	<input type="text"/>
5 miles	<input type="text"/>	<input type="text"/>
10 miles	<input type="text"/>	<input type="text"/>

Met/Offsite Data:

Wind Direction:  (degrees)

Stability Class:

Speed:  mph

Precipitation:  inches / 15 mins of

Load From RadDose:  Clear:

Save:  Cancel:  Validate:



**NOTE:** If automatic load feature is not operational, manually enter the RADDOSE information.

- \_\_\_\_\_ Select the **"Load From RadDose"** button on the bottom of the screen.
- \_\_\_\_\_ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**
- \_\_\_\_\_ Verify loaded data is correct.
- \_\_\_\_\_ Click the **"Save"**. This will update the status indicator for this section.

Status Indicators at the bottom of the screen will change colors to indicate the updated information. Indicator information is as follows:

**Black** - information and time conflict

**Green** - information is 0 to 10 minutes old.

**Yellow** - information is 10 to 15 minutes old.

**Red** - information is greater than 15 minutes old

Plant Status	Plant Summary	Protective Actions	Release	Mel/Dilute Dose	Communications	Last Msg Sent	Next Msg D
10/18/1999 14:47	10/18/1999 14:48	10/18/1999 14:49	10/28/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/19/1999
RED	RED	RED	GREEN	RED	RED		RED

- \_\_\_\_\_ Verify that Dose Assessment is routinely performing RADDOSE V updates.
- \_\_\_\_\_ Continue to update or validate the ENF information form as appropriate

## ENF UPDATES

If a new dose run is available perform the following:

- \_\_\_\_\_ Select the **"Load From RadDose"** button on the bottom of each screen.
- \_\_\_\_\_ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**
- \_\_\_\_\_ Verify loaded data is correct.
- \_\_\_\_\_

**Radiological Assessment Manager Checklist**

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Click the **“Save”**. This will update the status indicator for this section. **Status indicators will reflect Update.**

**VALIDATION**

If the existing dose information is still current and new information does not need to be loaded perform the following:

\_\_\_\_\_ Verify Data is current

\_\_\_\_\_ Select the **“Validate”** button on the bottom right of the screen of each section. **Status indicators will reflect Update.**

**NOTE:** Protective Action Recommendations will be loaded into the ENF by the Accident Assessment Manger

\_\_\_\_\_ Evaluate protective actions with the Accident Assessment Manager and the EOF Director.

## EOF Dose Assessor Checklist

## Initial EOF Activation Checklist

## INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

\_\_\_\_\_ Put on position badge.

\_\_\_\_\_ Sign in on the EOF staffing board.

**NOTE:** RADDOSE V information must be saved to the "ini" file in order for the Radiological Assessment Manager to transfer the information to the electronic emergency notification form.

\_\_\_\_\_ Obtain a copy of SH/0/B/2005/001 (Emergency Response Offsite Dose Projections).

\_\_\_\_\_ Initiate a Log of Activities.

\_\_\_\_\_ Turn on dose assessment and data acquisition computers and acquire necessary information. **IF** data acquisition programs are unavailable, **THEN** request from TSC information obtained from SDS or the Control Room (EMF and Met data).

**NOTE:** Be aware of the effects of loss of power on critical EMFs.

\_\_\_\_\_ Verify operability and validity of EMFs through the TSC.

\_\_\_\_\_ Verify effluent discharge alignment with Shift Lab, RP Manager (TSC), or RP Dose Assessors (TSC) as necessary.

\_\_\_\_\_ Establish communications with dose assessment personnel at the TSC. Compare information, projections and strategies with the TSC.

\_\_\_\_\_ Set up video conferencing with the TSC Dose Assessors, if desired.

\_\_\_\_\_ Obtain turnover from the TSC.

\_\_\_\_\_ Verify operability of the Health Physics Network (HPN) phone by placing a call to the NRC using the number listed on the HPN phone

**NOTE:** The NRC Regional Office will request the activation of the HPN phone through the Emergency Notification System (ENS) telephone if desired.

\_\_\_\_\_ **IF** requested during a drill or actual event, **THEN** activate the HPN phone by placing a call to the NRC using the number listed on the HPN phone.

**Enclosure 4.6**  
**EOF Dose Assessor Checklist**

SR/0/B/2000/003  
Page 2 of 2

**NOTE:**

1. Perform off-site dose projections and determine protective action recommendations.
2. Dose projections shall be run at least every 30 minutes or as directed by the RAM.

\_\_\_\_\_ Analyze source term data, formulate source term mitigation strategies, and provide information to the Radiological Assessment Manager, members of the EOF and TSC Dose Assessors as required.

\_\_\_\_\_ Perform dose projections as appropriate to plant conditions.

\_\_\_\_\_ Interact with Field Monitoring Coordinator to compare off-site dose projections to actual field readings.

**NOTE:** Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

\_\_\_\_\_ Evaluate dose projections and provide protective action recommendations to the Radiological Assessment Manager and the EOF Director.

\_\_\_\_\_ **IF** SAMGs are implemented **AND** offsite releases approach, or exceed, 1REM TEDE or 5 REM Thyroid CDE, **THEN** notify the EOF SAMG Evaluator (Located in the Accident Assessment Area). {PIP-M-99-5381}

\_\_\_\_\_ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

## Field Monitoring Coordinator Checklist

- NOTE:**
1. You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.
  2. Field Teams may be directed by the EOF Field Monitoring Coordinator (FMC) prior to activation of the EOF.

\_\_\_\_\_ Put on position badge.

\_\_\_\_\_ Sign in on the EOF staffing board.

\_\_\_\_\_ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions).

\_\_\_\_\_ Establish a log of activities.

**Catawba Specific**

\_\_\_\_\_ Perform duties as described in the following:

- HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of CNS"
- HP/0/B/1009/019, "Emergency Radio System Operation, Maintenance, & Communication"

\_\_\_\_\_ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.

\_\_\_\_\_ Provide all completed procedures and copies of logs to the EOF Emergency Planner upon deactivation of the EOF.

Enclosure 4.8  
Radio Operator Checklist

SR/0/B/2000/003  
Page 1 of 1

INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions), Enclosure 5.3 (Field Monitoring Survey Data Sheet) and Enclosure 5.4 (Meteorological Update for Field Monitoring Teams). {6}
- \_\_\_\_\_ Establish contact with Field Teams.
- \_\_\_\_\_ Relay instructions obtained from the Field Monitoring Coordinator to the Field Teams.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities
- \_\_\_\_\_ Perform the duties as described in procedure SR/0/B/2000/004 (Notification to States and Counties from the Emergency Operations Facility)
- \_\_\_\_\_ Ensure emergency notification times are satisfied.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of emergency facility.

**Enclosure 4.10**  
**Access Control Director Checklist**

SR/0/B/2000/003  
Page 1 of 2

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the staffing board located in the EOF Director's area.
- \_\_\_\_\_ Establish a log of activities
- \_\_\_\_\_ Conduct turnover with Corporate Security to enable them to return to their normal jobs.
- \_\_\_\_\_ Process responders found on the Access List as follows:
  - Request a photo ID from all personnel entering the EOF.
  - Verify the identity of all personnel by comparing the photo ID to facial features.

**Catawba Specific**

- Direct all personnel to sign the CNS Exercise/Drill/Event Attendance Sheet or green CNS Exercise/Drill/Event Observer Attendance Sheet.
- Direct all personnel to sign the CNS EOF Drill/Event Participation Form.

**McGuire Specific**

- Direct all personnel to sign the Emergency Planning Exercise/Event/Drill or Drill Observer Training Attendance Sheet.

Process responders with "NO ACCESS" appearing beside their names as follows:

- Call an FFD contact listed in RP/0/A/5700/014, Tab 8, to verify if "NO ACCESS" is for a positive drug screen.

**NOTE:** Verification by the FFD contact of no positive drug screen indicates that the responder is Fit for Duty and "NO ACCESS" is related to a training deficiency.

- Ask EOF Director to waive training requirement and allow access. Document waiver in the EOF Log.
- Ask Emergency Coordinator to waive training requirement if the EOF Director has "NO ACCESS" due to expired training. Document waiver in the EOF log.



**Enclosure 4.10**  
**Access Control Director Checklist**

SR/0/B/2000/003  
Page 2 of 2

- Direct all personnel to obtain the appropriate EOF position badge.

\_\_\_\_\_ Process responders not found on the Access List as follows:

- Request EOF access from the appropriate EOF group primary, EOF Director, or Assistant EOF Director, if prior approval has not been given.
- Request approved credentials from Federal, State and Off-Site Agency officials desiring EOF access and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.
- Request picture ID from any Duke Power observers and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.

\_\_\_\_\_ Notify Corporate Security to secure EOF following deactivation of the emergency facility.

\_\_\_\_\_ Notify Facility Services at 382-4948 to clean the EOF following deactivation of the EOF.

\_\_\_\_\_ Place new EOF Access List in appropriate box at EOF Access Control desk.

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**Enclosure 4.11**  
**Accident Assessment Manager Checklist**

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INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

\_\_\_\_\_ Put on position badge.

\_\_\_\_\_ Sign in on the EOF staffing board.

\_\_\_\_\_ Establish a log of activities

\_\_\_\_\_ **IF** additional positions are needed to support the emergency, **THEN** staff the Administrative Support and the Reactor Physics positions as appropriate.

- Catawba

Home phone numbers are located in the Catawba Nuclear Site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

**NOTE:** To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

\_\_\_\_\_ Obtain a copy of the "Classification of Emergency" procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

**Enclosure 4.11**  
**Accident Assessment Manager Checklist**

SR/0/B/2000/003  
Page 2 of 9

\_\_\_\_\_ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet:

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

\_\_\_\_\_ Ensure PC is on and displaying plant status.

\_\_\_\_\_ Log on to the Emergency Notification Form by following the instructions in the EOF  
Accident Assessment Managers position notebook behind the ENF Logon Instructions tab.

\_\_\_\_\_ Verify electronic Emergency Notification Form can be accessed.

\_\_\_\_\_ Provide the required information on the electronic Emergency Notification Form as per the directions beginning on page 4 of this enclosure.

\_\_\_\_\_ Perform the following steps as needed

\_\_\_\_\_ Coordinate the following functions:

- Accident Assessment Interface
- Operations Interface
- Reactor Physics (As needed)
- Administrative Support (As needed)

## Accident Assessment Manager Checklist

**NOTE:** If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

\_\_\_\_\_ Work closely with the Radiological Assessment Manager and be prepared to discuss the following topics during the EOF staff time-outs or earlier as appropriate:

- Emergency classification recommendations utilizing the "Classification of Emergency" procedure for the affected station:
  - Catawba: RP/0/A/5000/001
  - McGuire: RP/0/A/5700/000
- Protective action recommendations
- Current plant status
- Accident mitigation strategies with priorities
- Anticipated course of the event
- Possible solutions if procedural adequacy becomes a concern
- Prioritization of key issues

\_\_\_\_\_ Provide information contained in Sections 5 through 9 of the Emergency Notification Form. Refer to Step 3.6 in the main body of this procedure for definitions associated with the Emergency Notification Form.

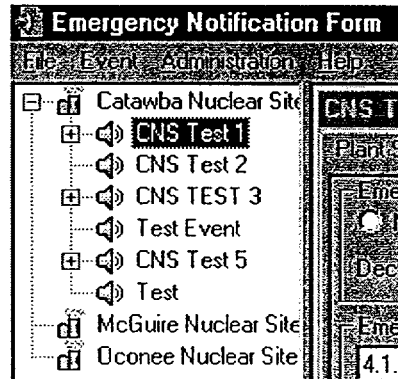
\_\_\_\_\_ Coordinate with the Radiological Assessment Manager to provide the information contained in Section 15 of the Emergency Notification Form.

\_\_\_\_\_ Assist TSC Emergency Coordinator as a decision maker upon entry into Severe Accident Management Guidelines (SAMGs) (as requested).

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

## ELECTRONIC ENF INSTRUCTIONS

- \_\_\_\_\_ Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)
- \_\_\_\_\_ Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)



**NOTE:** Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.

**NOTE:** Accident Assessment is responsible for completing and maintaining the **Plant Status**, **Plant Summary** and **Protective Action** sections of the ENF.

- \_\_\_\_\_ Select the **Plant Status** Section tab for the specific event.

Unit	Included	Status	Shutdown Date	Shutdown Time	Percent Power
1	No				
2	No				

Gap Activity  
Are Containment Radiation Levels greater than 100% GAP Activity? ☐ Yes ☒ No

Plant Status: BLACK | Plant Summary: BLACK | Protective Actions: BLACK | Release: BLACK | Met/Offsite Dose: BLACK | Communications: BLACK | Last Msg Sent: 11/29/1999 08:44 | Next Msg Due: 11/29/1999 09:44

**Enclosure 4.11**  
**Accident Assessment Manager Checklist**

SR/0/B/2000/003  
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\_\_\_\_\_ Complete the following:

- **Emergency Classification:** Select appropriate classification and declaration time.
- **Emergency Action Level (EAL):** Select appropriate EAL.
- **Reactor Status:** Enter Reactor Status information for each unit and indicate which unit is affected. **(Included)**
- **Gap Activity:** For Alert and Site Area Emergency Check NO.

For **General Emergency**, refer to SR/0/B/2000/003, Enclosure 4.3, to determine if containment radiation levels are > 100% of Gap Activity. Confirm with the RAM and EOF Director.

\_\_\_\_\_ Click the "Save" button at the bottom of the screen.

Plant Status	Plant Summary	Protective Actions	Release	Met/Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/28/1999 09:48	10/28/1999 11:57	10/28/1999 11:59	10/28/1999 09:09	10/28/1999 09:10	10/28/1999 11:55	10/28/1999 12:21	10/28/1999
GREEN	RED	RED	RED	RED	RED		RED

**Note:** Status Indicator at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows: **Black** - information and time conflict

**Green** - information is 0 to 5 minutes old.

**Yellow** - information is 5 to 15 minutes old.

**Red** - information is greater than 15 minutes old

\_\_\_\_\_ Select the **Plant Summary** Section tab for the specific event.

Enclosure 4.11  
Accident Assessment Manager Checklist

SR/0/B/2000/003  
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Complete the following information:

\_\_\_\_\_ **Plant Condition:** ( Select Improving, Stable , or Degrading) Confirm with the EOF Director.

- **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc. are operating as designed.
- **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.

\_\_\_\_\_ **Description/Remarks:** Write a concise description for declaring the event, or changes since last notification. **The first message in the classification will automatically include the EAL information.** Include any other information that may affect the off-site Agencies (see list below). Follow-up messages should include relevant information and changes that have occurred since the last message. **(Don't just repeat the EAL information or the last message.)**

<b>NOTE:</b> Remember to "close the loop" on items from previous notifications.
---

**Examples of additional information to be included in line 7.**

- 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

\_\_\_\_\_ Click the “Save” button at the bottom of the screen.

<b>NOTE:</b> Status Indicator at the bottom of the screen will change colors to indicate the updated information
--



## Accident Assessment Manager Checklist

**NOTE:** Protective Action Determination is **only** required for a **General Emergency**.

\_\_\_\_\_ Select the **Protective Action** section tab.

\_\_\_\_\_ If the Emergency Classification **IS NOT** a General Emergency verify the select the "Validate" button at the bottom right of the screen. (The status indicator at the bottom of the screen will be updated)

\_\_\_\_\_ If the Emergency Classification **IS** a General Emergency perform the following:

- Select the Load Protective Action bar at the bottom of the screen. (**Protective actions will automatically be loaded into the program based on wind speed, direction, and gap activity**).
- With input from the Radiological Assessment Manager (RAM), verify loaded Protective Actions are correct utilizing SR/0/B/2000/003 Enclosure 4.3.
- Click the "Save" button at the bottom of the screen.

**NOTE:** Status Indicator at the bottom of the screen will change colors to indicate the updated information.

\_\_\_\_\_ Establish a routine to periodically validate the data of **each section** to assure information is current by performing the following:

- Verify Data is current
- If the information is still current and no additional information needs to be added, select the **“Validate”** button on the bottom right of the screen of each section.
- If the section needs to be revised and/or additional information needs to be added, enter the updated information, then select the **“Save”** button on the bottom left of the screen of each section.

**Enclosure 4.12**  
**Accident Assessment Interface Checklist**

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**INITIAL**

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Ensure PC is on and displaying affected station and unit plant status.

**Catawba Specific**

- \_\_\_\_\_ Establish bridge line for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

**McGuire Specific**

- \_\_\_\_\_ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.
- \_\_\_\_\_ Establish communication link with System Engineering Manager in the TSC, as needed by dialing 8-875-4954.

- \_\_\_\_\_ Obtain a copy of the Classification of Emergency procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

**Enclosure 4.12**  
**Accident Assessment Interface Checklist**

SR/0/B/2000/003  
Page 2 of 4

\_\_\_\_\_ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet.

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

\_\_\_\_\_ Obtain a copy of the Core Damage Assessment procedure for the affected station from the procedure cabinet.

- Catawba: RP/0/A/5000/015
- McGuire: RP/0/A/5700/019

\_\_\_\_\_ Obtain a copy of Accident Assessment Technical Manual

\_\_\_\_\_ Gather plant status information using the Accident Assessment Initial Information Request Form found on page 4 of this enclosure.

\_\_\_\_\_ Upon declaration of a General Emergency **IMMEDIATELY RECOMMEND** to Accident Assessment Manager protective actions for the initial Emergency Notification Form using:

- Catawba: Enclosure 4.2
- McGuire: Enclosure 4.3

\_\_\_\_\_ Perform the following steps as needed throughout the event:

\_\_\_\_\_ **IF** condition warrants, **THEN** determine analysis of the reactor core and containment conditions in regard to:

- Core sub-cooling
- Decay heat generation
- Heat removal capabilities (core and containment)
- Fission product release potential (core and containment)

**Enclosure 4.12**  
**Accident Assessment Interface Checklist**

SR/0/B/2000/003  
Page 3 of 4

\_\_\_\_\_ **IF** condition warrants, **THEN** provide:

- Estimates of core uncover times
- Interpretations of reactor water level data

\_\_\_\_\_ Follow status of the Emergency Operations Procedures (EOPs) and discuss with the Accident Assessment Manager.

\_\_\_\_\_ Maintain communication with the Radiological Assessment group in the EOF.

\_\_\_\_\_ Advise Operations Interface of the anticipated course of events.

\_\_\_\_\_ Provide information for status board in the Accident Assessment Group room and maintain the appropriate logs.

\_\_\_\_\_ Advise Accident Assessment Manager on the following:

- Anticipated course of events
- Diagnosis of the accident and mitigation strategies
- Analysis of core and containment
- Core damage and fission product release potential
- Background information of system design
- Emergency classifications

\_\_\_\_\_ Support Systems Engineering Manager in the TSC in accident and mitigation strategies.

\_\_\_\_\_ Assist the TSC as an evaluator upon entry into Severe Accident Management Guidelines (as requested).

\_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

## Accident Assessment Interface Checklist

## Initial Information Request

Initial Information Request	Results
<b>Emergency Classification Status</b>	
EAL Declaration Chronology	
Protective Actions Status	
<b>Reactor/Turbine Status</b>	
Power Level	
Time of Trip & On What Signal	
Any Abnormal Response	
NC Pump Status	
Core Cooling Status (subcooled margin/ RVLIS/natural circulation)	
Orange or Red CSFs Alarms Received	
<b>Safety Injection</b>	
When Actuated & on What Signal	
NV, NI, ND, Ice Condenser Status	
<b>Feedwater</b>	
CF and CA Status	
<b>Main Steam</b>	
Isolation Status	
SMSV, SM PORV, SB Status	
<b>Electric Power</b>	
600V, 4160V, D/G Status	
<b>Containment</b>	
Isolation Status	
NS and VX Status	
<b>Security/Fire/Flooding/HAZMAT/Other Hazards</b>	
Plant Conditions Status	
<b>Off-site Releases</b>	
Status	

**Enclosure 4.13**  
**Operations Interface Checklist**

SR/0/B/2000/003  
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INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities.

**Catawba Specific**

- \_\_\_\_\_ Establish communications for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

**McGuire Specific**

- \_\_\_\_\_ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.

- \_\_\_\_\_ Perform the following steps as needed throughout the event:
  - \_\_\_\_\_ Serve as the communications interface with the Accident Assessment Group and the TSC Operations Group.
  - \_\_\_\_\_ Advise Accident Assessment Group on the following:
    - Emergency Operations Procedures (EOPs)
    - Diagnosis of the accident and mitigation strategies
    - Emergency classification
  - \_\_\_\_\_ Advise TSC of the anticipated course of events.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**Enclosure 4.14**  
**Administrative Support Checklist**

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INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Obtain a copy of Accident Assessment Manual, Emergency Operating Procedures and affected plant PRA manual from Nuclear Engineering office area.
- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Ensure PCs are on and functional.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Notify other positions of the Accident Assessment Group at the direction of the Accident Assessment Manager.
- \_\_\_\_\_ Record recommendations of the Accident Assessment team and plant status as appropriate on the status board in the Accident Assessment group room.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.



**Enclosure 4.15**  
**Reactor Physics Checklist**

SR/0/B/2000/003  
Page 1 of 1

INITIAL

**NOTE:** You are only required to complete enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Obtain any applicable nuclear design calculations from the Nuclear Engineering office area.
- \_\_\_\_\_ Establish communications with the TSC Reactor Engineer.
- \_\_\_\_\_ **IF** conditions warrant, **THEN** determine analysis of the reactor core and the fuel with respect to:
  - Reactor Physics parameters
  - Core subcriticality
- \_\_\_\_\_ Provide Accident Assessment Manager with information concerning any abnormal core conditions.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**Enclosure 4.16**  
**Emergency Planner Checklist**

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INITIAL

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities.

**NOTE:** The Public Address amplifier is in the Janitor Storage Room across from the bathroom. The controls are in a yellow box mounted on the wall on the right side of the room.

- \_\_\_\_\_ Turn on the EOF Public Address system.
- \_\_\_\_\_ Power up and log on Emergency Planner Computer as follows.
  - \_\_\_\_\_ Log on using "EOFWS" as the USER ID.
  - \_\_\_\_\_ Enter the Password (EOFWS911).
  - \_\_\_\_\_ Display Autolog-EP by performing the following:
    - \_\_\_\_\_ Double click on Emergency Planning icon.
    - \_\_\_\_\_ Double click on AutoLog(EP).
    - \_\_\_\_\_ Enter your User ID.
    - \_\_\_\_\_ Enter the password (PASSWORD).
    - \_\_\_\_\_ Click "Login as Current SS".
    - \_\_\_\_\_ Click OK.
    - \_\_\_\_\_ **IF** the appropriate station log is not displayed, **THEN** select the appropriate station log by clicking on "File" and then "Open" on the menu bar.
- \_\_\_\_\_ Obtain the Emergency Planner headset from the Emergency Planner Desk area and dial into the EP bridge line using 8-831-4010 or another available bridge line.
- \_\_\_\_\_ Support EOF Director with the following:
  - \_\_\_\_\_ Complete EOF Director Checklist items as requested.

**Enclosure 4.16**  
**Emergency Planner Checklist**

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- \_\_\_\_\_ Clarify Emergency Plan and Emergency Plan Implementing Procedure information.
- \_\_\_\_\_ Interface with the NRC.
- \_\_\_\_\_ Interface with federal, state and local agencies.
- \_\_\_\_\_ Assist Off-Site Agency Communicators in preparation of emergency notifications as needed.
- \_\_\_\_\_ Compile a 24-Hour Staffing Log for each EOF position. The log is contained in this enclosure.
- \_\_\_\_\_ Verify that EOF Public Affairs personnel have considered 24-hour staffing.
- \_\_\_\_\_ Upon deactivation of the EOF, collect all completed paperwork and forward to the appropriate Emergency Planning Manager.
- \_\_\_\_\_ Upon deactivation of the EOF, complete "EOF Post Event Checklist."

**Enclosure 4.16**  
**Emergency Planner Checklist**

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**EOF DIRECTOR AREA**  
**24 HOUR POSITION EOF STAFFING LOG**

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Director				
Assistant EOF Director				
EOF Staff Support/ Status Keeper				
EOF Log Recorder				
EOF Emergency Planner				
Radiological Assessment Manager				
Accident Assessment Manager				

\* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

**Enclosure 4.16**  
**Emergency Planner Checklist**

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**DOSE ASSESSMENT AREA**  
**24 HOUR POSITION EOF STAFFING LOG**

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor (HPN)				
Field Monitoring Coordinator				
Radio Operator				
Meteorologist				

\* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

**Enclosure 4.16**  
**Emergency Planner Checklist**

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**ACCIDENT ASSESSMENT AREA**  
**24 HOUR POSITION EOF STAFFING LOG**

<b>Position</b>	<b>Primary</b>		<b>Relief</b>	
	<b>Name (Last, First, MI)</b>	<b>*Shift Schedule</b>	<b>Name (Last, First, MI)</b>	<b>*Shift Schedule</b>
EOF Data Coordinator				
EOF Data Coordinator (As Needed)				
Accident Assessment Interface				
Accident Assessment Interface (As Needed)				
Reactor Physics (As Needed)				
Administrative Support (As Needed)				
Operations Interface				

\* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

## Emergency Planner Checklist

**OFF SITE AGENCY COMMUNICATOR****24 HOUR POSITION EOF STAFFING LOG**

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
Lead EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				

\* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

**Enclosure 4.16**  
**Emergency Planner Checklist**

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**ACCESS CONTROL AREA**  
**24 HOUR POSITION EOF STAFFING LOG**

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Access Control Director				
EOF Services Manager				

\* List hours of coverage; i.e. 0800-2000, or 8am -8pm.



**Enclosure 4.16**  
**Emergency Planner Checklist**

SR/0/B/2000/003  
Page 8 of 9

**EOF FACILITY POST EVENT CHECKLIST**

- \_\_\_\_\_ Obtain printed copy of EOF Log
- \_\_\_\_\_ Archive Log by selecting the "Archive" button
- \_\_\_\_\_ Shutdown the AutoLog program.

When prompted to "Log off and remain Shift Supervisor" select NO.

Retrieve:

- \_\_\_\_\_ Completed Procedures
- \_\_\_\_\_ Notes

**NOTE:** The Ericsson Cellular phones need to remain on to charge properly.

Turn off:

- \_\_\_\_\_ Copiers
- \_\_\_\_\_ Computers (Leave EOF Director PC and Dose Assessment on with video conferencing running as well as the Data Coordinators Server Computer.)
- \_\_\_\_\_ Video Monitors
- \_\_\_\_\_ Public Address Components
- \_\_\_\_\_ Projectors

Perform:

- \_\_\_\_\_ Applicable sections of SR/0/B/4600/086 to replenish supply cabinet and procedure inventories.
- \_\_\_\_\_ Clean Tables Off
- \_\_\_\_\_ Put all Trash in Containers
- \_\_\_\_\_ Erase Status Boards
- \_\_\_\_\_ Verify all Fax machines have paper supply replenished (5 Fax machines)
- \_\_\_\_\_ Verify all copiers have paper supply replenished (2 Copiers)

Replenish the following:

Position Specific Notebooks (Procedure, Checklist, Log Sheets):

- \_\_\_\_\_ EOF Director
- \_\_\_\_\_ Radiological Assessment Manager
- \_\_\_\_\_ EOF Dose Assessor
- \_\_\_\_\_ Field Monitoring Coordinator
- \_\_\_\_\_ Radio Operator
- \_\_\_\_\_ EOF Off-Site Agency Communicator
- \_\_\_\_\_ Access Control Director
- \_\_\_\_\_ Accident Assessment Manager
- \_\_\_\_\_ Accident Assessment Interface
- \_\_\_\_\_ EOF Operations Interface
- \_\_\_\_\_ EOF Administrative Support

**Emergency Planner Checklist**

- ☐ Reactor Physics
- ☐ EOF Emergency Planner
- ☐ EOF Log Recorder/Status Keeper
- ☐ EOF Data Coordinator
- ☐ EOF Services Manager
- ☐ Meteorologist
- ☐ EOF Access List in Access Control Director's area

**Enclosure 4.17**  
**EOF Log Recorder/Staff Support/  
Status Keeper Checklist**

SR/0/B/2000/003

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**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

**INITIAL**

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Ensure PC is on.

**NOTE:** Instructions for the use of the AutoLog program are provided in the EOF.

The TSC Status Coordinator will enter plant status information (i.e. priorities, mitigation actions, classification changes, etc.). The EOF Log Recorder should enter EOF specific information and other information as directed by the EOF Director or Assistant EOF Director. There will be some duplicate information in the TSC and EOF logs (i.e. Classification changes, etc.)

- \_\_\_\_\_ Establish an official log of all significant EOF activities and EOF Director decisions using the AutoLog computer program.
- \_\_\_\_\_ **IF** the AutoLog computer program is not available, **THEN** establish a manual log of all significant EOF activities and EOF Director decisions.
- \_\_\_\_\_ **IF** requested by the EOF Director, prepare a sequence of events list and revise it as necessary.
- \_\_\_\_\_ Maintain EOF status boards.
- \_\_\_\_\_ Track established priorities on EOF status board as requested by EOF Director.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**Enclosure 4.18**  
**EOF Data Coordinator Checklist**

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Page 1 of 1

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

**INITIAL**

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Verify EOF computer hardware, software, and data display equipment is operational per Section I of the Data Coordinator's Reference Manual.
- \_\_\_\_\_ Provide the following computer support as required:
  - Software and hardware applications support
  - Data acquisition support
  - Communication with TSC Data Coordinator
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**Enclosure 4.19**  
**EOF Services Manager Checklist**

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Page 1 of 2

**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

**INITIAL**

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Unlock supply cabinet.
- \_\_\_\_\_ Establish duty function contacts for the following EOF service areas and list on board in EOF service area:
  - Administration/Commissary
  - Communications
  - Transportation Services
  - Risk Management
  - Procurement
- \_\_\_\_\_ Perform the duties as described in SR/0/B/2000/002.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Provide general administrative support, office supplies and ensure office equipment is functioning properly.
- \_\_\_\_\_ Provide food and beverages to meet nutritional needs.
- \_\_\_\_\_ Provide facilities to meet personal needs (dining facilities, toilets, trash receptacles and disposal) as required.
- \_\_\_\_\_ Contact Communications to troubleshoot and repair telephone systems, mobile radios and pagers as required.
- \_\_\_\_\_ Contact Transportation Services or others to arrange for necessary equipment for the movement of materials and personnel as required.
- \_\_\_\_\_ Arrange for accommodations for personnel as required.
- \_\_\_\_\_ Contact Risk Management to serve as liaison between Duke and the insurance companies in gathering data and establishing claims offices to disburse emergency assistance funds to evacuees as required.

**EOF Services Manager Checklist**

- \_\_\_\_\_ Coordinate all activities related to the procurement of materials, equipment and services from outside suppliers including arranging for transportation and receiving as required.
- \_\_\_\_\_ Contact additional personnel and arrange schedule for continuous support as required.
- \_\_\_\_\_ Ensure that all trash and left over food products are properly contained and arrange for disposal.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**Enclosure 4.20**  
**Meteorologist Checklist**

SR/0/B/2000/003

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**NOTE:** You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

**INITIAL**

- \_\_\_\_\_ Put on position badge.
- \_\_\_\_\_ Sign in on the EOF staffing board.
- \_\_\_\_\_ Establish a log of activities.
- \_\_\_\_\_ Discuss changing meteorological conditions with Field Monitoring Coordinator.
- \_\_\_\_\_ Refer to step 3.5 in the main body of this procedure for instructions on obtaining meteorological information from the appropriate plant SDS computer screens.
- \_\_\_\_\_ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.21  
Fitness for Duty Questionnaire

SR/0/B/2000/003  
Page 1 of 1

Print Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Sign Name: \_\_\_\_\_ ERO Position: \_\_\_\_\_

**HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?**

**MARK THE APPROPRIATE BOX**

**No**

☐

**If No, stop here and fold this form and drop it in the box provided.**

**Yes**

☐☐☐

**If your answer is Yes, take this form to a member of management for observation.**

**OBSERVATION DETERMINATION**

What did you have? \_\_\_\_\_

How much did you have? \_\_\_\_\_

Can you perform your function unimpaired? YES ☐ NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

\_\_\_\_\_  
Signature Of Management Observer

\_\_\_\_\_  
Date

**Fold the form and drop it in the box provided.**



**Enclosure 4.22**

**Commitment for SR/0/B/2000/003**

**SR/0/B/2000/003**

**Page 1 of 1**

- |     |                |       |
|-----|----------------|-------|
| {1} | PIP 0-M97-4210 | NRC-1 |
| {2} | PIP 0-M96-1645 |       |
| {3} | PIP 2-C96-0273 |       |
| {4} | PIP 0-C98-3123 |       |
| {5} | PIP 0-M98-3522 |       |
| {6} | PIP-0-M98-2065 |       |
| {7} | PIP-0-C00-3830 |       |
| {8} | PIP-0-M99-3800 |       |

(R04-01)

Duke Power Company  
**PROCEDURE PROCESS RECORD  
 FOR STANDARD PROCEDURES**

(1) ID No.: SR/0/B/2000/004  
 Revision No.: 005

**PREPARATION**(2) Procedure Title Notification to States and Counties from the Emergency Operations Facility(3) Prepared By B.R. Little Date 3/12/02

(4) Applicable To:	<input type="checkbox"/> ONS	<input checked="" type="checkbox"/> MNS	<input checked="" type="checkbox"/> CNS
(5) Technical Advisor			
(6) Requires NSD 228 Applicability Determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	YES = New procedure or reissue with major changes NO = Reissue with minor changes OR to incorporate previously approved changes		
(7) Review (QR)	By _____ Date _____	By <u>Alan L. Beaven</u> Date <u>3/18/02</u>	By <u>GARY L. Mitchell</u> Date <u>3-13-02</u>
Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By <u>NA</u> Date <u>3/18/02</u>	By <u>NA</u> Date <u>3-13-02</u>
Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By <u>NA</u> Date <u>3/18/02</u>	By <u>NA</u> Date <u>3-13-02</u>
Mgmt. Involvement Review (Ops. Supt.)	By _____ NA _____ Date _____	By <u>NA</u> Date <u>3/18/02</u>	By <u>NA</u> Date <u>3-13-02</u>
(8) Additional Reviews	By _____ (QA) Date _____  By _____ Date _____	By _____ (QA) Date _____  By _____ Date _____	By _____ (QA) Date _____  By _____ Date _____
(9) Approved	By _____ Date _____	By <u>K. L. Murray</u> Date <u>3-19-02</u>	By <u>R. L. Sweigart</u> by <u>E. J. Beadle</u> Date <u>3/13/02</u>
(10) Use Level			

**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(11) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(12) Date(s) Performed \_\_\_\_\_  
 Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

## (13) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists or blanks properly 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 and properly dated, identified, and marked?  
☐ Yes ☐ NA Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(14) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(15) Remarks (attach additional pages, if necessary)

**Duke Power Company  
Catawba/McGuire Nuclear Station**

**Notification to States and Counties from the Emergency  
Operations Facility**

**Reference Use**

Procedure No.

**SR/0/B/2000/004**

Revision No.

005

Electronic Reference No.

MP00715S

## Notifications to States and Counties from the Emergency Operations Facility

### 1. Symptoms

- 1.1 An emergency has been declared and an Off-Site Agency notification is required.

**NOTE:** The first Emergency Offsite Agency Communicator to arrive should promptly perform the "Immediate Actions" regardless of which role they are assigned.

### 2. Immediate Actions

- NOTE:**
- Ensure Enclosure 4.9 (EOF Off-Site Agency Communicator Checklist) of procedure SR/0/B/2000/003 is completed.
  - Steps of this procedure may be performed out of sequence at the discretion of the communicator. Sign off lines are for place keeping and are not required to be initialed. The notification form will serve as the official documentation for the notification to off site agencies.
  - Changes in Protective Actions Recommendations shall be transmitted within 15 minutes.
  - Changes in Protective Actions Recommendations and termination Notifications shall be transmitted verbally.

- \_\_\_\_ 2.1 EOF Off-Site Communicators shall proceed directly to the Emergency Operations Facility.
- \_\_\_\_ 2.2 Obtain position notebook from the book shelf in the EOF Director's area.
- \_\_\_\_ 2.3 Circle which Site has declared the Emergency: i.e. **McGuire** or **Catawba**
- 2.4 Acquire information on the communication status described below from the TSC.
- \_\_\_\_ 2.4.1 Emergency Classification (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency).
- \_\_\_\_ 2.4.2 Emergency Declared at \_\_\_\_\_ hrs.
- \_\_\_\_ 2.4.3 Last Message # \_\_\_\_\_ transmitted out at \_\_\_\_\_ (time).

\_\_\_\_\_ 2.4.4 Next Message Due at \_\_\_\_\_ (time)

\_\_\_\_\_ 2.4.5 Compare EOF communicator clock time with TSC clock to verify synchronization.

\_\_\_\_\_ 2.4.6 Verify that a Fax copy of previous notifications has been sent to the EOF.

\_\_\_\_\_ 2.4.7 Any other pertinent information related to the emergency:

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\_\_\_\_\_ 2.5 Power up/check printers, fax machines, copiers, etc.

\_\_\_\_\_ 2.6 Provide copies of previously transmitted message forms to:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

- \_\_\_\_\_ 2.7 Power up and log on to the Off-Site Communicator computer by using the following:
- Log On ID - EOFWS
  - Password – (EOFWS911)
- \_\_\_\_\_ 2.8 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. **Reference Enclosure 4.1 for logon instructions if needed.**
- \_\_\_\_\_ 2.9 Verify that the electronic ENF can also be accessed by:
- \_\_\_\_\_ Accident Assessment Manager      \_\_\_\_\_ Rad Assessment Manager
- \_\_\_\_\_ 2.10 Verify that the default printer for the Electronic ENF is set to the printer in the EOF Off-Site Agency Communicator area.
- \_\_\_\_\_ 2.11 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to **Enclosure 4.2** for manual completion and **Enclosure 4.3** for standard transmission of the notification form. **Notify EOF Data Coordinator of any computer problems.**

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Abnormal Rad Levels/Radiological Effluents, Fire/Explosion and Security Events, Natural Disasters, Hazards and other conditions affecting plant safety from:

Catawba: RP/0/A/5000/001 – Classification of Emergency.

McGuire: 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}

### 3. Subsequent Actions

**NOTE:** The facility that declares the emergency classification should be the facility that makes the emergency notification to the off-site agencies.

- \_\_\_\_\_ 3.1 EOF Lead Communicator should review duties listed in **Enclosure 4.8**, (EOF Lead Off-Site Communicator Duties).
- \_\_\_\_\_ 3.2 Update the following Status Board in the EOF to include the information from Step 2.4 (i.e. next message due, etc.).
- EOF Director’s Area
  - Off Site Agency Communicator’s Area

**NOTE:** Ensure EOF will have adequate time to develop and provide next notification **before** EOF Director activates the EOF.

- \_\_\_\_\_ 3.3 Inform the EOF Director, Accident Assessment Manager and Radiological Assessment Manager when next notification is due.
- \_\_\_\_\_ 3.4 Notify EOF Director when EOF Communicators are prepared to accept communication responsibilities from the TSC.
- \_\_\_\_\_ 3.5 Immediately after the EOF Director declares the EOF as activated, contact the TSC to:
  - \_\_\_\_\_ 3.5.1 Verify EOF has responsibility for communication and will transmit next message.
  - \_\_\_\_\_ 3.5.2 Verify which agencies are participating. (Drill/Exercise Only)
- \_\_\_\_\_ 3.6 Immediately following EOF activation, go to Enclosure 4.1, Section 3 **Communications** screen, to prepare for next ENF transmission.
- \_\_\_\_\_ 3.7 **IF** desired, **THEN** obtain a copy of the Authentication Code Word list from:
  - Catawba – the Catawba procedure cabinet in the EOF Directors area.
  - McGuire - the McGuire procedure cabinet in the EOF Director's area.
- \_\_\_\_\_ 3.8 Have one of the other EOF OSAC's arrange for 24-hour EOF OSAC coverage.
- \_\_\_\_\_ 3.9 Review the following information concerning notifications.
- 3.10 **Initial Notifications**
  - 3.10.1 **IF** an upgrade in classification occurs while transmitting 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}

**NOTE:** 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, 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.

**NOTE:** Follow-up messages that involve a change in the Protective Action Recommendations shall be communicated to the off-site agencies within 15 minutes and should be communicated verbally. All other follow-up messages may be faxed with phone verification of receipt.

- \_\_\_\_\_ 3.10.2 The first notification made in each of the four Emergency Classifications is called Initial Notifications. Initial Notifications **shall** be made within 15 minutes of entering each of the Emergency Classifications (i.e., Classification changes) and shall be communicated verbally. The message number will remain sequential throughout the event beginning with the Control Room.

### 3.11 Follow-up Notifications

Notifications following Initial Notifications within the same Emergency Classification are called follow-up notifications. Make follow-up notifications to state and county government officials according to the following schedule:

Every hour until the emergency is closed out

**OR**

If there is any significant change to the situation (make notification as soon as possible)

**OR**

As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 4 hours to any agency.

**NOTE:** At some time during the event as the various EOCs are staffed, Off-site agencies may request that the Notification form be faxed to other Fax numbers. When this occurs make arrangements to have the form faxed to the requested numbers.

### 3.12 Termination Notification

The last notification sent to the Off-site Agencies is for terminating the event. Termination notifications will be designated as follow-up messages.



### 3.13 Other Information

In addition to the Emergency Action Level information that is entered on Line 7 of the Emergency Notification Form (ENF), other events/occurrences will need to be reported to the Off-Site Agencies as well. This would include any event, which has the potential to affect the public. The following are some examples but is not an all-inclusive list. Each event should be carefully evaluated and discussed with the EOF Director to assure pertinent information is forwarded to the Off-Site Agencies. Notification to off-site agencies should take place as soon as possible. (PIP 0-M98-2065)

**NOTE:** These events may be the basis for the current emergency classification or an additional event to be reported under Step 7 of the Emergency Notification Form (ENF). These events may need off-site agency action or resolution.

- 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

#### **4. Enclosures**

- 4.1 Electronic Emergency Notification Form (ENF) Completion/Transmission
- 4.2 Emergency Notification Form (ENF) Completion
- 4.3 Emergency Notification Form (ENF) Transmission
- 4.4 Fax Instructions
- 4.5 Message Authentication Code List
- 4.6 Authentication Guideline
- 4.7 Emergency Notification Form (ENF)
- 4.8 EOF Lead Off-Site Agency Communicator Duties

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission****1. Electronic Notification Form Logon**

\_\_\_\_ 1.1 If not already performed, assure Off-Site Communicator Computer is operational.

\_\_\_\_ 1.2 Verify the computer internal clock is synchronized with the facility clock. (Adjust as necessary).

**NOTE:** (If computer or Electronic Notification Form is not operational, report it to the EOF Data Coordinator. Refer to **Enclosures 4.2 and 4.3** for manual completion and standard transmission of the Notification Form.)

\_\_\_\_ 1.3 If not already performed, log on to the Electronic Notification Form by performing the following:

- Select the (ERO) Emergency Response Organization option from the DAE My Application.
- Choose ENF v2.0 – CNS\_MNS ERO.

**OR**

- Go to the DAE and search for “Nuclear Generation”
- Select the (ERO) Emergency Response Organization option.
- Select ENF v2.0 – CNS\_MNS ERO.

- Login the Program entering the following information:

**User Name:** Your Network Logon ID (ie: BRS1064)

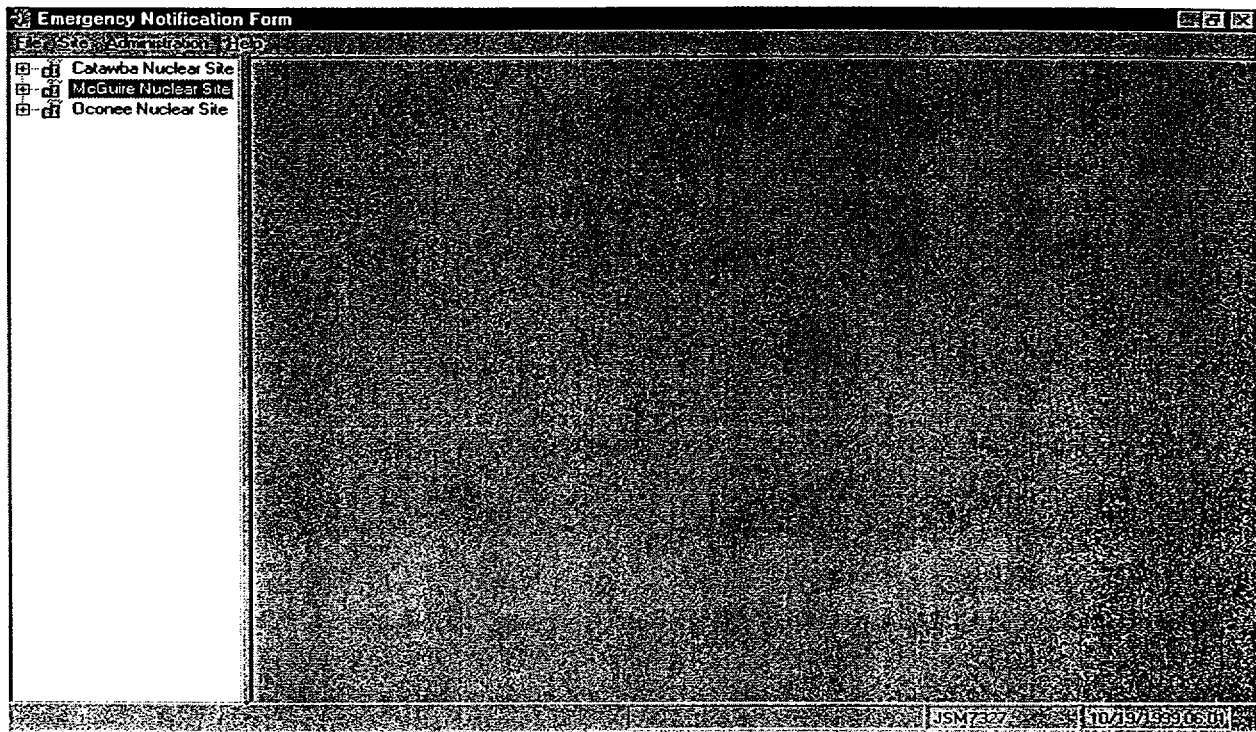
**Password:** Your Network Password

**Domain:** NAM

Electronic Emergency Notification Form  
(ENF) Completion/Transmission

## 2. Electronic Notification Form Completion (Create Event)

- 2.1 Highlight the appropriate station (Catawba or McGuire) for the event.



**NOTE:** The TSC should normally create the event for the specific Drill or Emergency.

- 2.2 **IF** the TSC has already created an event for this drill or emergency, **THEN** select that event and go to procedure Section 3, **Communications** screen.
- 2.3 **IF** the TSC was unable to, or has not created an event for this drill or emergency, **THEN** create a new event by performing the following: Select **Site** from the menu, then **New Event**.

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

**Create Event**

**Event Information**  
 Type: ☒ Drill ☐ Actual Emergency  
 Site: Batawba Nuclear Site  
 Description:

**Emergency Classification**  
☒ Notification/Unusual Event ☐ Site Area Emergency  
☐ Alert ☐ General Emergency  
 Declared:  /  /  :  :

**Message Information**  
 Has a previous message been sent? ☒ Yes ☐ No  
**Last Message Information**  
 Type: ☒ Initial ☐ Follow-Up Number:  1  
 Transmittal Date/Time:  /  /  :  :

Create Event Cancel

2.4 On the **Create Event** screen, fill in the information from the previous message as follows:

- For **Event Information** - Select Drill or Actual Emergency
- For **Description** - Indicate the type of Event (i.e.: Loss of Off-Site Power, 03/08/99 1<sup>st</sup> Quarter Drill)
- For **Emergency Classification** – Select the appropriate Emergency Classification and time of declaration.
- For **Message Information** – Has previous message been sent? (Yes or No).

**NOTE:** • The last message information is used to set the automatic functions of the program (ie: number, transmittal times, etc)

- For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

2.4.1 For **Last Message Information** – If previous message(s) **has** been sent manually:

- Select (Initial or Follow-up)
- Number (Last Message Number)
- Transmittal Date/Time (Last Message Transmittal Time)

2.5 Select **Create Event** button at the bottom of the screen. (Event Screen should be created.)

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

- 2.6 If all information is correct select "Yes" at the prompt "Are you sure you are ready to create this event".

**NOTE:** • Ensure the EOF is activated prior to beginning this section.

### 3. Communications Screen

- 3.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)
- 3.2 Complete the Communicator "Name" information. (This is the individual performing the phone communications with the State and County agencies.)
- 3.3 Complete the applicable information in the "Event Management" section as follows:
- Select the "Managing Site".
  - Select and verify the appropriate facility (TSC or EOF) activation time.
  - Select the "Save" button

**02/20/2000 Test**

Plan Status | Plan Summary | Protective Actions | Release | Met/Offsite Dose | **Communications**

**Communicator**  
Name: \_\_\_\_\_

**Next Message Information**  
Type: ☒ Critical ☐ Followup Number: 1

**Last Message Information**  
Has a previous message been sent? ☐ Yes ☒ No  
Type: ☒ Critical ☐ Followup Number: 0

**Emergency Classification**  
☐ Notification of Unusual Event ☐ Site/Plant Emergency  
☐ Alert ☐ General Emergency

**Event Management**  
 Managing Site: \_\_\_\_\_  
 TSC Activated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 EOF Activated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Build New Message | Change Last Message Information | Save | Cancel | Validate

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

**NOTE:** The Accident Assessment Manager is responsible for the **Plant Status, Plant Summary and Protective Action** screens.

Rad Assessment Manager is responsible for the **Release and Met/Offsite Dose** screens.

- \_\_\_\_\_ 3.4 Verify that the Rad Assessment and Accident Assessment positions have accessed the ENF program and have begun entering information.
- \_\_\_\_\_ 3.5 Monitor the Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen to assure information is being routinely updated.
- \_\_\_\_\_ 3.6 Updating the information on a particular panel may be performed by double clicking on the desired indicator panel at the bottom of the form and then selecting "Validate" if all information is correct.

**NOTE:** Except for the "Next Msg Due" indicator panel all indicator information is as follows:

**Black** -No information or information/time conflict.

**Green** – information is 0 to 10 minutes old..

**Yellow** – information is 10 to 15 minutes old.

**Red** – information is greater than 15 minutes old,

**NOTE:** For the "Next Msg Due" indicator panel all indicator information is as follows:

**Initial Messages:**

**Black** - No information or information/time conflict

**Green** – Next message due in 10 – 15 minutes.

**Yellow** – Next message due in 5 – 9 minutes.

**Red** – Next message due in 5 minutes or past due.

**Follow Up Messages:**

**Black** - No information or information/ time conflict.

**Green** – Next message due in 30 to 60 minutes.

**Yellow** – Next message due in 15 to 29minutes.

**Red** – Next message due in < 15 mins. or past due.

- \_\_\_\_\_ 3.7 Periodically validate information on the Communicator screen by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the Communicator Indicator to Green Status.)
- \_\_\_\_\_ 3.8 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator)

**Enclosure 4.1**  
**Electronic Emergency Notification Form**  
**(ENF) Completion/Transmission**

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#### **4. Building a Message**

\_\_\_\_\_ 4.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

**NOTE:** Contact the responsible group if information needs to be updated or validated.

- Verify Status indicators for the various screens at the bottom of the screen are current. (i.e. Green)
- If the information needs to be updated or validated, have the responsible individual update or validate their designated screen.
- Select the Communications screen, then select the Build New Message bar at the bottom of the screen. Information from the various screens will be incorporated into the message.

\_\_\_\_\_ 4.2 Review the form to verify information is correct.

- If the information is correct proceed to step 4.4.

**NOTE:** If the Accident Assessment Manager or Radiation Assessment Manager has made changes to their panels you can update the message by selecting **"Message"** from the Toolbar and then choosing **"Refresh"**.

\_\_\_\_\_ 4.3 If information needs to be revised, perform the following:

- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- Return to the specific message form, then select **Message** from the Toolbar, then **Refresh**.
- Select "Yes" if you are ready to Refresh the form.

**NOTE:** If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.

\_\_\_\_\_ 4.4 If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

\_\_\_\_\_ 4.5 Have the EOF Director review and sign the form.



**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

## 5. Transmitting Message

- \_\_\_\_\_ 5.1 Locate a copy the Authentication Code Word List.
- \_\_\_\_\_ 5.2 For Initial Notifications (15 Minutes) proceed to Section 6.
- \_\_\_\_\_ 5.3 For Follow-up Notifications, proceed to Section 7.
- \_\_\_\_\_ 5.4 For Terminations message, proceed to Section 8.

## 6. Transmission of Initial Notifications

- NOTE:**
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
  2. If Selective Signaling is not operational, see **Enclosure 4.3** for Selective Signaling and Alternate Communication Instructions.
  3. If the ENF Fax program is not operational refer to **Enclosure 4.4** for additional instructions.

- \_\_\_\_\_ 6.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 6.1.1 – 6.3 while another Off Site Agency Communicator establishes contacts as per step 6.6.

- NOTE:** The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- \_\_\_\_\_ 6.1.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

**Fax Message**

Approval

Name: \_\_\_\_\_

Title: **EDF Director**

Date/Time: / / : \_\_\_\_\_

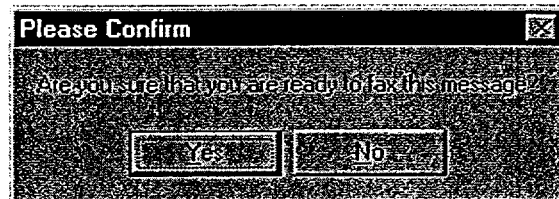
Additional Actions

☒ Export To Web      ☐ Send E-Mail

**Fax**      **Cancel**

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select “Yes” on confirmation panel if ready to fax the form



**NOTE:** The AT&T Fax Sender Panel should now be initialized and appear on the screen.

A screenshot of the "AT&T Fax Sender" application window. The window has a menu bar with "File", "Message", "Options", and "Help". Below the menu bar is a toolbar with icons for Queue, Send, Hold, Note, Options, Cancel, and Help. The main area contains several input fields and checkboxes. The "Subject" field is empty. The "To" field is set to "~catawba". The "Name" field is empty. The "Fax #" field is empty. The "Recipients" field is empty. There are checkboxes for "Disclose Recipients (Enables To/From)", "Add Cover Sheet", "Send me Receipts Confirming Delivery", and "Consolidate Receipts Confirmations into one Report". The "Grade of Delivery Service" is set to "Standard". The "Latest Delivery Time" is set to "Default". The "Custom Label for Cover Sheet" is set to "None". The "Project Code" field is empty. The status bar at the bottom shows "Ready" and the time "8:39:26 AM".

6.2 On ATT Fax Sender Panel, Type **~catawba** or **~mcguire** (whichever applies) in the Name block.

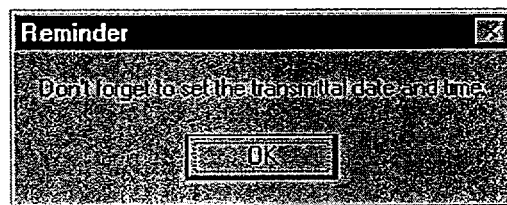
**Enclosure 4.1**  
**Electronic Emergency Notification Form**  
**(ENF) Completion/Transmission**

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6.3 Perform the following:

- Click the Green colored " check mark symbol" ( ✓ ) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**
- Select "OK" on reminder panel for setting the transmittal time and date.



- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).
- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

<b>NOTE:</b> Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.
--

6.4 **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}

6.5 **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)

6.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing \*5 (CNS) or \*1 (MNS) and verify that all available agency answers. (If all agencies do not answer the group call, dial the specific agency individually.)

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

**NOTE:** The transmittal time will need to be hand written on the copy of the ENF that the EOFD has previously signed.

- When all available parties are verified on the line, document that this is the transmittal time.

**NOTE:** Authentication Code should be hand written into the signed ENF form.

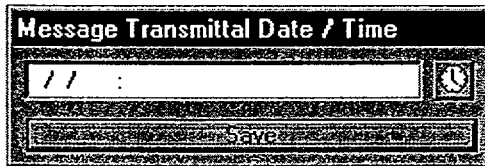
- Read the following statement "This is **Catawba** or **McGuire** Nuclear Station EOF. This is a drill or actual emergency (whichever applies)."
- Verify that all available agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- Read the information on the ENF, line by line, to the Off-site Agencies.
- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- After the information has been covered, inform the agencies the following: "This concludes message # \_\_\_\_ Are there any questions?"
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.
- Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 6.6. Document the times these agencies were contacted on the back of the notification form.
- After message transmission is complete, select **Message** from the toolbar, then choose "**Set Transmittal Date/Time**".
- Select "Yes" at the prompt if the Fax was successfully sent.



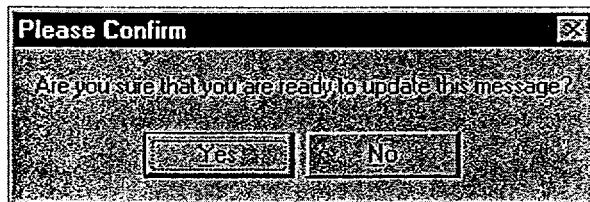
**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

**NOTE:** The transmittal date will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save".



- If information is correct, select the "Yes" button.



**NOTE:** Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

\_\_\_\_\_ 6.7 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency.

\_\_\_\_\_ 6.8 Repeat the above steps as necessary to communicate other **Initial** messages.

\_\_\_\_\_ 6.9 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

\_\_\_\_\_ 6.10 Update next message due on the following white boards:

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

- Off Site Agency Communicators Area
- EOF Directors Area

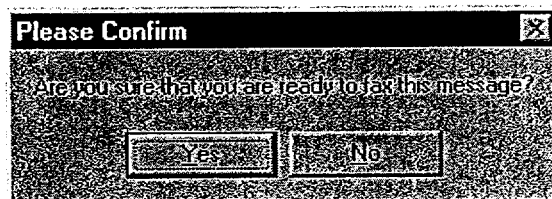
## 7. Transmission of Follow-up Notification

- 7.1 Once the ENF has been approved, one Off-site Agency Communicator shall perform steps 7.2 - 7.3 while another Off-site Agency Communicator establishes contacts as per step 7.6.

**NOTE:** The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- 7.2 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form.



**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

**NOTE:** The AT&T Fax Sender Panel should now be initialized and appear on screen.

**AT&T Fax Sender**

File Message Options Help

Queue Send Hold Note Options Cancel Help

Subject [ ]

To [ ] Name ~catawba

Fax # [ ]

Recipients [ ]

Grade of Delivery Service: Standard [ ]

Latest Delivery Time: Default [ ]

Custom Logo for Cover Sheet: None [ ]

Protect Code: [ ]

☒ Disclose Recipient's (Enables To/BA)

☐ Add Cover Sheet

☐ Send me Receipts Confirming Delivery

☐ Consolidate Receipt Confirmations in One Report

Ready 8:39:26 AM

7.3 Perform the following:

- On ATT Fax Sender Panel, Type **~catawba** or **~mcguire** (whichever applies) in the Name block.
- Click the Green colored " check mark symbol" ( ☒ ) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**

**Enclosure 4.1**  
**Electronic Emergency Notification Form**  
**(ENF) Completion/Transmission**

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**NOTE:** For Follow-up messages, the transmittal time will be the time that all available agencies are on the line to verify Fax transmission.

- Select "OK" on reminder panel for setting the transmittal time and date.



**NOTE:** Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).
- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

\_\_\_\_ 7.4 **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}

\_\_\_\_ 7.5 **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 the message that was being transmitted.  
{PIP-M-01-3711}



**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

7.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

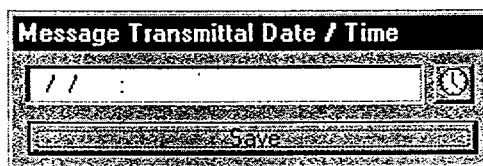
- Activate the Group Call function by dialing \* 5 (CNS) or \*1 (MNS) and verify that all available agencies answer. (If all agencies do not answer the group call, dial the specific agency individually.)
- Verify that all available agencies are on the line. Document this as the transmittal time.
- Verify that all Agencies have received the Faxed ENF. (If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)
- Ask if there are any questions, regarding the Follow-up ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.

7.7 After message transmission is complete, select **Message** from the toolbar, then choose “Set Transmittal Date/Time”.

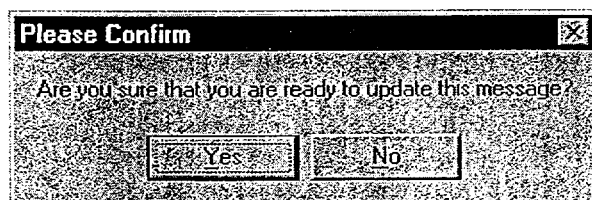
- Select “Yes” at the prompt if the Fax was successfully sent.



- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message.



**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

- The transmittal date and time will be automatically be added on the message.

**NOTE:** Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

\_\_\_\_\_ 7.8 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency.

\_\_\_\_\_ 7.9 Repeat the above steps as necessary to communicate other **Follow Up** messages.

\_\_\_\_\_ 7.10 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director Area.
- Accident Assessment Group.
- Dose Assessment Group.
- Field Monitoring Coordinator.
- Wall Folder (2 copies).

\_\_\_\_\_ 7.11 Update next message due on the following white boards:

- Off Site Agency Communicators Area.
- EOF Directors Area.

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

## 8. Termination Message

- NOTE:**
1. Termination notifications are communicated **verbally**.
  2. Termination notification is marked as a Follow-up.

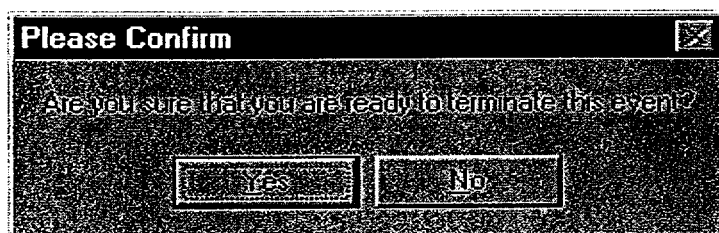
8.1 From the Menu bar, select the specific **Event**. (Ensure that the event is highlighted) and then select **Terminate Event**.

8.2 Enter Termination Time and Date, then Click **OK**.

**Enclosure 4.1**  
**Electronic Emergency Notification Form**  
**(ENF) Completion/Transmission**

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\_\_\_\_\_ 8.2.1 Confirm that event is ready to be Terminated by clicking "Yes".



- A Message will be generated with appropriate information.

\_\_\_\_\_ 8.3 Review the form to verify information is correct.

- If the information is correct proceed to step 8.5.

\_\_\_\_\_ 8.4 If information needs to be revised, perform the following:

- Return to the events panel by selecting the specific event.
- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- Return to the specific message form by double clicking on the specific message.
- Select **Message** from the Toolbar, then **Refresh**.
- Select "Yes" if you are ready to Refresh the form.

<b>NOTE:</b> If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.
---

\_\_\_\_\_ 8.5 **WHEN** the form information is correct, **THEN**:

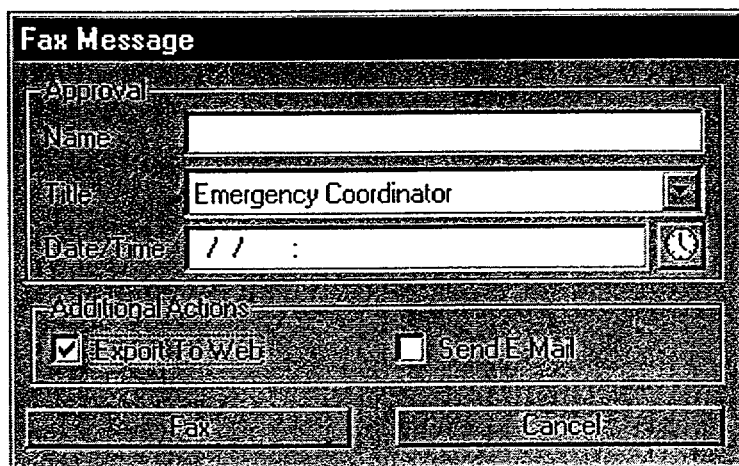
- Print out a copy by selecting **Message** from the Toolbar, then **Print**.
- Have the EOF Director review and sign the form.

\_\_\_\_\_ 8.6 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 8.7 – 8.8 while another Off Site Agency Communicator establishes contacts per steps 8.9.

**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

8.7 To Fax the Electronic form, Select Message from the Toolbar, THEN Fax.

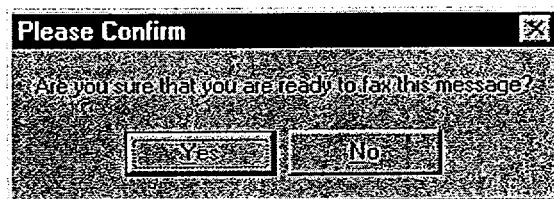
**NOTE:** The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.



The "Fax Message" dialog box contains the following fields and controls:

- Approval:** A section header.
- Name:** A text input field.
- Title:** A text input field containing "Emergency Coordinator" with a checkmark icon on the right.
- Date/Time:** A text input field with a clock icon on the right.
- Additional Actions:** A section header.
- Export To Web:** A checked checkbox.
- Send E-Mail:** An unchecked checkbox.
- Fax:** A button.
- Cancel:** A button.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form.



The "Please Confirm" dialog box contains the following elements:

- Title:** "Please Confirm" with a close button (X) in the top right corner.
- Text:** "Are you sure that you are ready to fax this message?"
- Buttons:** "Yes" and "No" buttons.

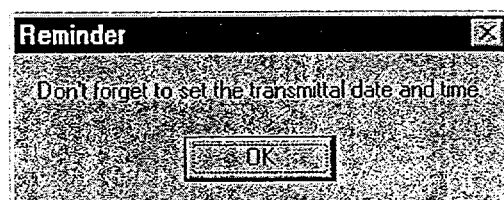
**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

**NOTE:** If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.

**NOTE:** The AT&T Fax Sender Panel should now be initialized and appear on screen

8.8 Perform the following:

- On ATT Fax Sender Panel, Type **~catawba or ~mcguire** (whichever applies) in the Name block.
- Click the Green colored " check mark symbol" ( ✓ ) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**
- Select "OK" on reminder panel for setting the transmittal time and date.



**Enclosure 4.1**  
**Electronic Emergency Notification Form**  
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**NOTE:** Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie; maximize the program).
- IF the fax program does not appear to be working, (ie; fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

8.9 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing \* 5 (CNS) or \*1 (MNS) and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually.)

**NOTE:** The transmittal time will need to be hand written on the copy of the ENF that the EOFD has previously signed.

- Verify that all available agencies are on the line. Document this as the transmittal time.
- Verify that all Agencies have received the Faxed ENF and verbally communicate the message to the Off Site Agencies. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

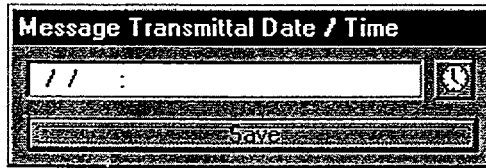
**NOTE:** Authentication Code should be hand written on the copy of the ENF that the EOFD has previously signed.

- For Termination Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- Ask if there are any questions, regarding the Termination ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.
- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.
- Select **"Yes"** at the prompt if the Fax was successfully sent.

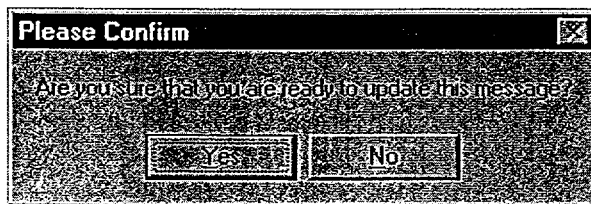


**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

- Complete the message transmittal Date and Time and select "Save".



- At the confirmation prompt select "Yes" if you are ready to update this message.



- The transmittal date and time will be automatically be added on the message.

**NOTE:** Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

\_\_\_\_\_ 8.10 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency.

\_\_\_\_\_ 8.11 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director Area.
- Accident Assessment Group.
- Dose Assessment Group.
- Field Monitoring Coordinator.
- Wall Folder (2 copies).



**Electronic Emergency Notification Form  
(ENF) Completion/Transmission**

       8.12 Shut down the Program by performing the following:

- From the **Menu Bar**, Select **"File"**, then **"Exit"**.
- Shut down the Computer by Selecting the **"Start"** button, then **"Shutdown"**, then, **"Shutdown the computer"**.

**Enclosure 4.2**  
**Emergency Notification Form (ENF)**  
**Completion**

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**1. Initial and Follow-up Completion (Information for the Completion of the ENF)**

Obtain a copy of the Emergency Notification Form from the Catawba or McGuire Procedure Cabinet located in the EOF Directors area.

**NOTE:** \* Items 11-14 may be skipped on initial notifications

Item #	Communicator Action	Info Source
1.	Check appropriate blocks: (Drill/Emergency).(Initial/Follow-up) <b>Initial:</b> First message in each of the 4 classifications. <b>Follow-up:</b> Subsequent messages following the initial message within the same classification. Message #'s are <u>sequentially numbered</u> throughout drill/emergency starting with the Control Room.	EOF Comm.
2.	Write in the site, unit or units affected, and the phone communicator's name (Reported by).	EOF Comm.
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is: <b>Initial</b> - when all available Agencies are verified on the line. <b>Follow-up</b> - when the form is faxed.)	EOF Comm
4.	Document the Authentication while transmitting the notification. Refer to Authentication Enclosures (Enclosure 4.5 and 4.6) for additional instructions.	EOF Comm
5.	Check appropriate classification.	Acc Assess.
6.	Mark the appropriate box and write time and date current classification was declared.	Acc Assess
7.	Write a concise description for declaring the current emergency classification. Also use this space for any other important information. (See page 7 of 8, section 3.13 of the body of the procedure, for additional information). <b>The first message from the EOF should include a statement indicating that the EOF has been activated. Do not use acronyms or abbreviations.</b> For <b>Follow-up</b> messages, include relevant information and changes that have occurred since the last message ( <b>Don't just restate the EAL or last message</b> ).	Acc Assess.
8.	Mark appropriate plant condition: <b>Improving</b> - Emergency conditions are improving in the direction of a lower classification or termination of the event. <b>Stable</b> - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed. <b>Degrading</b> - 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 off-site Protective Action Recommendations.	Acc Assess.
9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	Acc Assess.

**Emergency Notification Form (ENF)  
Completion**

10.	<p>Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14. A release is any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs:</p> <ul style="list-style-type: none"> <li>• Rx. Bldg EMF Monitors (38, 39, or 40 reading indicates an increase in activity or EMF monitors 53A and/or 53B for Catawba or 51A and/or 51B for McGuire read greater than 1.5 R/hr) AND pressure inside the containment bldg is greater than Tech. Specs. OR an actual containment breach is determined.</li> <li>• Increase in activity monitored by unit vent EMF monitors 35, 36, or 37.</li> <li>• Steam generator tube leak monitored by EMF 33.</li> </ul>	Rad Assess.
11.*	<p>* Items 11-14 may be left blank on <u>initial</u> notifications. Indicate type of release and time/date. Mark Ground Level for any airborne releases.</p>	Rad Assess.
12.*	Indicate release magnitude and whether release is above or below normal operating limits.	Rad Assess.
13.*	Write estimate of projected off-site dose and estimated duration. Check new or unchanged. If unchanged from a previous notification, the information does not have to be repeated.	Rad Assess.
14.*	Provide meteorological data.	Rad Assess.
15.	<p>Indicated appropriate recommended protective actions as recommended by Duke Power and the EOF Director.</p> <ul style="list-style-type: none"> <li>• For Unusual Event, Alert, and Site Area Emergency, Mark box "A".</li> <li>• For General Emergency, mark and complete information for boxes B and C using: Catawba - RP/0/A/5000/005 (GE) McGuire - RP/0/A/5700/004 (General Emergency).</li> </ul>	Rad Assess.
16.	Have EOF Director approve message.	EOF Dir.

Enclosure 4.2  
Emergency Notification Form (ENF)  
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**2. Termination Notification Completion (Manual ENF Termination)**

2.1 When the emergency/drill has been terminated, complete the ENF as described below.

- NOTE:**
1. When terminating from a General Emergency, "No Recommended Protective Action" HAS to be selected in the Electronic Emergency Notification Form Program.
  2. Termination notifications are communicated **verbally**.
  3. Termination notification is marked as a Follow-up.

Line Item #	Action	Source of Information EOF
1.	Check appropriate blocks. NOTE: Message #s are sequentially numbered throughout the drill/emergency starting with the Control Room.	Accident Assessment Mgr.
2.	Write in site and unit or units affected. NOTE: Reported by is communicator's name	Accident Assessment Mgr.
3.	Write confirmation phone number that states and counties may call back on. Transmittal time will be documented at the beginning of message transmission	
4.	Authentication will be completed while transmitting the notification to states and counties.	
5.	Check appropriate classification that is being terminated from.	Accident Assessment Mgr.
6.	Mark box "B" and write time and date of termination.	Accident Assessment Mgr.
7.-15.	No information is required.	Off-site Communicator
16.	Have EOF Director approve message.	EOF Director

## 1. Transmitting a Message

- 1.1 Review the following Selective Signal guideline if necessary to familiarize yourself with its operation.

<b>SELECTIVE SIGNALING</b>	
<b>NOTE:</b>	Selective Signaling is an open line that is capable of connecting all agencies together at the same time. No special conferencing process is required to get all agencies on the line. The line is always active (i.e., no dial tone). * 5 (CNS) or * 1 (MNS) may be used initially to contact county and warning points/EOCs.
<b>NOTE:</b>	The handset has a "push to talk" button which must be pressed in order for the parties on the other end to hear you. To use the headset instead of the handset, set the switch on the headset controller to "headset" and remove the handset from the phone cradle. Then resume normal operation. There is no "push to talk" feature associated with the headset however, the handset must be removed from the cradle when the headset is in use.
1.	Pick up receiver (no dial tone will be heard). Dial * 5 (CNS) or * 1 (MNS) and wait for agencies to answer. Verify that all agencies have answered. Note: If all agencies do not answer the group call, dial the agencies individually per step 2.
2.	Alternately, the agencies may be contacted individually by dialing the three digit Selective Signal number for each agency. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. Dial the second agency's three-digit Selective Signal number. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line.
3.	Continue this process until all applicable agencies are on the line.

**NOTE:** If Selective Signal Communications fail, the following is the suggested priority for backup communications systems used to notify the states and counties.

- 1.2 1st - Commercial Telephone (Bell Line) (Conference Call)

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.1 for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers.

- **MCGUIRE**

Refer to Enclosure 4.10 (EOF Programmable Conference Telephones) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers

## Emergency Notification Form Transmission

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## 1.3 2nd - North Carolina and/or South Carolina Emergency Management Radio.

• **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.6, for instructions on the use of the State Emergency Management Radios.

• **MCGUIRE**

Refer to the Emergency Response 4.11 (EOF County Emergency Response Radios) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the State Emergency Management Radios.

## 1.4 3rd - Duke Power Radio Network (Low Band System)

• **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.7, for instructions on the use of the Duke Power Low Band Radios.

• **MCGUIRE**

Refer to the Emergency Response 4.12 (EOF North Carolina Emergency management Radio) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the Duke Power Low Band Radios.

<b>NOTE: Report any failures to the EOF Director/Emergency Planner.</b>
---

**2. Message Transmission**

2.1 For transmitting Initial Notifications, proceed to Section 3.

2.2 For transmitting Follow-up Notifications, proceed to Section 4.

**3. Initial Notification Transmission**

\_\_\_\_ 3.1 **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}

3.2 **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 with 15 minutes.

\_\_\_\_ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

**Emergency Notification Form Transmission**

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When you are prepared to transmit a message, contact the appropriate agencies using the established method.

- **CATAWBA**

Message # \_\_\_\_\_

CNS SELECTIVE SIGNAL		CNS BELL LINE	ROLL CALL
Individual Selective Signal #	OR Dial *5: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say:  "This is Catawba Nuclear Station; please hold."
513	York County WP/EOC	803/329-1110	
116	Mecklenburg Co. WP/EOC	704-943-6200	
112	Gaston County WP/EOC	704/866-3300	
314	North Carolina WP/EOC	919/733-3300	
518	South Carolina WP/EOC	803/737-8500	
*** 514	SC FEOC	To be determined by S.C.	

- **McGUIRE**

MNS SELECTIVE SIGNAL		MNS BELL LINE	ROLL CALL
Individual Selective Signal #	OR Dial *1: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say:  "This is McGuire Nuclear Station; please hold."
112	Gaston County WP/EOC	704/866-3300/3243	
113	Lincoln County WP/EOC	704/735-8202/736-8511	
114	Iredell County WP/EOC	704/878-3039	
116	Mecklenburg Co. WP/EOC	704-943-6200	
118	Catawba County WP/EOC	828/464-3112	
119	Cabarrus County WP/EOC	704/788-3108/8137	
314	North Carolina WP/EOC	919/733-3942/3861	

If an off-site agency does not pick up, try dialing the Selective Signaling number again or get help to dial that agency on the Bell line and give the message separately. (Use radio if all other communication fails.)

**Emergency Notification Form Transmission**

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- 3.3 When all available agencies are connected, document the time on line 3 as transmittal time and read the following statement: "This is a drill or actual emergency (whichever applies). The following is Emergency Notification ENF Information."
- 3.4 If this is the **FIRST** message from the EOF, inform the states and counties that the EOF has been activated and that you are taking over responsibility for communications from Catawba or McGuire Nuclear Station. **This should be noted on Line 7 of the Emergency Notification Form (ENF).**
- 3.5 Authenticate and Transmit the Emergency Notification (ENF) message providing line by line information to the agencies. When you reach line 4, ask one of the agencies to provide a number from the authentication code word list (Enclosure 4.5). Then give them the corresponding codeword for that listed number. Fill in line 4 with the number and codeword. (Ref. Enclosure 4.6 for authentication instructions.)
- 3.5.1 All **initial** notifications shall be communicated verbally. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
- 3.6 Upon completion of the message transmission, obtain the names of the agency representatives and complete documentation on the back of the Emergency Notification Form (ENF).

**NOTE:** Date and time do not need to be filled in on back of form if all parties were on line at the time of message transmission.

- 3.7 Inform the agencies of the following,
- This concludes message # \_\_\_\_.
  - They will be receiving a Fax copy of this message shortly.
  - Are there any questions about the message?
- 3.8 If question is outside of ENF information, do not answer question.
- Authenticate the request (if question is a return call).
  - Have the request evaluated by the EOF Director.
  - Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.
- 3.9 Fax the front page of the Emergency Notification Form (ENF) to the agencies per Enclosure 4.4 (Fax Instructions).



**Emergency Notification Form Transmission**

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3.10 Repeat steps as needed to communicate other initial messages.

3.11 Provide copies of the Emergency Notification Form to the:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

#### 4. Follow-up Notification Transmission

**NOTE:** Follow-up notifications are **not** required to be verbally transmitted. Follow-up messages may be faxed with phone verification of receipt. 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.

4.1 Verify that all sections have been completed and that the message has been approved.

4.2 Fax a copy of the form to the Off-Site Agencies per Enclosure 4.4 (Fax Instructions).

4.3 Call the Off-Site Agencies.

4.4 Verify all available parties are online and document this as the transmittal time.

4.5 Verify the each received the Notification Form via fax.

4.6 Ask if there are any questions.

If a question is outside of ENF information, do not answer question.

- Authenticate the request (if question is a return call) (callee gives number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.

4.7 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF.

4.8 Repeat the above steps as necessary to communicate other follow-up messages.

4.9 Provide hard copies of the Emergency Notification Form to:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

**1. The primary method of faxing the notification form is via the Electronic Notification Form Program.**

If a problem is experienced with the Electronic Notification Form fax, send the Fax to the Agencies via one of the following methods: Simultaneously via AT&T Enhanced Fax Process or Individually via the Off-Site Communicator Fax Machine.

**2. Simultaneously (AT&T Enhanced Fax Faxes Simultaneously to the Off-site Agencies)**

- \_\_\_\_\_ 2.1 Place the Notification form in the Off-site Communicator Fax machine.
- \_\_\_\_\_ 2.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:
- Press the pre-programmed button labeled **AT&T Broadcast Fax** (or Dial 1-800-232-9674).
  - Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #).
  - Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*).
  - When Login is verified Successful, **Press 1** (to send a message).
  - Press **\* 5** (Recipient List).
  - Press **#** (Own Private List).
  - For Catawba Nuclear Station distribution Press **1 #**(List Name).
  - For McGuire Nuclear Station distribution Press **2 #**(List Name).
  - Press **\* #** (No other Lists to add).
  - Press **Start** on the Fax Machine.
  - Hang up telephone. The AT&T Enhanced Fax Service will then fax the notification form to the Primary Off-site Agencies.

<p><b>NOTE:</b> To receive messages from the Fax Service (i.e.: could not deliver a fax to specific location), refer to Section 5.</p>
--

### **3. Individually (via fax machine to the Primary Agencies (WP/EOCs))**

3.1 Fax the Notification Form individually using the Fax machine per the following list:

#### **CATAWBA**

	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr. (JIC)	or dial	8-382-0069
	Press	York Co. WP/EOC	or dial	1-803-324-7420
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	S.C. WP/EOC	or dial	1-803-737-8575
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	1-803-831-3532

#### **McGUIRE**

	Press	MNS News Group	or dial	8-875-5602
	Press	Joint Information Ctr. (JIC)	or dial	382-0069
	Press	Lincoln County WP/EOC	or dial	1-704-732-9035
	Press	Iredell County WP/EOC	or dial	1-704-878-5354
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	Catawba County WP/EOC	or dial	1-828-465-1220
	Press	Cabarrus County WP/EOC	or dial	1-704-784-1919
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	8-875-1954

### **4. Additional Fax Options/Instructions**

4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:

- Place the Fax you are transmitting face down into the Fax Machine.
- Press the pre-programmed one-touch speed dial numbers (i.e., Meck Co. WP/EOC, NC WP, etc.) that you want to receive the Fax.
- Press **Start**.

4.2 To send a Fax to a single location using one-touch dialing or direct dialing:

- Insert the document face down into the Fax and press the designated agency button labeled on the Fax Machine.
- Verify Fax was sent to the agencies via the Fax report(s). Resend as appropriate.

## 5. AT&T Enhanced Fax Message Retrieval

5.1 To Retrieve messages from the AT&T Enhanced Fax service, perform the following:

- \_\_\_\_\_ 5.1.1 Place the Notification form in the Off-site Communicator Fax machine.
- \_\_\_\_\_ 5.1.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:
  - Press the pre-programmed button labeled **AT&T Enhanced Fax** (or Dial 1-800-232-9674).
  - Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #).
  - Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*).
  - When Login is verified Successful, **Press 2** (to receive a message).

**Enclosure 4.5**  
**Message Authentication Code List**

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## **1. Placing A Call**

When providing Emergency Notification Form (ENF) information to the Off-Site Agencies, the Communicator should:

- 1.1 Ask a State or County Representative to provide a number from the Authentication Codeword list.
- 1.2 Then give them the code word corresponding with the number from Enclosure 4.5, "Message Authentication Code List."
- 1.3 Write the number and code word on the Emergency Notification Form (ENF) (Line 4).

## **2. Receiving A Call**

When receiving a call from off site and the identity of the party calling is not known, you should:

- 2.1 Provide a number from Enclosure 4.5, "Message Authentication Code List," to the caller.
- 2.2 The caller will then provide the word corresponding with the number of the Authentication Code List.
- 2.3 Document in Communicator's Logbook.

### RULE OF THUMB:

Callee gives the number

Caller gives the word

**Enclosure 4.7**  
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☐ **A** THIS IS A DRILL    ☐ **B** ACTUAL EMERGENCY    ☐ **INITIAL**    ☐ **FOLLOW-UP**    MESSAGE NUMBER \_\_\_\_\_

2. SITE: \_\_\_\_\_ UNIT: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern)    CONFIRMATION PHONE NUMBER: (704) 382-0724  
MM    DD    YY

4. AUTHENTICATION (If Required): \_\_\_\_\_  
(Number)    (Codeword)

**5. EMERGENCY CLASSIFICATION:**

☐ **A** NOTIFICATION OF UNUSUAL EVENT    ☐ **B** ALERT    ☐ **C** SITE AREA EMERGENCY    ☐ **D** GENERAL EMERGENCY

6. ☐ **A** Emergency Declaration At ☐ **B** Termination At: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern)    MM    DD    YY    (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. PLANT CONDITION ☐ **A** IMPROVING    ☐ **B** STABLE    ☐ **C** DEGRADING

9. REACTOR STATUS: ☐ **A** SHUTDOWN: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern)    MM    DD    YY    ☐ **B** \_\_\_\_\_ % POWER

10. EMERGENCY RELEASE(S): ☐ **A** NONE (Go to item 14.)    ☐ **B** POTENTIAL (Go to item 14.)    ☐ **C** IS OCCURRING    ☐ **D** HAS OCCURRED

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

☐ **A** AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time (Eastern)    MM    DD    YY    Time (Eastern)    MM    DD    YY

☐ **B** LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time (Eastern)    MM    DD    YY    Time (Eastern)    MM    DD    YY

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

☐ **A** NOBLE GASES \_\_\_\_\_

☐ **B** IODINES \_\_\_\_\_

☐ **C** PARTICULATES \_\_\_\_\_

☐ **D** OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ **NEW**    ☐ **UNCHANGED**    PROJECTION TIME: \_\_\_\_\_ (EASTERN)

TEDE  
mrem

Thyroid CDE  
mrem

SITE BOUNDARY \_\_\_\_\_  
2 MILES \_\_\_\_\_  
5 MILES \_\_\_\_\_  
10 MILES \_\_\_\_\_

ESTIMATED DURATION: \_\_\_\_\_ HRS.

\*\*14. METEOROLOGICAL DATA: ☐ **A** WIND DIRECTION (from) \_\_\_\_\_ °    ☐ **B** SPEED (MPH) \_\_\_\_\_  
☐ **C** STABILITY CLASS \_\_\_\_\_    ☐ **D** PRECIPITATION (type) \_\_\_\_\_

**15. RECOMMENDED PROTECTIVE ACTIONS**

☐ **A** NO RECOMMENDED PROTECTIVE ACTIONS

☐ **B** EVACUATE \_\_\_\_\_

☐ **C** SHELTER IN-PLACE \_\_\_\_\_

☐ **D** OTHER \_\_\_\_\_

16. APPROVED BY: \_\_\_\_\_ EOF Director \_\_\_\_\_ TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern)    MM    DD    YY  
(Name)    (Title)

\* 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.

**Enclosure 4.7**  
**Emergency Notification Form**

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**GOVERNMENT AGENCIES NOTIFIED**

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Record the name, date, time and agencies notified:

1. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(date)                      (time)                      (agency)
2. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(date)                      (time)                      (agency)
3. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(date)                      (time)                      (agency)
4. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(date)                      (time)                      (agency)
5. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(date)                      (time)                      (agency)
6. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(date)                      (time)                      (agency)
7. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(date)                      (time)                      (agency)



**EOF Lead Off-Site Agency Communicator  
Duties****Lead Person:**

- Sign in on the white board in the EOF Director's area as the "Off-site Agency Communicator". Also sign in and ensure that the other EOF off-site agency communicators have signed in on the white board in the off-site agency communicator's area.
- Ensure adequate staffing of Emergency Off-site Agency Communicators (EOACs).
- Ensure all the EOACs have a copy of and understand the correct procedure and that they know their duties.
- Ensure that the EOACs are fit for duty prior to taking turnover from the site.
- Keep the EOF Director informed of progress in preparing to take turnover from the site. Ensure that the EOF promptly get copies of each site-issued Emergency Notification Form.
- Be the chief interface with the EOF Director.
- Have one of the EOACs arrange for 24-hour EOAC coverage.
- Check with dose assessment early and often to ensure that they don't delay an ENF. (It can take them 10 minutes to calculate doses so be sure that they have a 15 -minute warning before we need their data. If they aren't comfortable with their data or if they run low on time, get the Radiological Assessment Manager involved at once -- **do not delay!**)
- Check with the News Group to coordinate ENF transmittals with their press conference schedule. Information should always be issued on an ENF before the News Group releases it. If requested, review and approve (signature required) news releases.
- Resolve any questions concerning procedure or actions (the Emergency Planner can help).
- Ensure that all messages (ENFs) are accurate, complete, and issued on time.
- Decide when to omit dose data on the ENF (in the interest of timeliness).
- Keep up with events as they unfold for potential inclusion on the ENF. Ensure that events (e.g. injuries, fires, intruders, etc.) are reported and that later ENF's follow-up on those events and report their resolution ("close the loop").
- Proofread the ENF prior to giving it to the EOF Director for approval. Give the EOF Director sufficient time to review/change the ENF.
- Work with the EOF Services group to fix any problems with the FAX machines, selective signaling, etc. Advise the EOF Director of these problems.
- Decide which ENFs will be FAXed only (vs read and FAXed).
- Take notes during the drill/event for topics that should be discussed in the critique. Participate in the critique.
- After the drill/event tell the primary EOAC what role was filled by each communicator and of any comments/questions concerning their action in the drill/event.

**ENF Person:**

- Start EOAC computer and log in to electronic ENF.

**EOF Lead Off-Site Agency Communicator  
Duties**

- Verify that all users can access electronic ENF.
- Synchronize the EOAC computer clock with the TSC time.
- Complete ENF section 1 either electronically or on paper (NOTE: ENF section 1, lines 3 and 4 are entered by the phone person).
- Work with Accident Assessment and Rad Assessment to complete their sections of the ENF.
- Have the lead EOAC and the EOF Director review the ENF when it is ready.
- Ensure SR/0/B/2000/003 (Activation of the Emergency Operations Facility), Enclosure 4.9 (EOF Off-Site Agency Communicator Checklist) is completed.
- Collect and turn in all appropriate documentation to Emergency Planning at the end of the drill/event.
- Use ENF software to FAX ENF to JIC.
- Ensure all ENF software users are working on the current ENF message.

**Phone Person**

- Get current authentication code word list.
- Call the TSC to advise them of the start of communications checks.
- Perform communications checks with all participating off-site agencies.
- Call all participating off-site agencies to begin process of communicating each ENF.
- Have this communication authenticated by one of the off-site agencies.
- Complete ENF section 1, lines 3 and 4, and then print the ENF.
- Communicate ENF contents to off-site agencies (by FAX and/or voice).
- Verify that all off-site agencies received each ENF (and get name of individual recipient).
- Handle all questions from the off-site agencies.
- Sign off completed task of procedure.

**Floater**

- Assist and provide brief relief to Phone, Lead and ENF persons as needed.
- Copy and distribute each ENF promptly.
- Use FAX machine to transmit ENFs.
- Get EOF Director to sign the hard copy of each ENF that the EOF prepared using the electronic ENF.
- Update the EOF Director's Area and the EOAC status boards with the next message due number and time each time an ENF is completed. (This applies to all ENFs regardless of site or origination - Control Room, TSC, and EOF).

**The first EOACs to arrive at the EOF should promptly perform each of the "Immediate Actions" listed in SR/0/B/2000/004 regardless of which role they expect to perform.**