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TO: Document Control Center - NRC File Room

DOCUMENT CHANGE NOTICE NO. 149

Date: August 1, 2002

From: YNPS Site Services Department

Document: Implementing Procedures to the Emergency Plan

1. Enter the attached documents in your manuals and/or files, discard all obsolete copies, and return this form to the Site Services Department at Yankee-Rowe within 30 Calendar days.

2. SAFEGUARDS INFORMATION DOCUMENTS

ALL OBSOLETE copies shall be returned to the Security Shift Supervisor for SHREDDING. SAFEGUARDS INFORMATION documents shall be hand-to-hand delivered or enclosed in two properly sealed and addressed envelopes. Return this form to the Site Services Department.

DESCRIPTION OF CHANGE:

ISSUANCE: Implementing Proc. to the E-Plan

List of Effective Pages

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DCN No. 149 8/1/02

PROCEDURE NO.

REV. NO.

AP-3400

11

AP-3426

17

DOCKET NO. 50-29
LICENSE NO. DPR-3

Please sign and return to:

Renee Prilipp
Yankee Atomic Electric Co.
49 Yankee Rd.
Rowe, MA 01367

Departmental Working Copies have been Reviewed and Working Copy Files Updated.

N/A

Departmental Signature (N/A if not applicable)

The above documents have been entered in the applicable Department Manuals and/or files and all Obsolete copies have been discarded or identified as obsolete. [3, 5.2.15, Paragraph 9, Item 4] SAFEGUARDS INFORMATION documents will be handled per #2 above.

Signature

Date

A045

YANKEE NUCLEAR POWER STATION
IMPLEMENTING PROCEDURES TO THE EMERGENCY PLAN
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EMERGENCY PREPAREDNESS DRILLS AND EXERCISES

SCOPE

This procedure outlines the process in which Emergency Preparedness drills and exercises are developed, performed, evaluated and documented.

ENCLOSURES

AP-3400 - Pgs. 1-6
APF-3400.1 - Pg. 1 - Rev. 11
APF-3400.2 - Pg. 1 - Rev. 11
APF-3400.3 - Pgs. 1-2 - Rev. 11
APF-3400.4 - Pg. 1 - Rev. 11
APF-3400.5 - Pgs. 1-3 - Rev. 11

REFERENCES

1. Yankee Nuclear Power Station Defueled Emergency Plan
2. AP-0227, "Condition Reporting and Investigation"

DISCUSSION

Emergency drills and exercises shall be conducted to assure the capability of the Emergency Response Organization (ERO) to execute the Defueled Emergency Plan (DEP) and the Defueled Emergency Plan Implementing Procedures (DEPIPs).

Drills are supervised instruction periods aimed at testing, developing and maintaining the skills necessary to perform a particular emergency response function. Drills may be performed independently, in combination with, or as a component of the required annual exercise.

Exercises are events which test the integrated capability and a major portion of the basic elements within the emergency plan.

The four categories of Emergency Preparedness Drills are briefly described below:

<i>Emergency Response:</i>	A drill conducted at least annually to test and evaluate the augmentation capabilities of the Emergency Response Organization (ERO). It will evaluate the time required for designated personnel to respond to the plant. These drills are typically simulated.
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- Fire:** A drill to test and evaluate the response and training of the plant's Fire Brigade. Drills may be performed in conjunction with off-site fire support. Routine fire drills are conducted in accordance with AP-0503, "Fire Protection Training", and are not addressed by this procedure.
- Medical Response:** A drill conducted at least annually to train as well as test and evaluate the response of the plant's Medical Response Team. Drills will involve simulated contaminated victims and the participation of off-site medical support service agencies.
- Radiation Protection:** An annual drill to test and evaluate the response to emergency radiation protection situations.

Each type of drill should test a specific range of emergency response actions. Drill performance will be supervised and evaluated by individuals qualified in the designated area(s) of response. Qualified individuals may assist the Emergency Plan Coordinator (EPC) in preparing and/or conducting drills; However, drill preparation and conduct is the responsibility of the EPC.

PRECAUTIONS

Participants in drills and/or exercises may need to utilize plant equipment outside of the industrial areas (radiation detection instruments, medical equipment, etc.). If an individual is a drill participant, removal of equipment for drill purposes shall be allowed without an approved property pass. All equipment shall be restored to its pre-drill status/location following drill/exercise termination.

PREREQUISITES

None

PROCEDURE

A. PLANNING AND NOTIFICATIONS

1. PLANNING

- a. The EPC will be responsible for completing the following actions:
 - 1) Schedule a drill or exercise at least six weeks in advance. Coordinate the selection of the date with plant management and coordinate the

involvement of off-site agencies with the DE&S Contingency Management Services (CMS) Group, if applicable.

- 2) Appoint a Drill or Exercise Coordinator.
- 3) Forward a copy of the Drill/Exercise Scenario at least six weeks before the Exercise to the Off-Site Agencies designated below for pre-planning review.
 - Massachusetts Emergency Management Agency (MEMA)
 - Vermont Emergency Management Agency (VEMA)
 - Shelburne Dispatch
- 4) Ensure that a current Letter of Agreement between Yankee and each of the off-site agencies involved exists, if applicable.
- 5) Review the Drill or Exercise Scenario Package at least two weeks prior to the drill.

b. The Drill or Exercise Coordinator will be responsible for completing the following actions:

- 1) Determine the type of drill or exercise and establish appropriate objectives.
- 2) Select or develop a drill or exercise scenario. The scenario should simulate as much as practicable an actual emergency situation.
- 3) In cooperation with the EPC develop a list of events to be simulated during the drill or exercise.
- 4) Develop simulated instrument responses and information for use during the drill or exercise.
- 5) Assign drill or exercise Controllers and Observers.
- 6) Prepare a Drill or Exercise Scenario Package using APF-3400.1, "Drill/Exercise Scenario Package Format" as an outline.

- 7) Submit the Drill or Exercise Scenario Package to the EPC for review at least three weeks prior to the scheduled drill.
- 8) Resolve review comments and prepare final drill or exercise package.

2. NOTIFICATIONS

- a. The EPC will coordinate with the appropriate off-site agencies to determine their degree of participation. Refer to APF-3400.5 for the list of pre-drill or exercise notifications.
- b. The Drill Coordinator will notify the Drill Controllers and Observers of the planned drill or exercise date as well as the date of any pre-drill or exercise briefings.
- c. The EPC will notify the affected on-site personnel at least one week before the drill or exercise, as appropriate. Refer to APF-3400.5.

B. PERFORMANCE

1. The Drill or Exercise Coordinator will conduct pre-drill or exercise briefings for Controllers and Observers as necessary.
2. The Drill or Exercise Coordinator will issue copies of the scenario "Drill/Exercise Observations Log (APF-3400.2)" and "Drill/Exercise Performance Evaluation Form" (APF-3400.3) to the Controllers and Observers prior to conducting the drill or exercise.
3. The Drill or Exercise Coordinator will conduct a briefing or issue any necessary instructions to players prior to the drill or exercise.
4. The Drill or Exercise Coordinator will coordinate the pre-staging of players and the use of props as necessary.
5. The drill or exercise will be conducted as outlined in the scenario and/or discussed in the pre-drill or exercise briefings. Changes in the scenario during the drill or exercise should not be made without the approval of the Drill or Exercise Coordinator and EPC.

NOTE: A drill or exercise may be terminated at any time at the discretion of the Operations Shift Supervisor or plant management.

6. The initiating announcement, as well as subsequent communications associated with the drill or exercise, shall include the words "THIS IS A DRILL."
7. The EPC will ensure that the necessary portions of AP-3425, "Emergency Equipment Readiness Check" and AP-3426, "Emergency Response Facilities Readiness Check" are performed following the scheduled drill or exercise.

C. CRITIQUE AND EVALUATION

1. The Drill or Exercise Coordinator will conduct a critique with Controllers/Observers and Players as soon as practicable following the drill or exercise.

NOTE: The critique should include representatives from the off-site agencies that participated in the drill or exercise. If necessary, a separate critique may be conducted.

2. The Drill or Exercise Coordinator will collect the completed evaluation forms along with any additional drill and/or critique documentation and forward it to the EPC.
3. The EPC will consolidate and review critique documentation and drill/exercise evaluation forms as soon as practicable following the critique.
4. The EPC will evaluate all comments and evaluation forms. Drill/Exercise evaluation criteria for rating comments is outlined on APF-3400.4.
5. Initiate AP-0227, "Condition Reporting and Investigation" for any drill/exercise weakness or area of improvement.

D. FACILITY

1. Following the drill/exercise, the CR/TSC shall be returned to a ready condition by the participants. The Drill or Exercise coordinator and EPC shall ensure the facility has been returned to a ready state following the critique.

E. REPORTING AND TRACKING

1. The EPC and appropriate department managers should determine the corrective actions necessary to resolve drill or exercise weaknesses or areas for improvement.
2. The EPC will develop a drill or exercise summary/action plan following the scheduled drill or exercise. The drill or exercise summary/action plan will address all drill or

exercise weaknesses and areas for improvement and shall include, but not be limited to:

- a description of action items
 - a proposed resolution for the items
3. Within 60 days, the EPC will forward copies of the drill or exercise summary/action plan to the Decommissioning Manager, Plant Superintendent and Safety Oversight Manager.

F. DOCUMENTATION

1. The EPC will prepare a drill or exercise package which should include, but not be limited to:
- a. Drill or Exercise Scenario Package
 - b. Controller/Observer Evaluation Forms (APF-3400.3)
 - c. Appropriate critique documentation
 - d. A copy of the drill or exercise summary/action plan
 - e. Any additional tracking documentation

FINAL CONDITIONS

1. Drill or exercise documentation has been collected and evaluated.
2. The TSC has been returned to a ready state.
3. Items requiring corrective action have been documented and an action plan has been established.
4. YNPS management has been notified of drill or exercise results.

DRILL/EXERCISE SCENARIO PACKAGE FORMAT

The following is an outline of information required for a Drill/Exercise Scenario Package. The actual format and production of the package will be determined by the Drill or Exercise Coordinator and should include (if appropriate), but not be limited to:

A. Drill/Exercise Specifics

- Type of drill or exercise
- Date, time and location of drill or exercise
- Drill or Exercise Coordinator's name

B. Drill/Exercise Scenario

- Drill or Exercise objectives
- Brief description of drill or exercise
- Detailed sequence of events
 - Expected player actions
 - Simulated actions

C. Drill/Exercise Scenario Data

- Instrument responses
- Event conditions
- Vital signs (Medical drill)

D. Drill/Exercise Assignments

- List of Players
- List of Controllers/Observers

E. Special Instructions/Actions

- Precautions/hazard warnings for Players and Controller/Observers
- Instructions for the pre-staging of Players
- Instructions for the use of props

DRILL/EXERCISE OBSERVATIONS LOG

[illegible]

Name: _____ Area Evaluated: _____

Date: _____ Page _____ of _____

APF-3400.2

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DRILL/EXERCISE PERFORMANCE EVALUATION FORM

Name: _____ Drill or Exercise Date: _____

Location: _____

Type of Drill or Exercise: _____

Information to Provide: _____

(Controller/Observers Only)

Time Commenced: _____ Time Terminated: _____

OBSERVATIONS, COMMENTS AND RECOMMENDATIONS

Note: Observations should include the proper and effective
use of procedures, equipment, and personnel.

Note: Use additional pages as necessary.

Signature: _____ Page _____ of _____

OBSERVATIONS, COMMENTS AND RECOMMENDATIONS (Continued)[illegible]

Page 2 of 2

EMERGENCY PREPAREDNESS DRILL/EXERCISE EVALUATION CRITERIA

Directions

Complete the evaluation of the drill or exercise using the rating scale below. Evaluations should be based on the drill or exercise objectives. Consider all comments or suggestions for improvement included on the Drill/Exercise Evaluation Forms.

<u>Rating</u>	<u>Symbol</u>	<u>Comments and Suggested Improvements</u>
Strength	S	No comment necessary.
Weakness	W	Must be followed by comments, together with suggestions for improvement.
Areas for Improvement	A	May be followed by comments and suggestions for improvements.
Not Observed or Not Applicable	N	No comments or suggestions are required.

DEFINITIONS

Strengths

Strengths are actions taken by the ERO which provide strong positive indication of their ability to cope with abnormal conditions and effectively implement the Defueled Emergency Plan.

Weaknesses

Weaknesses are findings that the ERO's demonstrated level of performance could have precluded effective implementation of the Defueled Emergency Plan in the event of an actual emergency in the area being observed. The existence of a weakness does not, of itself, indicate that overall response was inadequate to provide the required emergency response function or to protect the health and safety of the public.

Areas for Improvement

Areas for improvement are findings which do not have a significant negative impact on the ability of the ERO to implement the Defueled Emergency Plan. Although the emergency response related to a noted area for improvement is adequate, the finding should still be evaluated to determine if corrective action could be taken to improve performance.

PRE-DRILL/EXERCISE NOTIFICATIONS

Appropriate notifications from Section A will be made by the EPC prior to any drill or exercise which involves offsite agencies.

A. Off-Site Agencies

1. North Adams Regional Hospital

Person contacted: _____ Date: _____

Degree of Participation: _____

2. Charlemont Fire Department - Ambulance Service:

Person contacted: _____ Date: _____

Degree of Participation: _____

3. Williamstown Medical Associates:

Person contacted: _____ Date: _____

Degree of Participation: _____

4. Massachusetts Emergency Management Agency

Person contacted: _____ Date: _____

Degree of Participation: _____

5. Rowe Fire Department

Person contacted: _____ Date: _____

Degree of Participation: _____

6. Shelburne Dispatch:

Person contacted: _____ Date: _____

Degree of Participation: _____

7. Vermont Emergency Management Agency

Person contacted: _____ Date: _____

Degree of Participation: _____

8. Nuclear Regulatory Commission (NRC)

Person contacted: _____ Date: _____

Degree of Participation: _____

9. Massachusetts Department of Public Health

Person contacted: _____ Date: _____

Degree of Participation: _____

10. Vermont Department of Public Health

Person contacted: _____ Date: _____

Degree of Participation: _____

11. Other (specify): _____

Person contacted: _____ Date: _____

Degree of Participation: _____

B. On-Site Personnel

Date Contacted

- | | |
|--|-------|
| 1. Decommissioning Manager | _____ |
| 2. Plant Superintendent | _____ |
| 3. Operations Supervisor | _____ |
| 4. Maintenance/Construction Supervisor | _____ |
| 5. Administrative Manager | _____ |
| 6. Safety Oversight Manager | _____ |
| 7. Fuel Storage Oversight Manager | _____ |
| 8. Security Supervisor | _____ |
| 9. Training Coordinator | _____ |
| 10. FTOC Project Manager | _____ |

C. DE&S

- | | |
|--|-------|
| 1. Contingency Management Services Group Manager | _____ |
|--|-------|

Proc. No. AP-3426
Rev. No. 17
Issue Date 08/2002
Review Date 11/2002

TECHNICAL SUPPORT CENTER (TSC) READINESS CHECK

SCOPE

To ensure the Technical Support Center (TSC) is periodically checked to verify that the facility is in an operable condition and to test its communications equipment and systems.

ENCLOSURES

AP-3426 - Pg. 1
Attachment A - Pgs. 1-4
Attachment B - Pgs. 1-2
APF-3426.1 - Pg. 1 - Rev. 17
APF-3426.2 - Pg. 1 - Rev. 17

REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. AP-0711, "Communications Systems"
3. DP-2005, "Operations Department Surveillance Schedule"

DISCUSSION

The Technical Support Center's (TSC) communication equipment shall be tested monthly utilizing the appropriate attachment. An inspection and inventory of the TSC shall be performed quarterly. These activities shall be performed as scheduled by Reference 3.

PRECAUTIONS

None.

PREREQUISITES

See individual attachments.

PROCEDURE

See individual attachments.

FINAL CONDITIONS

See individual attachments.

ATTACHMENT A

MONTHLY COMMUNICATION TESTS AT THE TSC

PREREQUISITE

1. Notify the Operations Shift Supervisor prior to conducting communication tests.
-

PROCEDURE

A. TELEPHONE SYSTEMS

1. Plant (AT&T Definity)

NOTE: Operability of plant extensions routinely used in the TSC may be verified by the office residents.

- a. Ring the following TSC extensions from Ext. 2233:

●	2252	<input type="checkbox"/> OP	<input type="checkbox"/> INOP
---	------	-----------------------------	-------------------------------

●	2232	<input type="checkbox"/> OP	<input type="checkbox"/> INOP
---	------	-----------------------------	-------------------------------

2. Verizon

- a. Check for the presence of the following power fail telephones:

●	(SAS) 424-5261 (Ext. 2295)	_____
---	----------------------------	-------

●	(TSC) 424-5262 (Ext. 2232)	_____
---	----------------------------	-------

●	(CR) 424-5263 (Ext. 2302)	_____
---	---------------------------	-------

- b. Check the operation of the following direct outside lines: (listen for dial tone, dial 424-5261 to talk to the plant phone operator).

● 424-5395 (Ops Station) ☐ OP ☐ INOP _____

● 424-5473 (SS Desk) ☐ OP ☐ INOP _____

● 424-5387 (TSC) ☐ OP ☐ INOP _____

● 424-5455 (Gatehouse location) ☐ OP ☐ INOP _____

3. Federal Telecommunication System (FTS)

- a. Notify the Control Room that the FTS telephone will be tested from the TSC. _____

- b. From a FTS telephone call the NRC by dialing 1-301-816-5100. State the following:

- (1) Name
- (2) Location
- (3) Fact that telephone is being tested
- (4) Request a call back to the telephone being tested (answer from the FTS phone)

Control Room

● FTS (700-661-5251) ☐ OP ☐ INOP _____

TSC

● FTS (700-661-5251) ☐ OP ☐ INOP _____

4. Satellite Phones - Base Units

NOTE: The base units are located in the TSC and CR/SAS areas. These two phones are on the same line (i.e., both will ring at the same time).

NOTE: The following guidelines should be utilized for the purpose of periodic testing the satellite phones so as to not incur unnecessary usage costs (\$1.50 per min).

a. For outbound testing: ☐ OP ☐ INOP

- 1) Pick up the handset of one of the satellite (base unit) phones.
- 2) Dial: #8378 (must dial # key)
- 3) You should hear a recorded message confirming that your satellite phone is working.
- 4) Hang up the phone.
- 5) Repeat steps 1) through 4) for the other satellite (base unit) phone.

b. For inbound testing: ☐ OP ☐ INOP

- 1) From any regular landline phone, dial the satellite (base unit) phone number:

9-1-254-377-4745
- 2) Verify that both satellite phones ring - do not answer them!
- 3) Hang up the regular landline phone.

B. FACSIMILE MACHINE

NOTE: Fax machine may be set up in Control Room at extension 2358 or in the Technical Support Center at extension 2252.

1. Send a test sheet from one machine to another (Refer to transmitting instructions at the machine)
-
2. Check the reproduction quality of the receiving machine:

☐ OP ☐ INOP

C. Document results of this attachment on APF-3426.1, "TSC Discrepancies and Corrective Actions."

D. If a communications discrepancy is found, then complete APF-0711.1, "Communications Problem Report," and forward it to the Plant Communications Coordinator.

E. Forward the completed procedure to Operations Management.

FINAL CONDITIONS

1. The completed procedure has been returned to Operations Management.

2. If applicable, the discrepancies found in the completion of this attachment have been corrected or forwarded to the Plant Communications Coordinator for corrective action.

3. The TSC is adequately equipped and functional to meet emergency contingencies.

Remarks:

Completed by: _____

Date/Time

Reviewed by: _____
Shift Supervisor

Date/Time

Reviewed by: _____
Operations Management

Date

Reviewed by: _____
E-Plan Coordinator

Date

ATTACHMENT B

QUARTERLY INVENTORY AND INSPECTION OF THE TSC

PREREQUISITE

1. Notify the Operations Shift Supervisor prior to conducting communication tests.

PROCEDURE

A. EQUIPMENT INVENTORY

1. Clock
 - Conventional (1) _____
2. Map
 - Site Plot Plan (Drawing No. 9699-FY-6A) _____
3. Blank White Status Board _____

B. DOCUMENTS INVENTORY

NOTE: The Site Services Department should be able to assist in determining the latest versions of necessary documents.

1. Complete APF-3426.2, "TSC Documents Reference List." Use this form to verify that the latest versions of required procedures, forms, and lists are available in the TSC. Also verify that the working copy files are of the latest versions.
2. Books
 - Defueled Emergency Plan _____
 - Defueled Implementing Procedures _____
 - DE&S Emergency Support Plan (CC No. 42) _____
 - Off-Site Dose Calculation Manual (ODCM) (CC No. 15) _____
 - TSC Log Book _____
 - Procedures for Admission and Management of Radioactively Contaminated Patients at North Adams Regional Hospital _____
 - Op-Memos _____
 - Plant Procedures (CC No. 4) _____
 - Defueled Technical Specifications _____
 - FSAR (CC No. 11) _____
 - Defueled Systems Training Manual (CC No. 3) _____
 - State of Vermont Notification Manual _____
 - YNPS SFP/ISFSI Recovery & Restoration Plan _____

- C. Document results of this attachment on APF-3426.1, "TSC Discrepancies and Corrective Actions." _____
- D. Forward the completed procedure to Operations Management. _____

FINAL CONDITIONS

1. The latest versions of procedures, forms, and lists are in place. _____
2. The completed procedure has been returned to Operations Management. _____
3. If applicable, the discrepancies found in the completion of this attachment have been corrected. _____
4. The TSC is adequately equipped and functional to meet emergency contingencies. _____

Remarks:

Completed by: _____ Date/Time _____

Reviewed by: _____ Date _____
Shift Supervisor

Reviewed by: _____ Date _____
Operations Management

Reviewed by: _____ Date _____
E-Plan Coordinator

TSC DISCREPANCIES AND CORRECTIVE ACTIONS

Date: _____

Check One: ☐ Monthly Communications Tests Only (Att A)

☐ Quarterly TSC Checks Only (Att B)

Communications Problem(s)? ☐ Yes ☐ No If Yes, then document
below, complete APF-0711.1 and forward to Plant Communications
Coordinator.

[illegible]

Completed by: _____

Date _____

TSC DOCUMENTS REFERENCE LIST

DOCUMENT	WORKING FILES	REVISION OR DATE
OP-3300*		
OP-3305*		
OP-3315*		
OP-3324*		
OP-3343*		
OP-3344*		
AP-0711*		
AP-0806*		
AP-0809*		
OP-4952*		
OP-8041*		
OP-8415*		
OP-8421*		
OP-Memo 2E-4*		
OP-Memo 2E-5*		
OP-Memo 2E-6*		
YNPS In-Plant Telephone Listing*		
DE&S (Marlboro) Telephone Listing*		
Off-Site Dose Calculation Manual		
DE&S Emergency Support Plan		
Defueled Emergency Plan		
Defueled E-Plan Implementing Procedures		
Procedures for Admission and Management of Radioactively Contaminated Patients at North Adams Regional Hospital		
Plant Procedures Manual		
Defueled Technical Specification		
FSAR		
Defueled Training Manual		
State of Vermont Notification Manual		