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DOCUMENT CHANGE NOTICE NO. 152

Date: 3/24/03

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 Table of Contents DCN No. 152 3/24/03

PROCEDURE NO. REV. NO.

AP-3315	21
AP-3324	17
DP-3425	9
DP-3427	Original

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

NOTE: The attached procedures do not go into effect until 3/27/03.

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

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YANKEE NUCLEAR POWER STATION  
IMPLEMENTING PROCEDURES TO THE EMERGENCY PLAN  
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IMPLEMENTING PROCEDURES

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Technical Support Center (TSC) Activation and Operations	AP-3324	Rev. 17
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Alternate Location Readiness Check	DP-3427	Original
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Revision Process for the YNPS Defueled Emergency Plan	AP-3452	Rev. 3

## CONTROL ROOM ACTIONS DURING AN EMERGENCY

### SCOPE

This procedure outlines the basic emergency plan requirements and actions to be followed by the Control Room personnel in an emergency.

### ENCLOSURES

AP-3315 - Pgs. 1-2  
Attachment A - Pgs. 1-5  
Attachment A-1 - Pgs. 1-2  
APF-3315.1 - Pgs. 1-4 - Rev. 21  
APF-3315.2 - Pgs. 1-2 - Rev. 21  
Attachment B - Pg. 1

### REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. AP-0227, "Condition Reporting and Investigation"
3. OP-3300, "Classification of Emergencies"
4. OP-Memo 2E-4, "ERO Augmentation"
5. OP-Memo 2E-6, "Emergency Response Facilities Telephone Directory"
6. AP-0711, "Communications Systems"
7. NRC Form 361, "Event Notification Worksheet"
8. YAEC Integrated Response Plan

### DISCUSSION

The Control Room is located in the Gatehouse. Upon declaration of one of the two emergency classifications, the Control Room becomes an Emergency Response Facility and the Shift Supervisor assumes the duties of Incident Director.

During the initial stages of an emergency, the Control Room staff will direct all phases of the emergency response. Actions will include:

- Classifying an Emergency.
- Notifying appropriate State authorities.
- Notifying Emergency Response Organization personnel.
- Notifying the NRC.

- Initiating on-site habitability surveys, if necessary.
- Formulating on-site personnel response recommendations, if necessary.
- Performing initial off-site dose assessment, if necessary.
- Initiating corrective actions required to restore normal operation, if necessary.

As personnel respond to the Technical Support Center (TSC), the emergency functions listed above will be transferred to the TSC.

#### PRECAUTIONS

None

#### PREREQUISITES

An UNUSUAL EVENT or ALERT has been declared.

#### PROCEDURE

1. Based on your assigned function, follow the procedural guidance of the appropriate attachment listed below:

<u>Attachment</u>	<u>Title and Implementation Responsibilities</u>
A	Incident Director (Shift Supervisor)
B	Equipment Operator

2. Record the status, time done, and initials, as required by each attachment.
3. Initiate AP-0227 for any identified discrepancies. [2]

#### FINAL CONDITIONS

1. As specified in the appropriate attachments.
2. Initiate AP-0227 for identified discrepancies. [2]

ATTACHMENT A

INCIDENT DIRECTOR (SHIFT SUPERVISOR)

This attachment will be completed by the Shift Supervisor (SS) who will assume the position of Incident Director. The SS/Incident Director will remain in command and control of emergency response actions until relieved by a qualified Incident Director.

PROCEDURE

NOTE: Regardless of the classification, all steps of this attachment must be completed. NA should be used for any steps that do not apply.

	<u>Time Done</u>	<u>Initials</u>
1. Classify the emergency per OP-3300, "Classification of Emergencies."		
• UNUSUAL EVENT	_____	_____
• ALERT	_____	_____
2. If not already being performed initiate and maintain a log of significant events.	_____	_____
3. Tell the Security Alarm Station Operator:		
a. What emergency classification was declared.		
b. To initiate OP-3344, "Security Force Actions Under Emergency Conditions," Attachment B.	_____	_____
1) If full ERO activation is necessary, activate the Plant Group Paging System in accordance with OP-3344, Att. B, step 2.		
2) If less than full ERO activation is necessary to respond to the emergency, identify which ERO positions (if any) should be directed to respond to the TSC in accordance with OP-3344, Att. B, step 3.		

- |   | <u>Time Done</u> | <u>Initials</u> |
|---|------------------|-----------------|
| c. If the Group Paging System is inoperable, call the pager wearers (as designated in step 3.b above) listed in Attachment A of OP-Memo 2E-4,                                     | _____            | _____           |
| 4. Instruct the Control Room personnel to make the appropriate announcement over the Gaitronics System and contact the YNPS Visitors Center personnel by telephone at ext. 2220:  | _____            | _____           |
| • UNUSUAL EVENT (Attachment A-1)  | _____            | _____           |
| • ALERT (Attachment A-1)  | _____            | _____           |
| 5. AS SOON AS POSSIBLE AND WITHIN ONE HOUR OF THE EMERGENCY DECLARATION:  |                  |                 |
| a. Notify the Commonwealth of Massachusetts and the State of Vermont via Commercial Telephone System or Satellite Phone System:   |                  |                 |
| • UNUSUAL EVENT (APF-3315.1)  | _____            | _____           |
| • ALERT (APF-3315.2)  | _____            | _____           |
| b. When State representatives call back to the plant, record the name of the caller and be prepared to provide the following information (if known and appropriate) upon request: | _____            | _____           |
| • Time and classification of emergency.   |                  |                 |
| • Emergency response actions underway.  |                  |                 |

NOTE: All public information-related telephone calls should be forwarded to the Public Affairs Representative. (refer to OP-Memo 2E-4 Att. B for contact numbers)

		<u>Time Done</u>	<u>Initials</u>
6.	AS SOON AS POSSIBLE AND WITHIN ONE HOUR OF THE EMERGENCY DECLARATION:		
a.	Complete NRC Form 361, "Event Notification Worksheet." [7]	_____	_____
b.	Notify the NRC via the Federal Telecommunications System (FTS). Refer to the appropriate attachment of AP-0711, "Communications Systems," for usage and numbers.	_____	_____
7.	Direct the Equipment Operator to initiate Attachment B.	_____	_____
8.	Request assistance, as needed, from outside agencies for equipment and manpower needed to deal with the event. (Refer to OP-Memo 2E-6 for numbers)		
•	Fire	_____	_____
•	Medical (Ambulance)	_____	_____
•	Law Enforcement (coordinate with the Security Shift Supervisor)	_____	_____
9.	If the event produces abnormal in-plant radiological conditions (eg., PVS Noble Gas Normal Range Monitor high alarm) then:		
a.	Direct Equipment Operator to initiate Att. B, Step 2 (Gatehouse Habitability Surveys per OP-3324, "TSC Activation and Operations", Attachment C-1).	_____	_____
b.	If required, then determine personnel response recommendations for on-site personnel.	_____	_____
c.	If required, then provide the personnel response recommendations to the ERO over the Gaitronics System.	_____	_____

	<u>Time Done</u>	<u>Initials</u>
10. If a release of radioactive material is indicated (eg., PVS Noble Gas Normal Range Monitor off-scale high or SFP ARM greater than 100 mR/hr) then:  Perform dose projections in accordance with OP-3324, "TSC Activation and Operations," Attachment C-3.	_____	_____
11. For "Alert" declarations, which require a plant evacuation, if Security determines any person(s) are unaccounted for after completing accountability, then attempt to contact them over the plant Gaitronics System. Initiate actions for search and rescue, as necessary.	_____	_____
12. In the event that repair and corrective action becomes necessary and adverse radiological conditions may be encountered, utilize the guidance in OP-3324, "TSC Activation and Operations," Attachment C-2.	_____	_____
13. Re-evaluate the emergency classification and if conditions warrant, escalate to an ALERT classification. For escalation to an ALERT classification review Steps 1 through 6 to ensure that appropriate notifications are made.	_____	_____
14. Direct the activities of the Emergency Response Organization until the TSC has been activated, and you have been formally relieved by a qualified Incident Director.	_____	_____
15. Keep the Incident Director informed of plant status and discuss required actions to terminate the event.	_____	_____
16. Termination: If the severity of conditions are less than the associated EALs and all safety functions are being maintained, terminate as follows:  a. Obtain the concurrence of the Incident Director.	_____	_____



Time Done    Initials

b.    Notify the following:

- NRC Operations Center via FTS  
      (AP-0711) .
- Massachusetts Emergency  
      Management Agency Dispatcher  
      via Commercial Telephone  
      System or Satellite Phone  
      System (APF-3315.1, or.2)
- Vermont State Police  
      Dispatcher via Commercial  
      Telephone System or Satellite  
      Phone System (APF-3315.1,  
      or.2)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17.    When the emergency has been terminated,  
      inform the plant staff by announcing the  
      termination over the Gaitronics System.

\_\_\_\_\_

FINAL CONDITIONS

1.    The emergency has been terminated.
2.    All attachments of this procedure and associated documentation have been  
      received from emergency response personnel and submitted to the Incident  
      Director.

Completed by: \_\_\_\_\_

\_\_\_\_\_ Date/Time

ATTACHMENT A-1

EMERGENCY CLASSIFICATION ANNOUNCEMENTS

Time Done   Initials

A.   IMMEDIATELY TERMINATING UNUSUAL EVENT

1.   Announce:

- "ATTENTION IN THE PLANT  
ATTENTION IN THE PLANT"
- "The plant has experienced an  
UNUSUAL EVENT which has been  
immediately terminated."
- (Describe conditions and  
affected area.)
- "Please continue with your  
normal duties."

2.   Repeat the preceding announcement.   \_\_\_\_\_

B.   UNUSUAL EVENT

1.   Announce:

- "ATTENTION IN THE PLANT  
ATTENTION IN THE PLANT"
- "UNUSUAL EVENT, UNUSUAL EVENT,  
UNUSUAL EVENT"
- (Describe conditions and  
affected area.)
- "All personnel report to your  
designated assembly area, stay  
clear of the affected area."  
(unless otherwise directed by  
the Shift Supervisor/Incident  
Director)

2.   Repeat the preceding announcement.   \_\_\_\_\_

Time Done   Initials

C.    **ALERT**

**NOTE:** The Shift Supervisor/Incident Director will determine if site evacuation is warranted, announce C.1 or C.2 as appropriate. Consider conditions which indicate no significant degradation in the control of radioactive material or where site evacuation could compromise personnel safety when determining the need for site evacuation.

1.    Announce: (NO Site Evacuation):

- a.    "ATTENTION IN THE PLANT  
        ATTENTION IN THE PLANT"
- b.    "ALERT, ALERT, ALERT"
- c.    (Describe conditions and  
        affected area.)
- d.    "Plant Emergency Response  
        Personnel report to the TSC.  
        All other personnel report to  
        your designated assembly area"  
        (unless otherwise directed by  
        the Shift Supervisor/Incident  
        Director)
- e.    Repeat Step C.1

\_\_\_\_\_

2.    Announce (Site Evacuation):

- a.    "ATTENTION IN THE PLANT  
        ATTENTION IN THE PLANT"
- b.    "ALERT,ALERT, ALERT"
- c.    (Describe conditions and affected area.)
- d.    "Plant Emergency Response Personnel report  
        to the TSC. All other personnel evacuate the site and  
        report to the Administrative Building on the hill" (or  
        the Yankee Visitors Center as directed by the Shift  
        Supervisor/Incident Director)
- e.    Sound the EVACUATION alarm.
- f.    Repeat Step C.2.

\_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IMMEDIATELY TERMINATED CLASSIFICATION - MASSACHUSETTS

**NOTE:** If the event has terminated, is stabilized and is below the initiating EAL by the time it has been classified, it is considered to be an Unusual Event Immediately Terminated.

Notify the Massachusetts Emergency Management Agency (MEMA) within One (1) hour by Commercial Telephone by dialing (800-982-6846) and ask for the MEMA Dispatcher. If the Commercial Telephone System is not operable use the Satellite Telephone System to call (800-982-6846) and ask for the MEMA Dispatcher.

When the MEMA Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared and immediately terminated an Unusual Event at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the Event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one):  
\_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of MEMA Dispatcher

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

\_\_\_\_\_  
Completed By

Shift Supervisor Initials: \_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IMMEDIATELY TERMINATED CLASSIFICATION - VERMONT

**NOTE:** If the event has terminated, is stabilized and is below the initiating EAL by the time it has been classified, it is considered to be an Unusual Event Immediately Terminated.

Notify the Vermont State Police (VSP) within one (1) hour by Commercial Telephone by dialing (802-244-8727) and ask for the State Police Dispatcher. If the Commercial Telephone System is not operable use the Satellite Telephone System to call (802-244-8727) and ask for the State Police Dispatcher.

When the State Police Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared and immediately terminated an Unusual Event at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the Event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one):  
\_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher

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

\_\_\_\_\_  
Completed By

Shift Supervisor Initials: \_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IN PROGRESS CLASSIFICATION - MASSACHUSETTS

Notify the Massachusetts Emergency Management Agency (MEMA) within One (1) hour by Commercial Telephone by dialing (800-982-6846) and ask for the MEMA Dispatcher. If the Commercial Telephone System is not operable use the Satellite Telephone System to call (800-982-6846) and ask for the MEMA Dispatcher.

When the MEMA Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Unusual Event at \_\_\_\_\_ hours based on Event No \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of MEMA Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of MEMA Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IN PROGRESS CLASSIFICATION - VERMONT

Notify the Vermont State Police (VSP) within one (1) hour by Commercial Telephone by dialing (802-244-8727) and ask for the State Police Dispatcher. If the Commercial Telephone System is not operable use the Satellite Telephone System to call (802-244-8727) and ask for the State Police Dispatcher.

When the State Police Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Unusual Event at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

_____	Time: _____	Date: _____
Name of VSP Dispatcher		
_____	Incident Director Initials: _____	
Completed By		

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one) \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

_____	Time: _____	Date: _____
Name of VSP Dispatcher		
_____	Incident Director Initials: _____	
Completed By		

NOTIFICATIONS TO THE STATES

FOR THE ALERT CLASSIFICATION - MASSACHUSETTS

Notify the Massachusetts Emergency Management Agency (MEMA) within One (1) hour by Commercial Telephone by dialing (800-982-6846) and ask for the MEMA Dispatcher. If the Commercial Telephone System is not operable use the Satellite Telephone System to call (800-982-6846) and ask for the MEMA Dispatcher.

When the MEMA Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcements (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message is complete.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Alert at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

_____	Time: _____	Date: _____
Name of MEMA Dispatcher		
_____	Incident Director Initials: _____	
Completed By		

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one) \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

_____	Time: _____	Date: _____
Name of MEMA Dispatcher		
_____	Incident Director Initials: _____	
Completed By		



NOTIFICATIONS TO THE STATES

FOR THE ALERT CLASSIFICATION - VERMONT

Notify the Vermont State Police (VSP) within one (1) hour by Commercial Telephone by dialing (802-244-8727) and ask for the State Police Dispatcher. If the Commercial Telephone System is not operable use the Satellite Telephone System to call (802-244-8727) and ask for the State Police Dispatcher.

When the State Police Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcements (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message is complete.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Alert at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher  
  
\_\_\_\_\_  
Completed By

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

Incident Director Initials: \_\_\_\_\_

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one) \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

ATTACHMENT B

EQUIPMENT OPERATOR

This attachment will be completed by the Equipment Operator. The Equipment Operator reports to the Shift Supervisor.

<u>PROCEDURE</u>	<u>Time Done</u>	<u>Initials</u>
1. Contact the Control Room and obtain a briefing from the Shift Supervisor.	_____	_____
2. As directed by the Shift Supervisor, initiate habitability surveys of the Gatehouse in accordance with Attachment C-1 of OP-3324, "TSC Activation and Operations."	_____	_____
3. When additional qualified personnel become available, transfer the responsibility for completing habitability surveys to them. Report the transfer of duties to the Shift Supervisor.	_____	_____
4. Perform in-plant corrective actions as directed by the Shift Supervisor.	_____	_____

FINAL CONDITIONS

1. The emergency has been terminated.
2. This attachment has been completed and all associated documentation has been returned to the Shift Supervisor.

Completed by \_\_\_\_\_ Date/Time \_\_\_\_\_/\_\_\_\_\_

TECHNICAL SUPPORT CENTER (TSC) ACTIVATION AND OPERATIONS

SCOPE

This procedure outlines the basic requirements and actions to be followed by the personnel who report to the TSC in an emergency.

ENCLOSURES

AP-3324 - Pgs. 1-2  
Attachment A - Pgs. 1-3  
Attachment B - Pgs. 1-3  
APF-3324.1 - Pg. 1 - Rev. 17  
Attachment C - Pgs. 1-2  
Attachment C-1 - Pgs. 1-2  
APF-3324.2 - Pg. 1 - Rev. 17  
APF-3324.3 - Deleted  
APF-3324.4 - Pg. 1 - Rev. 17  
APF-3324.5 - Pgs. 1-2 - Rev. 17  
Attachment C-2 - Pg. 1  
APF-3324.6 - Pgs. 1-2 - Rev. 17  
Attachment C-3 - Pgs. 1-2  
APF-3324.7 - Pg. 1 - Rev. 17  
APF-3324.8 - Pg. 1 - Rev. 17  
APF-3324.9 - Pg. 1 - Rev. 17  
Attachment C-4 - Pgs. 1-5  
APF-3324.10 - Pg. 1 - Rev. 17  
Attachment C-5 - Deleted  
APF-3324.11 - Deleted  
APF-3324.12 - Deleted  
Attachment D - Pg. 1  
Attachment D-1 - Pgs. 1-2  
APF-3324.13 - Pg. 1 - Rev. 17  
Attachment E - Pgs. 1-3, Rev. 17

REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. OP-3315, "Control Room Actions During an Emergency"
3. OP-8702, "Classification of Notification and Reporting Requirements for Radiological Incidents"
4. AP-0227, "Condition Reporting and Investigation"
5. OP-3343, "Release of Public Information Under Emergency Conditions"
6. DP-8015, "DAC Hour Accountability and Evaluation of Isotopic Mix"

7. Yankee Atomic Electric Company Integrated Response Plan

DISCUSSION

The TSC is located in the Gatehouse adjacent to the CR. The TSC will be activated in accordance with Attachment A. The TSC will operate in accordance with Attachments B, C, and D.

The TSC may be activated at the UNUSUAL EVENT or ALERT classifications at the discretion of the Incident Director. It is the responsibility of the Incident Director or designated alternate to implement this procedure. The TSC staff will normally include the Plant Superintendent as Incident Director and other department managers and supervisors from the Maintenance, Construction, Operations, and Radiation Protection/Chemistry.

Access to the TSC will be limited to those personnel with direct input to the emergency situation. Access should be granted to the NRC and representatives of Framatome ANP, if personnel respond.

If the TSC is not habitable, TSC operations may be performed from the Alternate Location. The Alternate Location will be activated in accordance with Attachment E. The Alternate Location will operate in accordance with Attachments B, C, and D.

PREREQUISITES

An UNUSUAL EVENT or ALERT has been declared.

PROCEDURE

1. When it is decided to activate the TSC, use Attachment A or Attachment E if the Alternate Location is to be activated.
2. Based on your assigned function, use the appropriate attachment listed below to operate the TSC:

<u>Attachment</u>	<u>Title and Implementation Responsibilities</u>
B	Incident Director
C	Radiological Assessment Coordinator
C.1	Gatehouse Habitability
C.2	Repair and Corrective Action Missions
C.3	Dose Projection
C.4	Site Monitoring Personnel
D	Technical Response Coordinator
D.1	TSC Support Personnel

3. Record the status, time done, and initials, as required by each attachment.

FINAL CONDITIONS

As specified in the appropriate attachments.

ATTACHMENT A

TECHNICAL SUPPORT CENTER (TSC) ACTIVATION

This attachment will be completed when activating the TSC.

PROCEDURE

A.	<u>PREPARATION FOR OPERATIONAL STATUS</u>	<u>Time Done</u>	<u>Initials</u>
1.	The Incident Director will determine operational status. Final status will be logged in the TSC Log Book.	_____	_____
2.	The Incident Director will receive a turnover from the SS.	_____	_____
3.	The TSC is declared operational at the discretion of the Incident Director.	_____	_____
4.	The Incident Director will notify on-site personnel via the Gaitronics that the TSC is activated.	_____	_____
5.	The Public Affairs Representative will be notified. (Refer to OP-Memo 2E-4 Att. B for DE&S contact numbers)	_____	_____
6.	(Refer to OP-Memo 2E-4 Att. B for FANP contact numbers)	_____	_____
B.	<u>COMMUNICATIONS CHECKS</u>		
1.	Check the operability of the TSC telephones by ringing another TSC extension.		
	• X 2232	___ OP	___ INOP
	• X 2233	___ OP	___ INOP
	• X 2252	___ OP	___ INOP

2. Check the operability of the following direct outside lines.

- 424-5395 (Ops Station) ☐ OP ☐ INOP
- 424-5473 (SS Desk) ☐ OP ☐ INOP
- 424-5387 (TSC) ☐ OP ☐ INOP

3. Check the operability of the plant paging system by contacting the Control Room.

- Gaitronics ☐ OP ☐ INOP

4. Coordinate with the Control Room to check the operability of the FTS System by contacting the NRC. Pick up the receiver and dial an Emergency Notification System (ENS) number. When the NRC responds, state:

- ☐ OP ☐ INOP
- Name.
- Location.
- Fact that a FTS operability check is being performed.

5. Check operability of the satellite phones as follows:

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.

6. Verify the Facsimile Machine is set up in the CR or TSC.
  - Fax Machine ☐ OP ☐ INOP
7. Inform the Technical Response Coordinator of any communications problems.

FINAL CONDITIONS

1. The Incident Director has assumed:
  - a. Command and control of the Emergency Response Organization.
  - b. Responsibility for:
    - Additional emergency classifications.
    - Notifying the states.
    - Maintaining communications with the NRC.
    - Performing Gatehouse habitability, if necessary.
    - Formulating on-site personnel response recommendations, if necessary.
    - Coordinating in-plant corrective actions, if necessary.
2. The TSC has been declared operational by the Incident Director.
- | 3. Initiate AP-0227 for identified discrepancies. [4]

ATTACHMENT B

INCIDENT DIRECTOR

This attachment will be completed by the Incident Director in the TSC or Alternate Location. The Incident Director is responsible for assuming command and control of the entire Emergency Response Organization (ERO).

PROCEDURE

	<u>Time Done</u>	<u>Initials</u>
1. After being notified of an emergency, report to the Control Room and receive a briefing from the Shift Supervisor and assess the situation.	_____	_____
<p><u>NOTE:</u> If notified by the Paging System outside of normal working hours, then the briefing, assessment and determination of personnel notification should be completed as soon as possible by calling the Control Room.</p>		
2. If the TSC is to be activated ensure Attachment A is completed or is in progress.	_____	_____
3. If the Alternate Location is to be activated ensure Attachment E is completed or is in progress.	_____	_____
4. Assume command and control of the ERO from the Shift Supervisor (Incident Director).	_____	_____
5. Re-evaluate the emergency classification and, if conditions warrant, escalate to an ALERT classification. For escalation to an ALERT classification review Steps 1 through 6 of OP-3315, Attachment A, to ensure that appropriate notifications are made.	_____	_____
6. Assign personnel to assume the following positions:	_____	_____
<ul style="list-style-type: none"> <li>• Radiological Assessment Coordinator (Att. C)</li> <li>• Technical Response Coordinator (Att. D)</li> </ul>		



	<u>Time Done</u>	<u>Initials</u>
7. If plant evacuation is necessary, assign personnel to the Administration/Training Building or Yankee Visitor Center (as appropriate) for accountability purposes.	_____	_____
8. Following a plant evacuation, if any person(s) are found to be unaccounted for after completion of accountability, then attempt to contact them over the plant Gaitronics System. Dispatch search and rescue personnel as necessary. The plant Gaitronics System is not available in the Alternate Location. Announcements must be made over the Plant Radio system using a handheld unit.	_____	_____
9. Direct all accident assessment activities. Develop a list to track significant technical issues that may require follow-up. (Use whiteboard to display list).	_____	_____
<u>NOTE:</u> The Framatome ANP Emergency Support Plan provides for additional emergency response support, as needed.		
10. If off-site technical assistance from Framatome ANP is necessary, instruct the Technical Response Coordinator to establish communications with applicable personnel in accordance with AP-3324, Att. D-1, step B.1.	_____	_____
11. If escalation is warranted, notify the states using OPF-3315.2. Notify the NRC of changes in the emergency classification/situation.	_____	_____
12. Review and approve any news releases to be made by the Public Affairs Representative in accordance with AP-3343 [5].	_____	_____
<ul style="list-style-type: none"><li>• Provide verbal comments to the Public Affairs Representative when reviewing draft press releases. Faxing comments may result in excessive delays in issuing information to the states and media.</li></ul>		

	<u>Time Done</u>	<u>Initials</u>
13. As soon as practicable and periodically thereafter, complete OPF-3324.1, Situation Report and transmit according to distribution (refer to OP Memo 2E-6 for telephone numbers).	_____	_____
14. Conduct periodic briefings on plant and emergency status with the TSC staff.	_____	_____
15. Termination: If the severity of conditions are less than the associated EALs and all safety functions are being maintained, terminate as follows:	_____	_____
• Notify the NRC Operations Center via FTS (ENS). FTS is not available at the Alternate Location. NRC Notifications must be made over commercial or satellite telephones.	_____	_____
• Notify the Massachusetts Emergency Management Agency Dispatcher (OPF-3315.1).	_____	_____
• Notify the Vermont State Police Dispatcher (OPF-3315.1).	_____	_____
• Notify the plant staff via the Gaitronics system. The plant Gaitronics System is not available in the Alternate Location. Announcements must be made over the Plant Radio system using a handheld unit.	_____	_____
16. Discuss recovery activities with the TSC staff.	_____	_____
17. All documentation from the Control Room and TSC has been collected.	_____	_____

**FINAL CONDITIONS**

1. Plant recovery activities have been coordinated and all on-site restoration activities have been planned.
2. TSC has been returned to a ready state.
3. Initiate AP-0227 for identified discrepancies [4].

YANKEE NUCLEAR POWER STATION, ROWE, MASSACHUSETTS

SITUATION REPORT

Issue #

\_\_\_\_\_ ACTUAL INCIDENT

OR

\_\_\_\_\_ DRILL/EXERCISE

TIME OF EMERGENCY CLASSIFICATION

\_\_\_\_\_ UNUSUAL EVENT \_\_\_\_\_ ALERT

PLANT CONDITIONS

OVERALL PROGNOSIS: \_\_\_\_\_ STABLE \_\_\_\_\_ IMPROVING \_\_\_\_\_ DEGRADING

SYSTEMS/EQUIPMENT AFFECTED:

CURRENT STATUS:

RADIOLOGICAL CONDITIONS

RADIOACTIVE RELEASE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ ANTICIPATED

RELEASE PATHWAY: \_\_\_\_\_ UNMONITORED \_\_\_\_\_ STACK

DOSE RATE PROJECTED (at site boundary): \_\_\_\_\_ mR/hr

Remarks:

\_\_\_\_\_  
INCIDENT DIRECTOR INITIALS

\_\_\_\_\_  
TIME COMPLETED

\_\_\_\_\_  
DATE

\*\*\*\*\*

DISTRIBUTE COPIES TO: NRC Incident Response Center (FAX)  
Original to Incident Director  
MEMA  
VEMA

ATTACHMENT C

RADIOLOGICAL ASSESSMENT (RA) COORDINATOR

This attachment will be completed by the Radiological Assessment (RA) Coordinator. The RA Coordinator is responsible for assessing on-site radiological conditions controlling on-site radiological exposures and projecting doses. The RA Coordinator reports to the Incident Director.

During emergency conditions, it may be necessary to perform various E-Plan related activities such as in-plant surveys, repairs or corrective action missions. In an emergency, it is still necessary to follow normal radiation protection practices. This includes completing documentation in accordance with AP-0806, "RWPs Request and Use" and OP-8415, "Radiation Work Permits Issue, Update and Closeout." Radiation Work Permits will be used to control all activities associated with entries into High Radiation areas, Contaminated areas, and Airborne Radioactivity areas. Prior to authorizing any RWP where a release of radioactive material is imminent the Radiological Assessment Coordinator (RAC) or designee will obtain from the Control Room Shift Supervisor, the "real time" wind speed and wind direction. The "real time" wind speed and wind direction will be used in briefing personnel of any significant airborne hazards and the required Personnel Protective Equipment associated with these in-plant activities.

PROCEDURE

1. After being notified of an emergency, report to the TSC or Alternate Location, as directed, and obtain a briefing from the Incident Director.
2. Ensure that the habitability process has been initiated in accordance with Attachment C-1, if required.
3. Periodically check the ARMs and PRMs and update the radiological status boards. ARMs and PRMs are not available at the Alternate Location, dispatch a team to monitor radiation levels in-plant. Notify the Incident Director of any extreme radiological conditions that arise on-site.
4. Evaluate the emergency in-plant protective action criteria in accordance with OPF-3324.4.
5. As required for in-plant teams and on-site personnel:
  - Coordinate the radiological aspects of their repair and corrective actions (Attachment C-2).
  - Control and authorize personnel emergency exposures. (OPF-3324.6)
  - Issue Radiation Work Permits (AP-0806 and OP-8415), as required.
6. If necessary, perform dose projections (Attachment C-3) and site monitoring (Attachment C-4).
7. If off-site dose projections at the site boundary (½ mile exclusion area boundary) approach 100 mrem, notify MEMA using the Commercial or Satellite phone by dialing (800-982-6846) and ask for MEMA Dispatcher to restrict public access at the following access points:
  - MASS/VT State line on River Rd. for southbound traffic

- Town of Monroe, for northbound traffic on River Rd.
  - Yankee Visitor Center at the bottom of Monroe Hill Rd.
8. Based on current or anticipated radiological conditions, assign a Dosimetry Assistant to issue dosimetry in accordance with normal radiation protection procedures to all CR/TSC and security personnel, if necessary.
  9. Verify that all support personnel have been issued emergency dosimetry (i.e., self-reading dosimeter), if necessary.

FINAL CONDITIONS

1. The emergency has been terminated.
2. All radiation protection activities needed are completed.
3. The attachment and related documentation has been forwarded to the Incident Director.
- | 4. Initiate AP-0227 for discrepancies. [4]

ATTACHMENT C-1  
GATEHOUSE HABITABILITY MONITORING

This attachment will be implemented when emergency conditions result in a Primary Vent Stack Normal Range Noble Gas Radiation Monitor high alarm.

PROCEDURE

1. Turn on the Eberline AMS-3.
2. Load the filter paper
3. Start the sample pump.
4. Record the time and date the sample was started on OPF-3324.2.
5. Set alarm setpoint to 2000 cpm above the background after stabilization.
6. Set the Dositec alarming dosimeter to alarm at 50 millirem accumulated dose and place it in the vicinity of the AMS-3.
7. If the AMS-3 alarms:
  - a. Notify the Incident Director or the Radiological Assessment Coordinator.

NOTE: "Change out" means stop the sample pump, remove filter paper, load a new filter paper, and restart the pump.

- b. Change out the sample filter in the AMS-3 and record the stop date and time on OPF-3324.2. Place the filter in an envelope and staple to OPF-3324.2. Save the filter for future analysis by RP.
- c. Run the AMS-3 with a new filter for 15 minutes then change out filter paper
  - 1) Record the sample start, sample stop time and sample location on a new OPF-3324.2.
  - 2) Count the filter paper using a GM frisker.
  - 3) Determine the net count rate using OPF-3324.2.
  - 4) Determine the particulate radionuclide concentration using OPF-3324.5, Page 2.
  - 5) Record the particulate concentration on OPF-3324.2.
- d. Determine the Kr-85 concentration
  - 1) Record the AMS-3 strip chart count rate on OPF-3324.2.
  - 2) Determine the Kr-85 skin dose rate using OPF-3324.5, Page 1.
  - 3) Record the Kr-85 skin dose rate on OPF-3324.2.

- e. Forward OPF-3324.2 to the Radiological Assessment Coordinator or incident Director for evaluation and determination of recommended actions per OPF-3324.4.
8. If the Dositec alarms:
- a. Notify the Radiological Assessment Coordinator or the Incident Director.
  - b. Perform a dose rate survey and notify the Radiological Assessment Coordinator or the Incident Director of the results.

FINAL CONDITIONS

- 1. Habitability monitoring is no longer required.
- 2. All documentation generated has been forwarded to the Incident Director.
- 3. Initiate AP-0227 for identified discrepancies. [4]

AIRBORNE RADIOACTIVITY SURVEY FORM

PART A: ANALYSIS FOR PARTICULATE

SAMPLING DATA	
Air Pump Time On	Air Pump Time Off
Flow Rate (FR)                      lpm	Location
GM FRISKER ANALYSIS OF PARTICULATE FILTER	
Total Count Rate ( $C_t$ )	cpm
Background Count Rate ( $C_{bkg}$ )	cpm
Sample Count Rate ( $C_s = C_t - C_{bkg}$ )	cpm
$\beta$ - $\gamma$ Activity Concentration (OPF-3324.5 Pg. 2)	$\mu$ Ci/cc

PART B: ANALYSIS FOR KR-85

AMS-3 DIRECT MEASUREMENT	
Total Count Rate ( $C_t$ )	cpm
Kr-85 Activity Concentration (OPF-3324.5 Pg. 1)	$\mu$ Ci/cc
Kr-85 Skin Dose Rate (3324.5 Pg. 1)	mR/hr

Completed by: \_\_\_\_\_ Date/Time \_\_\_\_\_  
                                    Equipment Operator

PART C: RECOMMENDED ACTION (PER OPF-3324.4)


Completed by: \_\_\_\_\_ Date/Time \_\_\_\_\_  
                                    Radiological Assessment Coord.  
                                    or Incident Director



# EMERGENCY IN-PLANT PROTECTIVE ACTION CRITERIA

**CAUTION:** Exposure to individuals providing emergency functions will be limited to 5 rem whole body or its equivalent to any part of the body for the duration of the emergency.

RADIOLOGICAL CONDITION	PROTECTIVE ACTION
<u>Dose Rate:</u> Greater than 50 mR/hr	<ul style="list-style-type: none"><li>Increasing frequency of radiation monitoring to 15 minute intervals.</li><li>Evaluate accumulated dose readings periodically.</li></ul>

<u>Particulate Airborne Activity Concentrations:</u> [6] 1E-7 to 5E-7 $\mu\text{Ci/cc}$	<ul style="list-style-type: none"><li>Consider issuing respirators to personnel.</li></ul>
Greater than 5E-7 to 1E-5 $\mu\text{Ci/cc}$	<ul style="list-style-type: none"><li>Issue respirators to personnel.</li></ul>
Greater than 1E-5 $\mu\text{Ci/cc}$	<ul style="list-style-type: none"><li>Evacuate the affected area.</li></ul>

Kr-85 Skin Dose Rate: 1R/hr expected to persist more than one hour OR Accumulated Skin Dose: 2 Rem SDE	<ul style="list-style-type: none"><li>Initiate facility evacuation planning.</li></ul>
Kr-85 Skin Dose Rate: 2R/hr expected to persist more than one hour OR Accumulated Skin Dose: 2 Rem SDE	<ul style="list-style-type: none"><li>Evacuate the facility.</li></ul>

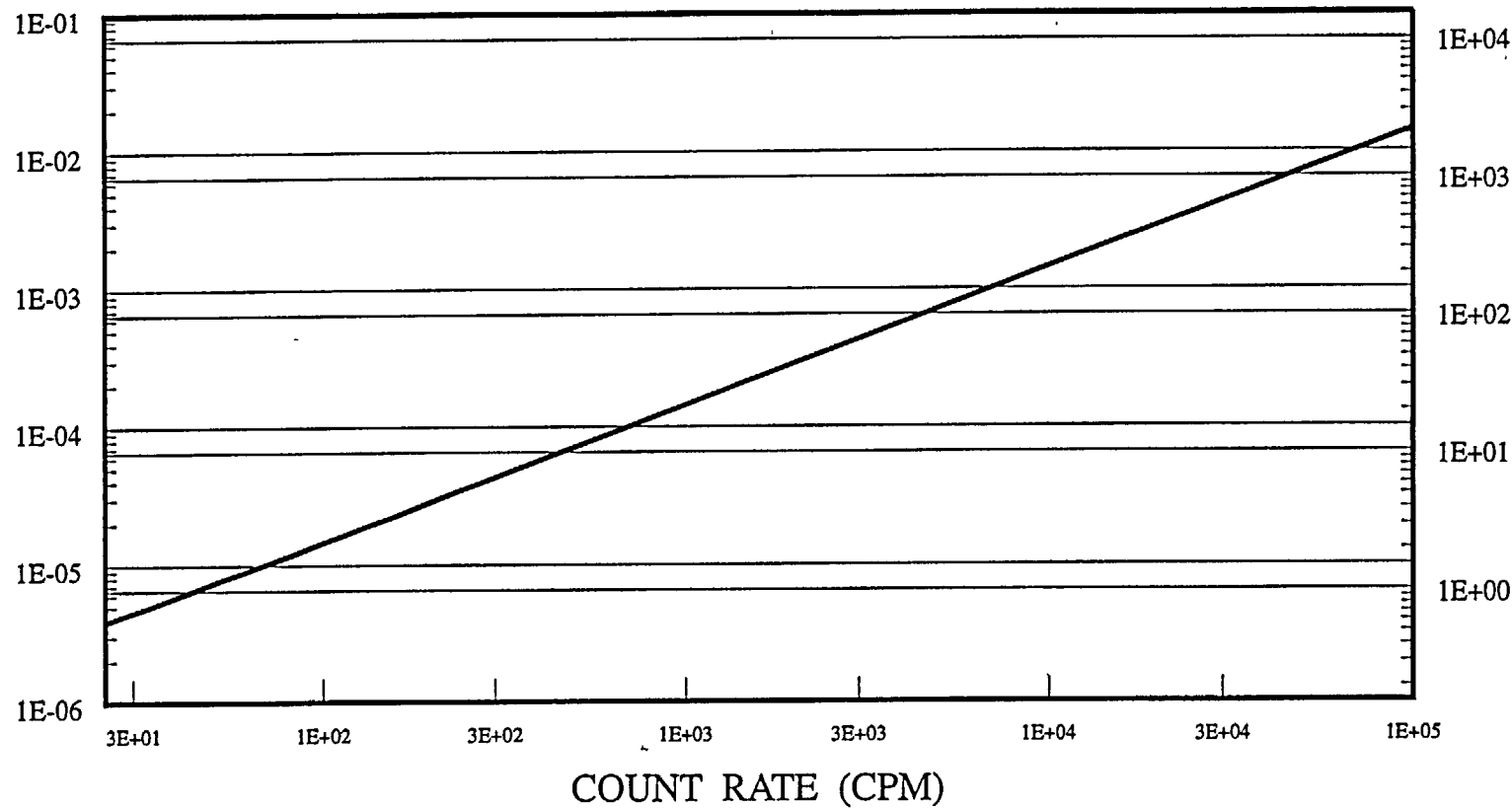
<u>Contamination Levels:</u> Greater than 1,000 dpm/100 $\text{cm}^2$ (beta/gamma) or 100 dpm/100 $\text{cm}^2$ (alpha)	<ul style="list-style-type: none"><li>Issue protective clothing.</li></ul>
<u>Personnel Contamination:</u> Greater than 5,000 dpm/100 $\text{cm}^2$ (beta/gamma) After Decontamination	<ul style="list-style-type: none"><li>Implement radiological investigative measures.</li></ul>

# KRYPTON-85 CONCENTRATION VS.

AMS-3 COUNT RATE

Kr-85 (uCi/cc)

Skin Dose mr/hr



7.01E+6 cpm/uCi/cc

1.53E+5 mrem/hr/uCi/cc

From memo RP 92-12

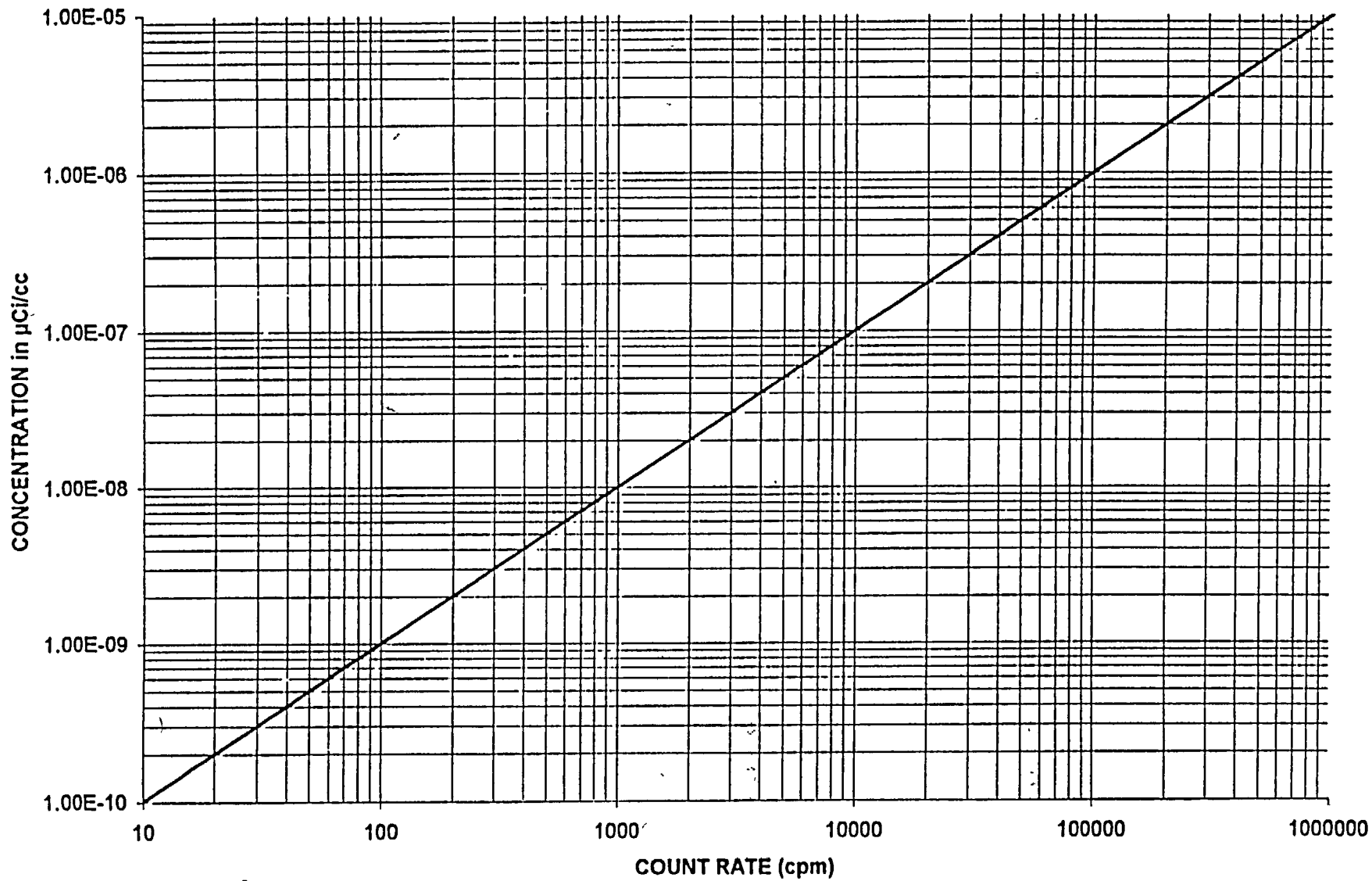
APF-3324.5

Rev. 17

Page 1

# BETA/GAMMA PARTICULATE CONCENTRATION vs FRISKER COUNT RATE

Based on a 15 minute sample @ 30 liters per minute (lpm)



APF-3324.5

Rev. 17

Page 2

ATTACHMENT C-2

REPAIR AND CORRECTIVE ACTIONS MISSIONS

This attachment will be implemented when emergency conditions require in-plant survey, repair, or corrective action missions.

PROCEDURE

1. Teams dispatched for this purpose will be accompanied by radiation protection representatives whenever possible.
2. A Radiation Work Permit will be used to control all activities associated with in-plant surveys, repairs and corrective action missions.
3. Verify "real time" wind speed and wind direction for all in-plant repairs, surveys and corrective actions if applicable.
4. The repair and corrective actions team will use respiratory protection equipment as applicable. Refer to OPF-3324.4.
5. A Direct Reading Dosimeter and TLD will be used. The dosimetry may be bagged against potential gross contamination and may be worn under the protective clothing.
6. Prior to re-entry to the TSC, or Alternate Location, team members should check themselves and equipment for contamination.
7. High exposures are to be once in a lifetime, so care must be taken not to allow the same personnel to perform subsequent missions, if possible.
8. Schedule all high exposure repair and corrective actions teams for body counts as soon as possible after mission is complete, as necessary.

FINAL CONDITIONS

1. The emergency has been terminated.
2. All documentation generated has been forwarded to the Incident Director.
3. Initiate AP-0227 for identified discrepancies. [4]

## CRITERIA FOR EMERGENCY EXPOSURE

### EXPOSURE AUTHORIZATION

1. Emergency exposures may be authorized up to 5 rem TEDE by the Radiological Assessment Coordinator or Incident Director in the TSC.
2. Emergency exposure in excess of 5 rem TEDE may only be authorized by the Incident Director.
3. Exposure authorization for high dose missions (greater than 5 Rem TEDE) should be weighed against the mission, using the criteria in the table below.
4. Selection of volunteers should be done according to the guidance provided in OPF-3324.6 (page 2), "Criteria for the Selection of High Dose Mission Volunteers."

**NOTE:** Keep exposure as low as reasonably achievable.

5. Although an emergency situation transcends normal requirements for limiting personnel exposure, there are recommended acceptable levels to meet all emergency conditions.

### EMERGENCY DOSE LIMITS\*

TYPE OF ACTIVITY	TEDE**	CONDITION
All	5 Rem	Maintain ALARA and to extent practicable limit emergency workers to these limits.
Protecting valuable property	10 Rem	Lower dose not practicable
Life Saving or Protection of Large Populations	25 Rem	Lower dose not practicable
Life Saving or Protection of Large Populations practicable	>25 Rem	Only on a voluntary basis to persons fully aware of risks involved, including the numerical levels of dose at which acute effects of radiation will be incurred and numerical estimates of delayed effects.
<p>** Sum of the deep dose equivalent from the external sources and the committed dose equivalent from internal exposures to nonpregnant adults from exposure and intake during an emergency situation.</p> <p>Dose limits to the eye should be 3 times the listed TEDE value.</p> <p>Dose limits to any individual organ (including skin and body extremities) should be 10 times the listed TEDE value.</p>		

\* EPA 400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents, Revised 10/91.

CRITERIA FOR THE SELECTION OF HIGH DOSE MISSION VOLUNTEERS

1. Volunteers above the age of 45 years will be given priority.
2. The individual(s) awareness of the biological consequences that such an exposure can have.
3. All possible protective measures to limit such an exposure.
4. Concurrence with the individual.
5. The probability of success should be balanced against the exposure limit.
6. The individuals familiarity with the task to be performed.
7. The speed with which the individual can perform the task.
8. The individual understands that the emergency dose received will be added to his or her lifetime record and may require exposure limitation in future years.
9. Declared pregnant women should not take part in the planned activities.
10. The anticipated emergency exposures are within the limits provided in APF-3324.6 (page 1), "Emergency Dose Limits".

ATTACHMENT C-3

DOSE PROJECTION

This attachment will be implemented when a release of radioactive material has taken place or is imminent (i.e., PVSNRNG Monitor is off-scale high (OSH) and/or SFP ARM greater than 100 mR/hr) and performed once every 15 minutes, as a minimum, thereafter.

PROCEDURE

1. Using OPF-3324.7, Data Reduction Sheet, complete the following steps and record the appropriate information (enter NA if the information is not available or not applicable):

- a. Source Term

- 1) Primary Vent Stack:

NOTE: The Spent Fuel Pit Area Radiation Monitor should be used if the PVS monitor is not available or off-scale high.

- a) Obtain and record the Primary Vent Stack Normal Range Noble Gas Channel Monitor (PVSNG) reading (in cpm) or Spent Fuel Pit Area Radiation Monitor reading (in mR/hr).
- b) Determine and record the number of stack fans in operation.

- 2) Unmonitored:

NOTE: It may be necessary to supplement this assessment by completing Appendix B and C of OP-8702, "Classification of Notification and Reporting Requirements for Radiological Incidents" specifically for unmonitored releases.

Obtain and record the Spent Fuel Pool Area Radiation Monitor (SFPARM) reading (in mR/hr).

- b. Site Boundary Dose Rate

Using OPF-3324.8, Primary Vent Stack Release and/or OPF-3324.9, Unmonitored Release, enter the source term value(s) obtained in Step 1a and determine and record the site boundary dose rate(s).

- c. Release Duration

Estimate and record the duration (in hours) that the source term will be released to the atmosphere and will remain greater than the specified dose rate.

- d. Site Boundary Dose

Multiply the dose rate determined in Step 1b to the release duration estimated in Step 1c.

- e. Dose Calculations from Alternate Location

1. Dispatch a team to measure Site Boundary Dose Rate at the location estimated to be directly down-wind from the plant.

2. Estimate and record the duration (in hours) that the release to the atmosphere will continue to exceed acceptable levels.
3. Multiply the dose rate measured by the team by the estimated duration.
- f. Total and record the sum of the two pathways, as appropriate.
2. Forward completed dose projection calculations (OPF-3324.7) to the Radiation Assessment Coordinator for review and evaluation.
3. Inform the Incident Director of any pertinent information.

FINAL CONDITIONS

1. Off-site dose projection is no longer required.
2. All documentation generated has been forwarded to the Incident Director.
3. Initiate AP-0227 for identified discrepancies. [4]



DATA REDUCTION SHEET - SITE BOUNDARY DOSE

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

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

Prepared by: \_\_\_\_\_

Calc. #: \_\_\_\_\_

RADIOLOGICAL DATA

Primary Vent Stack (PVS):      PVSNG Monitor: \_\_\_\_\_ cpm or  
   SFPAR Monitor : \_\_\_\_\_ mR/hr

# of fans:                      1        2

Unmonitored:                      SFPAR Monitor: \_\_\_\_\_ mR/hr

Release Path	Primary Vent Stack	Unmonitored	
Source Term (mR/hr or $\mu$ Ci/cc)			
Site Boundary (mR/hr)			
Expected Duration (hours)			Total
Site Boundary Dose (mR)			

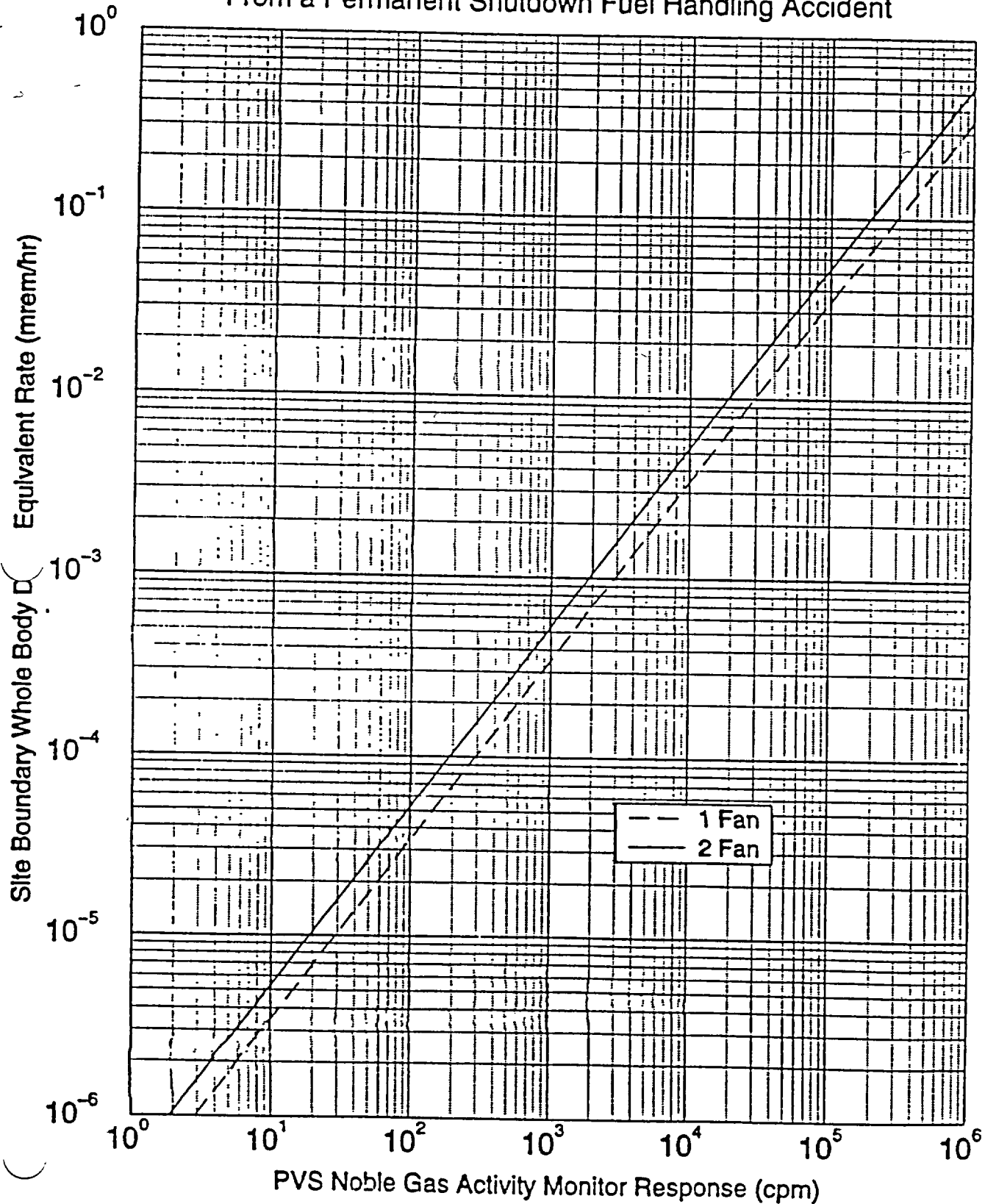
\_\_\_\_\_  
Review by RAC

\_\_\_\_\_  
Date/Time

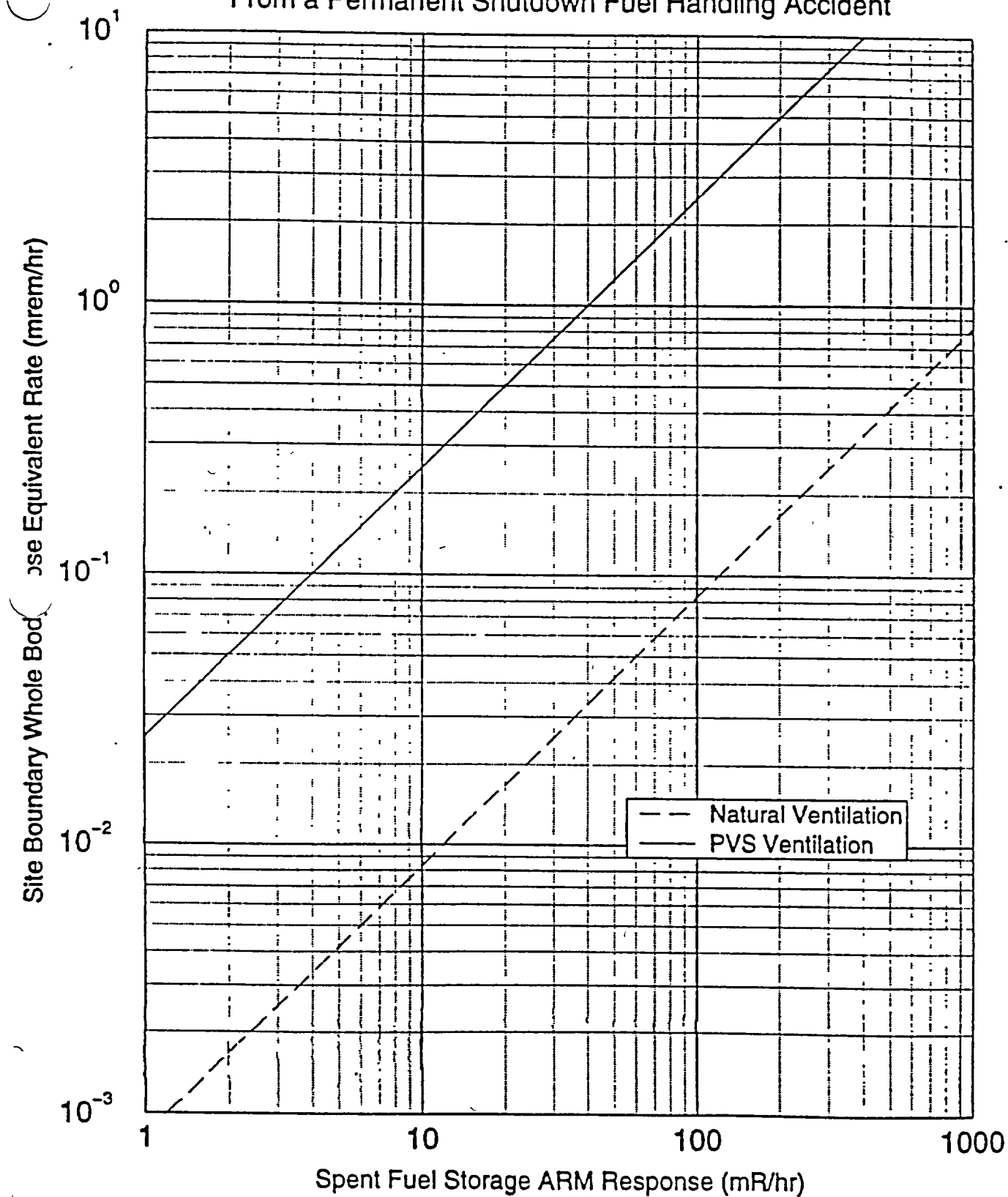
If site boundary ( $\frac{1}{2}$  mile exclusion area boundary) dose projections approach 100 mrem, notify MEMA using the commercial phone system or satellite phone by dialing (800-982-6846) and ask MEMA Dispatcher to restrict public access at the following access points:

- Mass/VT state line on River Rd. (for southbound traffic)
- Town of Monroe (for northbound traffic on River Rd.)
- Yankee Visitors Center at the bottom of Monroe Hill Rd.

# Site Boundary Dose Rate Versus PVS Noble Gas Activity Monitor Response From a Permanent Shutdown Fuel Handling Accident



# Site Boundary Dose Rate Versus Spent Fuel Storage ARM Response From a Permanent Shutdown Fuel Handling Accident



Reference: YRC-1122

ATTACHMENT C-4

SITE MONITORING PERSONNEL

This attachment will be completed by the Site Monitoring personnel at the discretion of the Radiological Assessment (RA) Coordinator.

PROCEDURE

		Time Done	<u>Initials</u>
1.	A Radiation Work Permit will be used to control all activities associated with in-plant surveys.	_____	_____
2.	Verify "real time" wind speed and wind direction for all in-plant surveys, if applicable.	_____	_____
3.	Complete Site Monitoring Preparation section and inform the RA Coordinator when completed.	_____	_____
4.	While in transit and when requested at various locations, complete survey section.	_____	_____
5.	Go to the initial monitoring location as specified by the RA Coordinator.	_____	_____
6.	When surveying is completed, return to the TSC or Alternate Location. Conduct a personal contamination survey prior to returning.	_____	_____
7.	If significant contamination is found, notify the RA Coordinator.	_____	_____

FINAL CONDITIONS

1. The emergency has been terminated.
2. Surveys have been completed and the results recorded.
3. TLDs and pocket dosimeters have been placed in appropriate locations and the dosimeter readings have been given to the Dosimetry Assistant.
4. A personal contamination survey has been completed and the RA Coordinator has been notified of the results.
5. All survey forms and associated documentation have been collected and submitted to the RA Coordinator.
6. Initiate AP-0227 for identified discrepancies. [4]

SITE MONITORING PREPARATION

PROCEDURE

A. SURVEY KIT EQUIPMENT TESTS

Obtain an Emergency Survey Kit. This survey kit includes equipment required for surveys. If the kit seal is broken, an inventory should be performed as listed on the inside of the kit lid. Additional equipment may be obtained from the equipment at the RP Control Point. This equipment must also be checked for proper operation.

1. Air Sampler Test

- a. Install one charcoal cartridge and particulate prefilter in the holder.
- b. Turn on the air sampler.
- c. Check the flowmeter: if flow rate is less than 1.0 cfm, check with the RA Coordinator to resolve the problem.
- d. Turn off the air sampler.

2. High Range Survey Meter Test

- a. Check the battery charge. Replace the meter if the reading is low.
- b. Switch to the "mR/hr" position and expose it to a check source. If necessary, contact the RA Coordinator to obtain a check source. Verify upscale deflection.
- c. Check the background count rate in the area.
- d. Contact the RA Coordinator if the meter does not respond properly.

3. GM Frisker Test

- a. Check that the detector cable is connected to the instrument.
- b. Turn the operation switch to the "BATTERY" check position. The meter should indicate in the Battery Range; if not, contact the RA Coordinator for resolution of the problem.
- c. Turn the switch to the "ON" position.

- d. Determine the background count rate. Place the probe over the check source on the instrument. The meter should indicate the count rate (cpm) specified for that instrument and source (after background subtraction).

B. SURVEY TEAM RADIO TEST

1. Obtain a radio.
2. Perform a test to ensure the radio is operational as follows:
  - a. If this is a drill, then state "THIS IS A DRILL" before each transmission.
  - b. In a normal voice and with microphone approximately one inch in front of your mouth, push the microphone button and say: "Technical Support Center (TSC), this is (specify designation) requesting a radio check. Do you read me?" Release microphone button. (The TSC base radio will respond to your call.)
  - c. Acknowledge response by pushing the microphone button and saying, "Technical Support Center (TSC), this is (specify designation). We are awaiting assignment. OVER." (TSC will acknowledge or give special instructions.)
  - d. Upon completion of transmissions, the last unit to leave the air should say, "This is (specify designation) Team. Clear." Follow this format for all radio communications.
3. If the radio is inoperable, then obtain a replacement and repeat the test.

C. ADDITIONAL EQUIPMENT

1. Obtain a TLD and a pocket dosimeter (POD) for each team member (located in the kits). Insure the POD is zeroed or near zero.
2. Log your name, TLD number, and POD reading below.

		POD Readings		
Team Member Name	TLD No.	Start	End	Total Dose

D. SURVEY

1. Proceed to the specified survey area.
2. Perform the following while in transit:
  - a. Take frequent radiation exposure rate readings using the survey meter.
  - b. Attempt to locate the maximum exposure rate readings on you survey instrument by moving along the fence while continuously observing the meter deflection. The objective of the mobile survey is to locate the plume overhead and determine the relative size (or length) and intensity of the plume(s).
  - c. Choose the location of the air sample that yields the maximum cloud dose rate. If significant increases in radiation levels are observed, contact the TSC and report the levels and the locations.
3. Perform an exposure rate survey as follows:
  - a. Hold the survey meter at waist level (approximately one meter above ground level). Record the reading on the "Emergency Radiological Monitoring Survey Form," OPF-3324.10.
  - b. Report survey data to the TSC.
4. Take appropriate air samples as follows:
  - a. Record all the results on the "Emergency Radiological Monitoring Survey Form," AP-3324.10.
  - b. Contact the Radio Operator at the TSC to obtain the sample ID number and record it on the survey form.
  - c. Remain in radio contact with the TSC for further instructions.
  - d. If necessary, place one charcoal cartridge or equivalent and particulate prefilter in the air sample holder.
  - e. Position the air sampler where it can collect fresh air. Attempt to sample areas where there is open air with little or no overhead obstructions.
  - f. Start the air sampler and record the start time on the survey form.
  - g. Check the air flow indicator and record the air flow rate on the survey form.
  - h. Observe the air flow rate during sampling to assure that it remains constant. Adjust the flow rate if necessary.
  - i. Run the air sampler for 15 minutes, unless the RA Coordinator has specified a different sampling duration.
  - j. At the end of the sampling time interval, turn off the sampler and remove charcoal cartridge or equivalent

and prefilter. Record the stop time on the survey form.

- k. Label a large envelope or ziplock bag with:
  - Sample ID number.
  - Sample location and date.
  - Time-On/Time-Off and flow rate.
- l. Place filter paper in small envelope.
- m. Place filter envelope and cartridge in the large envelope.
- n. Transport the sample(s) to the Chemistry Lab.
- o. After counting, report the necessary data on the survey form to the RA Coordinator in the TSC.
- p. Save all samples for future analysis.

FINAL CONDITIONS

- 1. All site monitoring has been completed.
- 2. All documentation generated has been forwarded to the Incident Director.
- 3. Initiate AP-0227 for identified discrepancies. [4]



EMERGENCY RADIOLOGICAL MONITORING SURVEY FORM

DATE: \_\_\_\_\_ TEAM: \_\_\_\_\_ SURVEYOR: \_\_\_\_\_

**AIR SAMPLE DATA**

Sample ID Number						
Location						
Survey Exposure Rate						
Start Time						
Stop Time						
Total Sample Time (mins)						
Flow Rate (cfm)						

**IODINE CARTRIDGE ANALYSIS**

Cartridge Serial Number						
I-129 Concentration ( $\mu\text{Ci/cc}$ )						

**PARTICULATE FILTER ANALYSIS**

Transmit air sample data (use OPF-3324.2) to the TSC for each air sample taken.

ATTACHMENT D

TECHNICAL RESPONSE COORDINATOR

This attachment will be completed by the Technical Response Coordinator. This person reports to the Incident Director. The Technical Response Coordinator is responsible for assigning TSC support personnel and coordinating repair and corrective action activities.

PROCEDURE

	<u>Time Done</u>	<u>Initials</u>
1. After being notified of an emergency, report to the TSC or Alternate Location and assess the situation based on information supplied by the Incident Director.	_____	_____
2. Assign individuals to the functional positions in support of TSC Operations (Attachment D-1).	_____	_____
3. Coordinate activities concerning repair or corrective action and initiate the use of OPF-3324.13, "Team Briefing/Debriefing," as needed to prioritize team assignments, brief team members, record completion of tasks, and document team activities.	_____	_____

FINAL CONDITIONS

1. The emergency classification condition has been terminated and transition to the recovery mode, if applicable, has been implemented.
2. All documentation has been collected and submitted to the Incident Director.
3. The facility and equipment are being restored to a state of readiness condition or continued operations for recovery planning activities.
4. Initiate AP-0227 for identified discrepancies. [4]

ATTACHMENT D-1

TSC SUPPORT PERSONNEL

This attachment will be completed by the individuals assigned as communicators, log book, and status board keepers. These positions will report to the Technical Response Coordinator. TSC support personnel may assume more than one position.

A. COMMUNICATORS - (GENERAL INSTRUCTIONS)

1. Staff communication lines as assigned by the Technical Response Coordinator.
2. Maintain a communication log or message forms of information received and sent to emergency response facilities and other support organizations.

NOTE: The log or message form should contain the following information as a minimum:

- Date and time (use 24 hour time notation)
- Name of parties involved
- Summary of message received or sent
- Name of person taking or receiving message

3. Transfer messages promptly.

B. SPECIFIC ASSIGNMENTS

1. Technical Communicators

- a. If required, establish communications with the NRC via the FTS and maintain communications until the NRC determines it is no longer necessary. (Refer to appropriate Attachment of AP-0711, "Communications Systems", for usage and numbers. The FTS is not available at the Alternate Location; communications with the NRC must be conducted over commercial or satellite telephone.
- b. If Framatome ANP support is determined to be necessary by the Incident Director, refer to OP-Memo 2E-4 Att. B for Framatome ANP contact numbers.

2. TSC or Alternate Location Log Book Keeper

- a. Log all significant events and activities that take place throughout the emergency.
- b. Keep a log of decisions made by the Incident Director.
- c. Prompt the Incident Director to hold briefings with the TSC staff, as necessary.
- d. Assist the Incident Director as requested.

3. Plant Status Board Keeper

- a. Review and update the plant status board as information or changes warrant.
- b. Inform the Incident Director as significant changes in status board information are noted.

FINAL CONDITIONS

1. The emergency has been terminated.
2. All documentation generated has been forwarded to the Incident Director.
3. Initiate AP-0227 for identified discrepancies. [4]

TEAM BRIEFING/DEBRIEFING

WORK LOCATION		
BRIEF DESCRIPTION OF WORK TO BE PERFORMED		
TEAM MEMBERS		

COMPLETE OF CHECK APPROPRIATE BOXES:

WORK CONTROLS	Procedures Used:			
	Switching/Tagging Order			
	Lifted Leads, Jumpers, Mechanical By-Passes			
	Other:			
COMMUNICATIONS	Report To:		Using	
			Gaitronics	
	Control Room		Telephone	
	TSC			
	Alternate Location		Radio	
RWP REQUIRED (Circle One)      YES                      NO				

TIME DISPATCHED:	TIME RETURNED:
BRIEF DESCRIPTION OF WORK COMPLETED:	
OBSERVED ABNORMAL RADIOLOGICAL AND OTHER PERSONAL HAZARDS:	

TECHNICAL RESPONSE COORDINATOR: \_\_\_\_\_ TIME: \_\_\_\_\_

ATTACHMENT E

ALTERNATE LOCATION ACTIVATION

This attachment will be completed when activating the Alternate Location.

PROCEDURE

A. Preparation for Operational Status	Time Done	Initials
1. The Incident Director will determine operational status. Final status will be logged in the Alternate Location Log Book.	_____	_____
2. The Incident Director will receive a turnover from the SS.	_____	_____
3. The Alternate Location is declared operational at the discretion of the Incident Director.	_____	_____
4. The Incident Director will notify on-site personnel via the Plant Radio System that the Alternate Location is activated.	_____	_____
5. The Public Affairs Representative will be notified. (Refer to OP-Memo 2E-4 Att. B for FANP contact numbers).	_____	_____
B. COMMUNICATIONS CHECK		
1. Check the operability of the following direct outside lines.		
• 424-7769	_____ OP	_____ INOP
• 424-8201	_____ OP	_____ INOP
• 424-8206	_____ OP	_____ INOP

2. Check operability of the satellite phone as follows:

a. For outbound testing: \_\_\_\_\_ OP \_\_\_\_\_ INOP

- 1) Pick up the handset of the satellite (base unit) phone.
- 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.

b. For inbound testing: \_\_\_\_\_ OP \_\_\_\_\_ INOP

- 1) From any regular land line phone, dial the satellite (base unit) phone number:  
9-1-254-377-2060
- 2) Verify that the satellite phone rings - **do not** answer.
- 3) Hang up the regular land line phone

3. Verify the facsimile machine is set up in the Alternate Location.

• Fax \_\_\_\_\_ OP \_\_\_\_\_ INOP

4. Inform the Technical Response Coordinator of any communications problems.

**FINAL CONDITIONS**

1. The Incident Director has assumed:

a. Command and control of the Emergency Response Organization.

b. Responsibility for:

- Additional emergency classifications
- Notifying the states
- Maintaining communications with the NRC
- Performing Alternate Location habitability, if necessary
- Formulating on-site personnel response recommendations, if necessary
- Coordinating in-plant corrective actions, if necessary

2. The Alternate Location has been declared operational by the Incident Director.
3. Initiate AP-0227 for identified discrepancies. [4]



Proc. No. DP-3425  
Rev. No. 9  
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### EMERGENCY EQUIPMENT READINESS CHECK

#### SCOPE

To ensure that radiological emergency equipment is periodically inventoried and maintained in an operable condition at all emergency response facilities.

#### ENCLOSURES

DP-3425 - Pgs. 1-3  
DPF-3425.1 - Pg. 1 - Rev. 9  
DPF-3425.2 - Pg. 1 - Rev. 9  
Attachment A - Pgs. 1-5  
Attachment B - Pgs. 1  
Attachment C - Pgs. 1-3  
Attachment D - Pgs. 1-4

#### REFERENCE(S)

1. Yankee Plant Defueled Emergency Plan.
2. AP-0227, Condition Reporting, Investigation and Self Assessment"

#### DISCUSSION

The emergency equipment maintained in and near the Control Room (CR), Technical Support Center (TSC), and Gatehouse will be inventoried and inspected using this procedure. This procedure requires completion of a check of all emergency equipment as well as an operational inspection of all battery-powered equipment.

Each Emergency Response Facility (ERF) has emergency kits containing the necessary emergency equipment to support specific emergency response actions. These kits are secured with an easily removed seal that provides a method of verifying that the kit has not been opened since the last inventory. Provided that the seal remains unbroken, any of those items requiring frequent checks need only be inventoried and checked quarterly (e.g., portable survey meters, dosimetry). Other items (e.g., protective clothing, expendable supplies) need only be inventoried annually.

Radiation Protection personnel will normally be assigned to complete all attachments each calendar quarter. A status report of the emergency equipment will be made by completing and submitting this entire procedure to the Emergency Plan Coordinator (EPC). The EPC will generate a Condition Report for any identified discrepancies. [2] The EPC or designee will be responsible for ensuring that all discrepancies are addressed.

PRECAUTIONS

None.

PREREQUISITES

1. All affected emergency equipment will be checked for readiness within ten working days following the return to normal operation after an emergency activation or completion of an exercise/drill.
2. All equipment in a kit will be checked and inventoried if the equipment has been used or if the seal on the kit is found to be broken or changed since the last inventory.
3. Notify the Emergency Room Nurse Supervisor at least one day prior to conducting equipment surveillance at the North Adams Regional Hospital.

PROCEDURE

1. If required, then obtain replacement thermoluminescent dosimeters (TLDs) for the ERFs per DPF-3425.1.
2. If required, then obtain replacement direct reading dosimeters as required per the dosimetry change out schedule.
3. Obtain a check source to complete Attachment C.
4. Obtain several spare charcoal cartridges and paper filters for locations where air samplers are maintained.
5. Obtain a copy of the following procedures:
  - a. DP-8521, "Operation of the Eberline AMS-3 Beta Continuous Air Monitor"
  - b. DP-8575, "Calibration of the Eberline Beta Continuous Air Monitor, Model AMS-3"
6. Complete each attachment

NOTE: If the serial number of a kit seal is unchanged since the last inventory, and the seal is unbroken, kit inventories need only be completed annually.

- a. Check kit seal serial numbers against the numbers recorded on the previously completed procedure.
  - 1) If the seal has been changed or is broken, complete the kit inventory.

- 2) If the seal has not been changed and is unbroken, and the kit inventory has been completed within the last year, write "inventory not required" in the margin.
- b. For each item checked, indicate its AS FOUND status.
- c. Remove the batteries from flashlights after completing operational checks.
- d. Replace batteries annually or after extended use.
7. Record discrepancies on DPF-3425.2, "Emergency Equipment Discrepancies and Corrective Actions". If a discrepancy can be corrected easily, make the correction and record the corrective action on DPF-3425.2.
8. Forward the completed procedure to the designated EPC.
9. If required, then the EPC shall generate a Condition Report [2] based on the completed DPF-3425.2.

**FINAL CONDITIONS**

1. The completed procedure has been forwarded to the EPC.
2. Adequate equipment is available to meet emergency contingencies.

THERMOLUMINESCENT DOSIMETERS (TLDs)

Facility (Location/Type)	# For Use	# Controls	Total
Control Room (Storage Cabinet)			
Panasonic TLDs	5	3	8
Extremity (Vinton) TLDs	3	3	6
Gatehouse (Gatehouse Drawer)	5	3	8
Alternate Location (Storage Cabinet) Panasonic TLDs	10	3	13
North Adams Regional Hospital			
Panasonic TLDs	10	3	13
Extremity TLDs	10	3	13
Totals	43	18	61

EMERGENCY EQUIPMENT DISCREPANCIES AND CORRECTIVE ACTIONS

DISCREPANCIES NOTED	CORRECTIVE ACTION	DATE

NOTE: If the inventory is only done annually, note when the last annual inspection was completed:

	<u>Name (please print)</u>	<u>Last Annual</u> <u>Inspection</u>	<u>Date</u>
Attachment A completed by:	_____	_____	_____
Attachment B completed by:	_____	_____	_____
Attachment C completed by:	_____	_____	_____
Attachment D completed by:	_____	_____	_____
Reviewed by:	_____	_____	_____
	Emergency Plan Coordinator		

ATTACHMENT A

CONTROL ROOM/TECHNICAL SUPPORT CENTER

1. If applicable, change out the following:

a. TLDs (Panasonic and Vinton) \_\_\_\_\_

b. Direct reading dosimeters \_\_\_\_\_

2. Inventory the items in the Emergency Equipment Kit:

Items	Minimum Quantity	Number Available
Dosimeter charger	1	
GM frisker with probe	1	
Air Sampling Kit:		
• 110 VAC air sample pump	1	
• Particulate filters and envelopes	20 ea.	
• Charcoal cartridges	10	
• Tweezers	1	
• Large/Small ziplock bags	10 ea.	
Protective clothing kits: (in sealed bags outside locker)	6	
• Coveralls	2 Pair	
• Headcover	1	
• Plastic shoe covers	1 Pair	
• Rubber shoe covers	1 Pair	
• Cotton gloves	2 Pair	
• Rubber gloves	1 Pair	
Direct reading dosimeters	6	
TLDs (including controls)		
• Panasonic	8	
• Extremity (Vinton)	6	

3. Inspect and test the items in the Emergency Equipment Kit.

ITEMS	
Dosimeter chargers (Sat/Unsat)	
GM frisker	
• Battery check OK? (Y/N)	
• Source check OK? (Y/N)	
• TEST mode check OK? (Y/N/NA)	
• Alarm check OK? (Y/N)	
• Calibration due date	
• YAEC or serial number	
• On charge? (Y/N)	
Direct reading dosimeters calibration due date	
TLDs replacement due date	
110 VAC air sampler:	
• Operability check	
• Calibration due date	
New seal numbers	

4. Inspect and test the items in the Control Room/TSC Storage Area:

ITEMS	RESULTS
Continuous airborne radiation monitor:	
• Operational check (Sat/Unsat)	
• Calibration due date	
• A current copy of AMS-3 Activity Concentration graph (DPF-8575.2) is affixed to the AMS-3 unit.	

5. Inventory the items in each Monitoring Team kit located in the Control Room/TSC Storage Area:

ITEMS	MINIMUM QUANTITY	NUMBER AVAILABLE	
		Red	White
Portable survey meter	1		
GM frisker with probe	1		
Air Sampling Kit:			
• 12 V dc sampler pump	1		
• Particulate filters and envelopes	20 ea.		
• Charcoal cartridges	10		
• Tweezers	1		
• Small/large ziplock bags	10 ea.		
Direct reading dosimeters:			
• Normal range	2		
Dosimeter charger	1		
Protective clothing bags:	2		
• Cotton gloves	2 Pair		
• Rubber gloves	2 Pair		
• Plastic shoe covers	2 Pair		
• Paper coveralls	1 Pair		
• Paper headcover	1		
• Cloth headcover	1		
Survey map book	1		
Pencils/paper pads	2		
Flashlight and batteries	1		

6. Inspect and test the items in each Monitoring Team kit:



Items	Red	White
Portable survey meter:		
• Battery check OK? (Y/N)		
• Source check OK? (Y/N)		
• Calibration due date		
• YAEC or serial number		
Inspect and test the GM frisker:		
• Battery check OK? (Y/N)		
• Source check OK? (Y/N)		
• TEST mode check OK? (Y/N)		
• Alarm check OK? (Y/N)		
• Calibration due date		
• YAEC or serial number		
• On charge? (Y/N)		
Air sampler:		
• Operability check (Sat/Unsat)		
• Calibration due date		
Direct reading dosimeter calibration due dates:		
• Normal range		
Flashlight operational? (Y/N)		
Dosimeter charger operability (Sat/Unsat)		
New seal number		

7. Affix a new seal on each kit and record the seal serial number above.

Remarks:

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
E-Plan Coordinator

ATTACHMENT B

GATEHOUSE

1. If applicable, change out the direct reading dosimeters. \_\_\_\_\_
2. Inventory the items in the Tactical Operations Center (TOC)/Lead Security Officer's (LSO) Office:

ITEMS	MINIMUM QUANTITY	NUMBER AVAILABLE
Direct reading dosimeters	12	
Dosimeter charger	1	

3. Inspect and test the items in the TOC/LSO's Office:

ITEMS	RESULTS
Direct reading dosimeters calibration due date	
Dosimeter charger operability (Sat/Unsat)	

Remarks:

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
E-Plan Coordinator

ATTACHMENT C

NORTH ADAMS REGIONAL HOSPITAL

1. Ensure the Emergency Room Nurse Manager has been notified prior to conducting the equipment surveillance. \_\_\_\_\_
2. Obtain the keys for the Code Magenta/Nuclear Disaster room from the Triage/Emergency Room Nurse. \_\_\_\_\_
3. If applicable, change out the following:
  - a. TLDs (Panasonic and Vinton) \_\_\_\_\_
  - b. Direct reading dosimeters \_\_\_\_\_
4. Inventory the items in the room:

ITEMS	MINIMUM QUANTITY	NUMBER AVAILABLE
Portable survey meter	1	
GM frisker with probe	2	
Direct reading dosimeters	6	
TLDs (including controls)		
• Panasonic	13	
• Extremity (Vinton)	13	
Dosimeter charger	1	
Hose with shower head and valve	1	
Decontamination rig		
• Table top with side panels	1	
• Stretcher	1	
• Drain hose	1	
• Liquid drain container	1	
Radiological signs with inserts		
• Caution - radiation area	5	
• Caution - radioactive material	5	
Patient plastic sheet (4-5 mils)	1	

ITEMS	MINIMUM QUANTITY	NUMBER AVAILABLE
Herculite for floor covering (precut)	1	
Masking Tape (2" roll)	2	
Duct Tape (roll)	1	
Poly bags		
• Large	20	
• Small	20	
Roll of Absorbent paper	1	
Radiological barrier tape (roll)	2	
Scrub brushes	4	
Step-off pad	2	
Radioactive Material Stickers	25	
Sample label tags (roll)	1	
Paper pads	4	
Pencils (box)	1	
Protective clothing		
• Tall plastic shoe covers (pair)	12	
• Safety glasses	3	
• Plastic aprons	3	

5. Inspect and test the items in the cabinet:

ITEMS	RESULTS
Portable survey meter:	
• Battery check OK? (Y/N)	
• Source check OK? (Y/N)	
• Calibration due date	
• YAEC or serial number	
GM frisker:	
• Battery check OK? (Y/N)	
• Source check OK? (Y/N)	
• TEST mode OK: (Y/N/NA)	
• Alarm check OK? (Y/N)	
• Calibration due date	
• YAEC or serial number	
• On charge? (Y/N)	
Direct reading dosimeters calibration due date	
TLDs replacement date	
Dosimeter charger operability check (Sat/Unsat)	

6. Return the cabinet key to the Triage/Emergency Room Nurse.

Remarks: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

E-Plan Coordinator

ATTACHMENT D

ALTERNATE LOCATION

NOTE: The Alternate Location is at the Furlon House.

1. As applicable, change out the following:
  - a. TLDs (Panasonic)
  - b. Direct reading dosimeters
2. Inventory the items in the Emergency Equipment Kit:

Items	Minimum Quantity	Number Available
Dosimeter charger	1	
GM frisker with probe	1	
Air Sampling Kit:		
• 110 VAC air sample pump	1	
• Particulate filters and envelopes	20 ea.	
• Charcoal cartridges	10	
• Tweezers	1	
• Large/Small ziplock bags	10 ea.	
Protective clothing kits: (in sealed bags outside locker)	6	
• Coveralls	2 Pair	
• Headcover	1	
• Plastic shoe covers	1 Pair	
• Rubber shoe covers	1 Pair	
• Cotton gloves	2 Pair	
• Rubber gloves	1 Pair	
Direct reading dosimeters	10	

3. Inspect and test the items in the Emergency Equipment Kit.

ITEMS		
Dosimeter chargers (Sat/Unsat)		
GM frisker		
• Battery check OK? (Y/N)		
• Source check OK? (Y/N)		
• TEST mode check OK? (Y/N/NA)		
• Alarm check OK? (Y/N)		
• Calibration due date		
• YAEC or serial number		
• On charge? (Y/N)		
Direct reading dosimeters calibration due date		
TLDs replacement due date		
110 VAC air sampler:		
• Operability check		
• Calibration due date		
New seal numbers		

4. Inventory the items in each Monitoring Team kit located in the Alternate TSC Location:

ITEMS	MINIMUM QUANTITY	NUMBER AVAILABLE	
Portable survey meter	1		
GM frisker with probe	1		
Air Sampling Kit:			
• 12 V dc sampler pump	1		
• Particulate filters and envelopes	20 ea.		
• Charcoal cartridges	10		
• Tweezers	1		
• Small/large ziplock bags	10 ea.		



ITEMS	MINIMUM QUANTITY	NUMBER AVAILABLE	
Direct reading dosimeters:			
• Normal range	2		
Dosimeter charger	1		
Protective clothing bags:	2		
• Cotton gloves	2 Pair		
• Rubber gloves	2 Pair		
• Plastic shoe covers	2 Pair		
• Paper coveralls	1 Pair		
• Paper headcover	1		
• Cloth headcover	1		
Survey map book	1		
Pencils/paper pads	2		
Flashlight and batteries	1		

5. Inspect and test the items in each Monitoring Team kit:

Items	Red	White
Portable survey meter:		
• Battery check OK? (Y/N)		
• Source check OK? (Y/N)		
• Calibration due date		
• YAEC or serial number		
Inspect and test the GM frisker:		
• Battery check OK? (Y/N)		
• Source check OK? (Y/N)		
• TEST mode check OK? (Y/N)		
• Alarm check OK? (Y/N)		
• Calibration due date		
• YAEC or serial number		
• On charge? (Y/N)		

Items	Red	White
Air sampler:		
• Operability check (Sat/Unsat)		
• Calibration due date		
Direct reading dosimeter calibration due dates:		
• Normal range		
Flashlight operational? (Y/N)		
Dosimeter charger operability (Sat/Unsat)		
New seal number		

6. Affix a new seal on each kit and record the seal serial number above.

Remarks:

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

E-Plan Coordinator

Proc. No. DP-3427  
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## **ALTERNATE LOCATION READINESS CHECK**

### **SCOPE**

To ensure the Alternate Location (Furlon House) is periodically checked to verify that the facility is in an operable condition and to test its communications equipment and systems.

### **ENCLOSURES**

DP-3427 - Pg. 1  
Attachment A - Pgs. 1-3  
Attachment B - Pgs. 1-2  
DPF-3427.1 - Pg. 1 - Original  
DPF-3427.2 - Pg. 1 - Original

### **REFERENCES**

1. AP-0711, "Communications Systems"
2. DP-2005, "Operations Department Surveillance Schedule"

### **DISCUSSION**

The Alternate Location's communication equipment shall be tested monthly utilizing the appropriate attachment. An inspection and inventory of the Alternate Location shall be performed quarterly. These activities shall be performed as scheduled by Reference 2.

### **PRECAUTIONS**

None

### **PREREQUISITES**

See individual attachments.

### **PROCEDURE**

See individual attachments.

### **FINAL CONDITIONS**

See individual attachments.

ATTACHMENT A

MONTHLY COMMUNICATION TESTS AT THE ALTERNATE LOCATION

PREREQUISITE

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

PROCEDURE

A. TELEPHONE SYSTEMS

1. Commercial

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

• 424-7769 ☐ OP ☐ INOP \_\_\_\_\_

• 424-8201 ☐ OP ☐ INOP \_\_\_\_\_

• 424-8206 ☐ OP ☐ INOP \_\_\_\_\_

2. Satellite Phone - Base Unit

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

- a. For outbound testing: ☐ OP ☐ INOP \_\_\_\_\_

1) Pick up the handset of the satellite (base unit) phone.

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.

b. For inbound testing: ☐ OP ☐ INOP

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- 1) From any regular landline phone, dial the satellite (base unit) phone number:  
  
9-1-254-377-2060
- 2) Verify that satellite phone rings - **do not** answer!
- 3) Hang up the regular landline phone.

B. FACSIMILE MACHINE

**NOTE:** Fax machine may be set up at any available telephone in the Alternate Location.

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

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C. Document results of this attachment on DPF-3427.1, "Alternate Location Discrepancies and Corrective Actions."

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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 Alternate Location 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 & INSPECTION OF THE ALTERNATE  
LOCATION

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 DPF-3427.2, "Alternate Location Documents Reference List." Use this form to verify that the latest versions of required procedures, forms, and lists are available in the Alternate Location. Also verify that the working copy files are of the latest versions.

2. Books
  - Defueled Emergency Plan \_\_\_\_\_
  - Defueled Implementing Procedures \_\_\_\_\_
  - Off-Site Dose Calculation Manual (ODCM)  
(CC No. NN) \_\_\_\_\_
  - Alternate Location Log Book \_\_\_\_\_
  - Op-Memos \_\_\_\_\_
  - State of Vermont Notification Manual \_\_\_\_\_

- C. Document results of this attachment on DPF-3427.1, "Alternate Location 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 Alternate Location 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





**ALTERNATE LOCATION DOCUMENTS REFERENCE LIST**

<b>DOCUMENT</b>	<b>WORKING FILES</b>	<b>REVISION OR DATE</b>
OP-3300		
OP-3305		
OP-3315		
OP-3324		
OP-3343		
OP-3344		
OP-Memo 2E-4		
OP-Memo 2E-5		
OP-Memo 2E-6		
FANP (Marlboro) Telephone Listing		
Off-Site Dose Calculation Manual		
FANP Emergency Support Plan		
Defueled Emergency Plan		
Defueled E-Plan Implementing Procedures		
State of Vermont Notification Manual		
YAEC Integrated Response		