

DETROIT EDISON - FERMI 2  
AUTOMATED RECORD MANAGEMENT  
DISTRIBUTION CONTROL LIST  
04/02/03

To: 00935

US NRC  
DOCUMENT CNTRL DESK

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WASHINGTON, DC 20555

Media: 8 1/2 X 11

DTC	Doc. Serial Number	Page	Rev	Number Copies	Cnt Lvl	Issue Date	Sec Status
TPEPT	EP RERP APP A	1	1	1	ST	04/02/03	AFC
TPEPT	EP-290001	1	1	1	ST	04/02/03	AFC
TPEPT	EP-290002	2	1	1	ST	04/02/03	AFC
TPEPT	EP-290003	1	1	1	ST	04/02/03	AFC
TPEPT	EP-290004	0	1	1	SP	11/25/02	SUP
TPEPT	EP-290004	1	1	1	ST	04/02/03	VOID_STAMP/DESTROY AFC

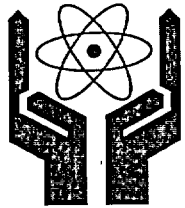
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Detroit Edison EF2, C/O Info Mgmt 140 NOC, 6400 North Dixie Highway,  
Newport MI 48166. (734) 586-4338 OR (734) 586-4061 for questions or concerns.

Ref: cb3461

A045

<b>Detroit Edison</b>	<p style="text-align: center;"><b>Fermi 2</b></p> <p style="text-align: center;"><b>RERP Implementing Procedure Appendix A Revision 1</b></p> <p style="text-align: center;"><b>FORMS</b></p>	
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**Revision Summary**

- 1) Added a dash (-) to all form numbers.

**Implementation Plan**

- 1) This appendix goes into effect upon issuance.

<i>Information and Procedures</i>				
DSN RERP APP A	Revision 1	DCR # 03-0552	DTC TPEPT	File # 1703.10
IP Code I	Date Approved 3-21-03	Released By P. Scott /s/	Date Issued 4-2-03	Recipient 935

**CONTROLLED**

**FORMS**

<b>Form No.</b>	<b>Title</b>
EP-290001	Nuclear Plant Event Notification Form (ENF)
EP-290002	Nuclear Plant Event Technical Data Form (TDF)
EP-290003	Fire Department Support Request Form
EP-290004	Ambulance/Paramedic Support Request Form
EP-290005	Hospital Support Request Form
EP-290006	Secondary Alarm Station Report
EP-290007	Emergency Notification Facsimile Log
EP-540001	Controller/Evaluator Comment Form
EP-540002	Technical Support Center (TSC) Lead Controller Comment Form
EP-540003	Emergency Operations Facility (EOF) Lead Controller Comment Form
EP-540004	Operational Support Center (OSC) Lead Controller Comment Form
EP-540005	Drill/Exercise Critique Summary
EP-540006	Drill/Exercise Component Checklist
EP-540007	Drill/Exercise Authorization
EP-540008	NRC Performance Indicator (RERP) Documentation Form
EP-540009	Scenario Implementation Log
EP-540010	Drill/Exercise Feedback Form

**END**

☐ Actual Event

### □ Drill

Nuclear Power Plant: Fermi 2

Plant Communicator: -

Calling From: ☐ Control Room ☐ TSC ☐ EOF ☐ Other

**Call Back Telephone Number:** 3 1 3 2 5 6 - 4

Plant Message Number

☐ Unusual Event      ☐ Alert      - ☐ Site Area Emergency      ☐ General Emergency      ☐ Termination  
 This classification was declared as of:      Date:      Time:      - (TDF Required)

☐ Abnormal Rad Level/Radiological Effluents ☐ Fission Product Barrier Degradation

☐ Hazards and Other Conditions Affecting Plant Safety ☐ System Malfunction

Fermi IC Number:

☐ Stable                      ☐ Degrading                      ☐ Improving                      ☐ Recovery  
(TDF Required)

☐ Yes -> AU1 Limits ☐ No☐ None

Evacuation of Area(s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

In-Place Shelter of Area(s):    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5

PAR based on: ☐ Dose Calculations (TDF Required) ☐ Security Event

☐ Plant Status ☐ Other

**NOTE: 10 m Met Tower Data is preferred.**

Wind Direction (degrees): From To Wind Speed (MPH):

Stability Class: \_\_\_\_\_ Precipitation: ☐ Yes ☐ No

Approved: \_\_\_\_\_ / \_\_\_\_\_  
Signature Print Name Date Time

Notifications	Time Contacted	Name	Telephone No. or Select Auto-Dial
Monroe County Sheriff			<input type="checkbox"/> Auto-Dial
Wayne County Sheriff			<input type="checkbox"/> Auto-Dial
Michigan State Police			<input type="checkbox"/> Auto-Dial
NRC Operations Center			
Province of Ontario (Canada)			<input type="checkbox"/> Auto-Dial
Nuclear Information			

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# NUCLEAR PLANT EVENT TECHNICAL DATA FORM

☐ Actual Event

☐ Drill

## Plant Contact Information

 Nuclear Power Plant: Fermi 2

Plant Communicator: \_\_\_\_\_

 Calling From: ☐ Control Room ☐ TSC ☐ EOF ☐ Other \_\_\_\_\_

 Call Back Telephone Number: 3 1 3 2 5 6 - 4

Plant Message Number

## Meteorological Data

NOTE: 10 m Met Tower Data is preferred.

☐ See attached Event Notification Form

Wind Direction (degrees): From \_\_\_\_\_ To \_\_\_\_\_

Wind Speed (MPH): \_\_\_\_\_

Stability Class: \_\_\_\_\_

 Precipitation: ☐ Yes ☐ No

## Reactor Information

 Is the reactor shut down? ☐ Yes ☐ No

Additional Comments (if needed):

 Release/Offsite Dose Data: ☐ N/A OR ☐ See Page 2

(If N/A, do not send Page 2)

 Approved: \_\_\_\_\_ / \_\_\_\_\_  

Signature
Print Name
Date
Time

Notifications	Time Contacted	Name	Telephone No. or Select Auto-Dial
Monroe County Sheriff			<input type="checkbox"/> Auto-Dial
Wayne County Sheriff			<input type="checkbox"/> Auto-Dial
Michigan State Police			<input type="checkbox"/> Auto-Dial
NRC Operations Center			
Nuclear Information			

*Handwritten:*  
 4/2/03  
 358 935

# NUCLEAR PLANT EVENT TECHNICAL DATA FORM

## Release/Offsite Dose Data

Plant Message Number

Release Pathway: ☐ Airborne ☐ Waterborne

Projected Release Duration (hrs): \_\_\_\_\_

☐ Actual ☐ Potential Time of Calculation: \_\_\_\_\_

Release Rates	
Noble Gas (Ci/sec)	
Equivalent I - 131 (Ci/sec)	
Particulate (Ci/sec)	

Based On: ☐ Monitor (in plant) ☐ Sample (in plant) ☐ Back Calculation of Field Data ☐ Other Plant Conditions

Projected Dose Rate		
Distance	TEDE (mrem/hr)	Thyroid CDE (mrem/hr)
Site Boundary		
2 Miles		
5 Miles		
10 Miles		

Projected Dose		
Distance	TEDE (mrem)	Thyroid CDE (mrem)
Site Boundary		
2 Miles		
5 Miles		
10 Miles		

## Measured Offsite Radiation Levels

Distance	Time	Highest Reading (mR/hr)	Iodine Cartridge (Net CPM)	Sector
Site Boundary				
Miles				
Miles				
Miles				

## FIRE DEPARTMENT SUPPORT REQUEST FORM

Monroe County Central Dispatch - Frenchtown Fire Department: 734-241-2727

1. This is:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

calling from Fermi 2. There is a fire onsite. Frenchtown Fire Department assistance is requested immediately.

2. Use the Pointe Aux Peaux Road access gate.

3. Basic information on the fire:

3.1 Type of Fire: \_\_\_\_\_

3.2 Take the following precautions

4. Determine the following information from Central Dispatch and relay this information to the SAS Operator using EP-290006.

4.1 Number of vehicles expected to arrive: \_\_\_\_\_

4.2 Number of personnel expected to arrive: \_\_\_\_\_

5. Complete SAS notification.

## AMBULANCE/PARAMEDIC SUPPORT REQUEST FORM

1. Select required medical response:

NOTE: Make one call only.

☐ For Ambulance Only - 734-241-1111

☐ For both Frenchtown Fire Department Paramedics and Ambulance - 734-241-2727

2. This is:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

calling from Fermi 2. There are injured personnel onsite and your assistance is required immediately.

3. Number of injured personnel: \_\_\_\_\_

4. Injuries to personnel: \_\_\_\_\_

5. Number of potentially contaminated personnel: \_\_\_\_\_

6. Use the Fermi Drive access gate.

NOTE: Mercy Memorial Hospital is the primary hospital. Use Oakwood Southshore Medical Center only if conditions prevent the use of Mercy Memorial Hospital.

7. Transport the victim(s) to: ☐ Mercy Memorial Hospital ☐ Oakwood Southshore Medical Center

8. Take the following precautions: \_\_\_\_\_

9. Determine the following information from Central Dispatch and relay this information to the SAS operator using EP-290006.

9.1 Number of vehicles expected to arrive \_\_\_\_\_

9.2 Number of personnel expected to arrive \_\_\_\_\_

10. Complete SAS notification.



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TPEPT	EP-290007		1	1	ST	04/02/03		AFC

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Ref: cb3596

## HOSPITAL SUPPORT REQUEST FORM

**NOTE:** Mercy Memorial Hospital is the primary hospital. Use Oakwood Southshore Medical Center only if conditions prevent the use of Mercy Memorial Hospital.

**Mercy Memorial Hospital: 734-242-6500**  
**Oakwood Southshore Medical Center: 734-671-3883 or 734-671-3800**

1. This is:

Name: \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

calling from Fermi 2. There are injured personnel onsite and the ambulance service has been contacted to transport the victims to you.

2. Number of injured personnel: \_\_\_\_\_

3. Injuries to personnel:

4. Number of potentially contaminated personnel: \_\_\_\_\_

5. Number of personnel suffering from excessive radiation exposure: \_\_\_\_\_

6. If there are potentially contaminated personnel state the following:

"You are requested to implement your radiological emergency response plan."

7. Complete SAS notification.

## SECONDARY ALARM STATION REPORT

Secondary Alarm Station: Control Room - Security Direct Line or 6-5215

1. Support organization contacted:

☐

Fire/Paramedics

☐

Ambulance

☐

Hospital (which one?)

☐

Other

2. Number of personnel reporting onsite, if known:

3. Number of vehicles reporting onsite, if known:

4. Owner-controlled area access gate to be used:

☐

Pointe Aux Peaux

☐

Fermi Drive

5. Location of emergency (If rescue/ambulance, where the vehicles should attend to the victim):

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

Facility: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

### EMERGENCY NOTIFICATIONS FACSIMILE LOG

Message No.	Type (Initial, Follow-up or Other)	Time	Originator (CR, TSC, EOF or Alternate facility)	Locations Sent or Program Button Used

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