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PRC|SECG-ATT.06|000	27	A	1	H	175212
PRC|SECG-SECG-TOC|000	44	A	1	H	175539
PRC|SECG-SECT.11.5|000	2	A	1	H	175334
PRC|SECG-ATT.15|000	3	A	1	H	175375
PRC|SECG-ATT.04|000	6	A	1	H	175457
PRC|SECG-ATT.08|000	9	A	1	H	175253
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MC N04

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A045

SALEM GENERATING STATION
EVENT CLASSIFICATION GUIDE
September 9, 2003

CHANGE PAGES FOR
REVISION #44

The Table of Contents forms a general guide to the current revision of each section and attachment of the Salem ECG. The changes made in this TOC Revision #44 are shown below.

1. Check that your revision packet is complete.
2. Add the revised documents.
3. Remove and recycle the outdated material listed below.

ADD			REMOVE		
Pages	Description	Rev.	Pages	Description	Rev.
ALL	TOC	44	ALL	TOC	43
ALL	Section 11.5	02	ALL	Section 11.5	01
ALL	Attachment 4	06	ALL	Attachment 4	05
ALL	Attachment 5	03	ALL	Attachment 5	02
ALL	Attachment 6	27	ALL	Attachment 6	26
ALL	Attachment 8	09	ALL	Attachment 8	08
ALL	Attachment 9	26	ALL	Attachment 6	25
ALL	Attachment 15	03	ALL	Attachment 15	02
All	Attachment 16	03	All	Attachment 16	02

PSE&G CONTROL COPY #SECG-0101

SALEM EVENT CLASSIFICATION GUIDE
TABLE OF CONTENTS/SIGNATURE PAGE

SALEM EVENT CLASSIFICATION GUIDE
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SALEM EVENT CLASSIFICATION GUIDE
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Licensing is responsible for the Reportable Action Level (Section 11) and associated Attachments (marked by "L")

REVISION SUMMARY

1. Revision to RAL 11.5.2.c to require concurrence with Environmental Licensing for making notifications for unusual or significant environmental events for 4 and 24-hour notifications. RAL 11.5.2.c is also being revised to clarify that notifications are required for only major NJPDES permit violations
2. Attachment 4 was changed to add "WE RECOMMEND THE USE OF KI IN ACCORDANCE WITH STATE PROCEDURES".
3. Editorial changes ECG Attachment 5 to clarify the type of information expected by the NRC on the NRC Data Sheet.
4. Editorial change to attachment 6, phone number update
5. Editorial change to attachment 9, phone number update
6. Revision to ECG Attachment 15 (EnvironmentalProtection Plan) to include the requirements for Licensing to submit a 30-day written report to the NRC for unusual or significant environmental events.
7. Editorial changes ECG Attachment 16(Spill/discharge Reporting) is being revised to clarify the order in which steps should be performed.

SIGNATURE PAGE

Prepared By: Francis J. Hughes 07/25/03
Date

Section/Attachments Revised Section 11.5, rev 2 Attach. 4, Rev. 5,& Attachment 15, rev 3
(List Non Editorial Only - Section/Attachments)

Reviewed By: _____ 7/25/03
10CFR50.54q Effectiveness Reviewer Date

Reviewed By: _____ 8/24/03
Department Manager Date

Reviewed By: _____ 8/22/03
Manager Licensing Date
(Reportable Action Level (Section 11) and associated Attachments marked by "L")

Reviewed By _____ 8/21/03
EP Manager Date

Reviewed By N/A _____
Manager - Quality Assessment - NBU Date
(If Applicable)

SORC Review and Station Approvals

N/A _____
Mtg. No. Salem Chairman Director Site Operations

_____ 8/28/03
Date Date

Effective Date of this Revision: 9-10-03
Date

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11.0 Reportable Action Levels

11.5 Environmental / State Notifications

REPORTING ACTION LEVELS

Initiating Condition	SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE [10CFR50.72(b)(2)(xi); N.J.A.C. 7:1E]	SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE INTO OR UPON THE RIVER [10CFR50.72(b)(2) (xi); N.J.A.C.7:1E]	UNUSUAL OR IMPORTANT ENVIRONMENTAL EVENTS [E.P.P. SECTION 4.1]
MODE	All	All	All
RAL #	11.5.2.a	11.5.2.b	11.5.2.c
IF	Spill/discharge of an industrial chemical or petroleum product outside of a Plant Structure within the Owner Controlled Area that results in EITHER one of the following: • Spill / discharge that has passed through the engineered fill and into the ground water as confirmed by licensing • Spill / discharge that CANNOT be cleaned up within 24 hours and no contact with groundwater is suspected	EITHER one of the following events occur: • Observation of a spill/discharge of an industrial chemical or petroleum product from on-site into the Delaware River or into a storm drain • Observation of an oil slick on the Delaware River from any source	As judged by the OS/EDO, in concurrence with Environmental Licensing, ANY one of the following events has occurred: • Unusually large fish kill • Protected aquatic species impinge on Circulating or Service Water intake screens (eg.; sea turtle, sturgeon) as reported by Site personnel • Any occurrence of an unusual or important event that indicates or could result in significant environmental impact casually related to plant operation; such as the following: * Onsite plant or animal disease outbreaks * Mortality or unusual occurrence of any species protected by the Endangered Species Act of 1973 * Increase in nuisance organisms or conditions * Excessive bird impactation * Major NJPDES Permit violations * Excessive Opacity (smoke)
THEN			
Action Required	Refer to Attachment 16 Spill/Discharge Reporting	Refer to Attachment 16 Spill/Discharge Reporting	Refer to Attachment 15 Environmental Protection Plan

Note:
This event May require IMMEDIATE (15 minute) notifications. DO NOT delay implementation of Attachment 16.

11.0 Reportable Action Levels

11.5 Environmental / State Notifications

Initiating Condition

BOILER OR PRESSURE VESSEL EXPLOSION OR PERSONAL INJURY [N.J.A.C. 5:11-3.11]

MODE

All

RAL #

11.5.3

REPORTING ACTION LEVELS

IF

EITHER one of the following events occur:

- Personal injury due to an occurrence to a boiler or pressure vessel
- A boiler or pressure vessel explosion

THEN

Action Required

Refer to Attachment 28
B&PV Reporting

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ATTACHMENT 4

GENERAL EMERGENCY

I. EMERGENCY COORDINATOR (EC) LOG SHEET

Initials

A. DECLARE A GENERAL EMERGENCY AT SALEM UNIT _____

EAL #(s) _____, _____, _____

Declared at _____ hrs on _____ _____
time date EC

B. NOTIFICATIONS

1. CALL communicators to the Control Room. _____ OS

CAUTION

A Protective Action Recommendation (PAR) SHALL be made on the Initial Contact Message Form (ICMF).

2. MAKE A PAR as follows:
   a. REFER to Predetermined PAR Flowchart on Pg. 3 and DETERMINE the appropriate PAR. _____ EC
   b. IF a Radiologically Based PAR is IMMEDIATELY available, THEN COMPARE the two PARs and choose the most appropriate for inclusion on the ICMF. _____ EC

3. COMPLETE the INITIAL CONTACT MESSAGE FORM (ICMF) (last page of this attachment). _____ EC

4. PROVIDE the ICMF to the Primary Communicator and DIRECT the Communicator to implement **ECG Attachment 6.** _____ EC

5. DIRECT the Secondary Communicator to implement **ECG Attachment 8** for a GENERAL EMERGENCY. _____ EC

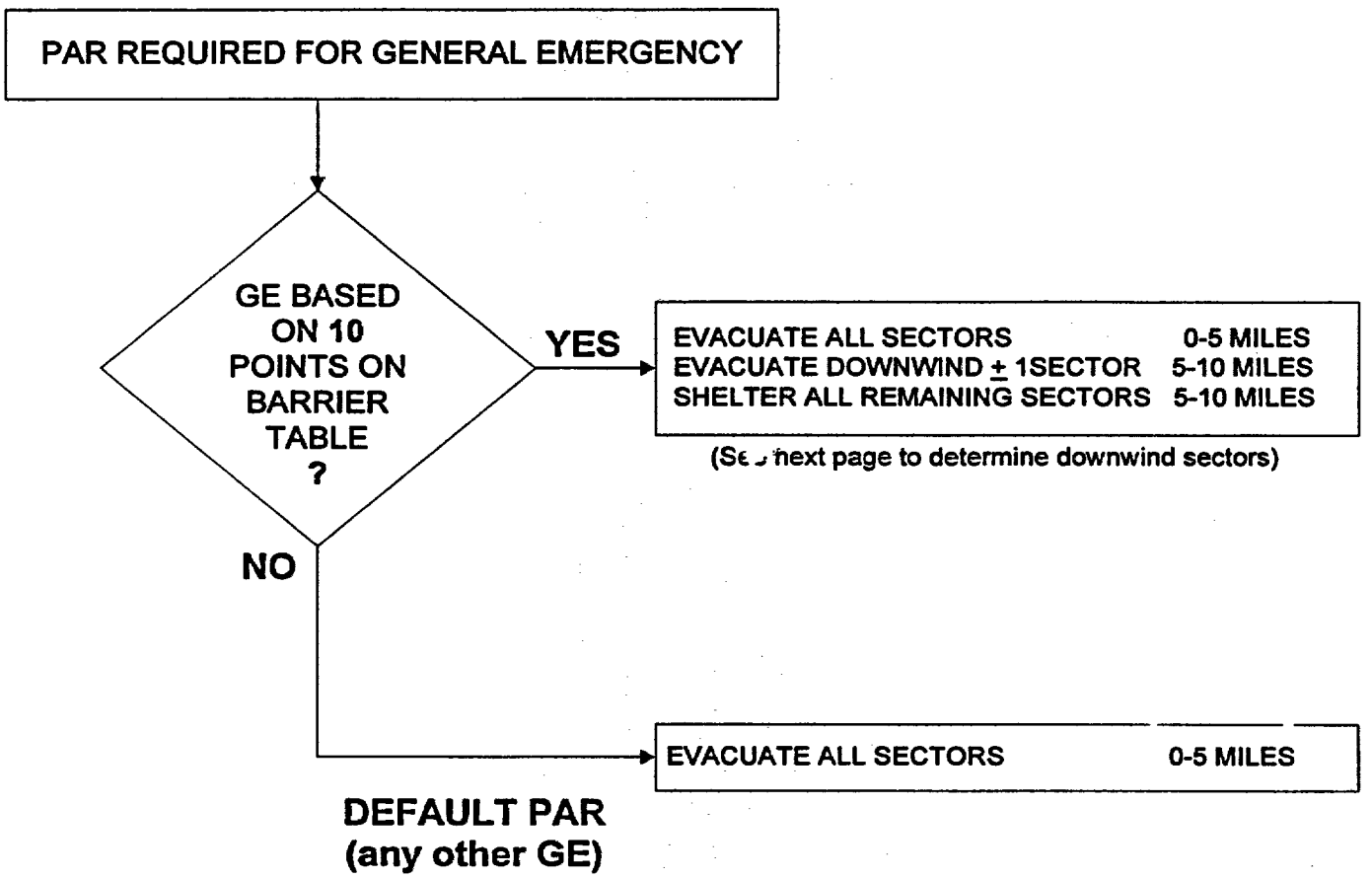
Initials

6. IF NOT done previously,
LOCATE the confidential envelope in the front of the Operations Superintendent's (O.S.) copy of the ECG marked "Emergency Callout". Follow the directions. When complete return to this procedure.
(EP96-003) _____ OS

7. IMPLEMENT EPEP 102 for OS, EDO or ERM. _____ EC

APPENDIX 1

PREDETERMINED PROTECTIVE ACTION RECOMMENDATIONS



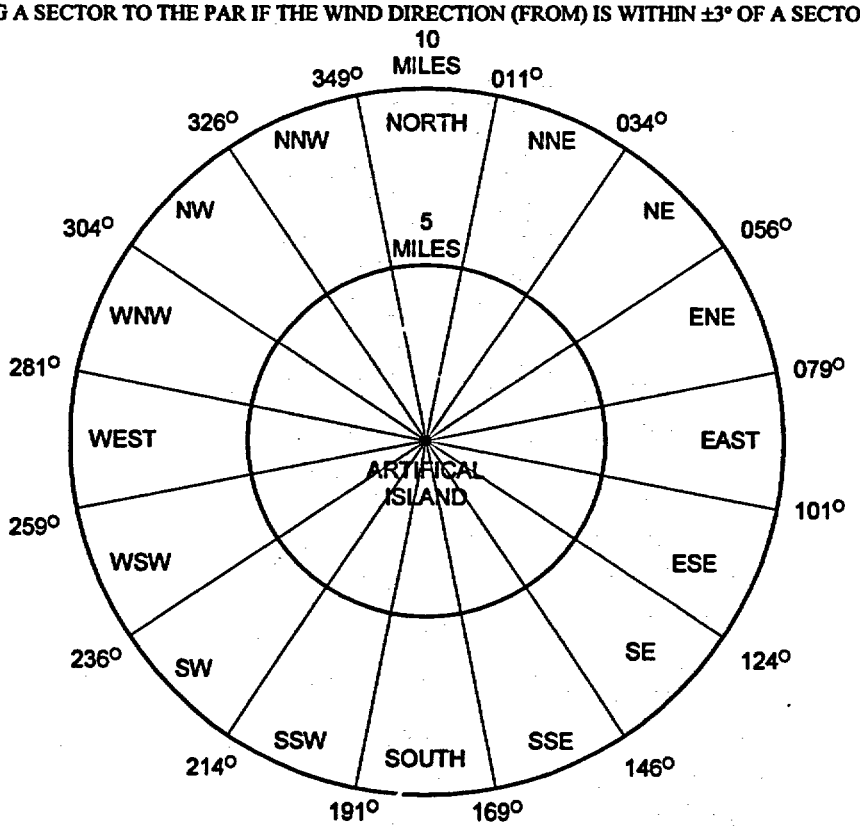
CAUTION:

IF TRAVEL CONDITIONS PRESENT AN EXTREME HAZARD (SEVERE ICE, SNOW, WIND, FLOOD, QUAKE DAMAGE, ETC.), CONSIDER SHELTER INSTEAD OF EVACUATE IN THE ABOVE SELECTED PAR

APPENDIX 1 (continued)
RECOMMENDED PROTECTIVE ACTION WORKSHEET

WIND DIRECTION FROM DEGREES	COMPASS		PAR AFFECTED SECTORS DOWNWIND ±1 SECTORS
349 - 011	N	⇒	SSE - S - SSW
011 - 034	NNE	⇒	S - SSW - SW
034 - 056	NE	⇒	SSW - SW - WSW
056 - 079	ENE	⇒	SW - WSW - W
079 - 101	E	⇒	WSW - W - WNW
101 - 124	ESE	⇒	W - WNW - NW
124 - 146	SE	⇒	WNW - NW - NNW
146 - 169	SSE	⇒	NW - NNW - N
169 - 191	S	⇒	NNW - N - NNE
191 - 214	SSW	⇒	N - NNE - NE
214 - 236	SW	⇒	NNE - NE - ENE
236 - 259	WSW	⇒	NE - ENE - E
259 - 281	W	⇒	ENE - E - ESE
281 - 304	WNW	⇒	E - ESE - SE
304 - 326	NW	⇒	ESE - SE - SSE
326 - 349	NNW	⇒	SE - SSE - S

NOTE: CONSIDER ADDING A SECTOR TO THE PAR IF THE WIND DIRECTION (FROM) IS WITHIN ±3° OF A SECTOR DIVIDING LINE.



INITIAL CONTACT MESSAGE FORM

I. THIS IS _____ (NAME), COMMUNICATOR IN THE ☐ CONTROL ROOM ☐ TSC ☐ EOF

AT THE SALEM NUCLEAR GENERATING STATION, UNIT NO._____.

IIa. ☐ THIS IS NOTIFICATION OF A GENERAL EMERGENCY WHICH WAS

DECLARED AT _____ (TIME - 24 HOUR CLOCK) ON _____ (DATE).

EAL #(s) _____, _____, _____

DESCRIPTION OF EVENT: _____

_____

IIb.

☐ THIS IS NOTIFICATION OF A PROTECTIVE ACTION RECOMMENDATION UPGRADE WHICH WAS MADE AT _____ (24 HOUR CLOCK) HRS ON _____ (DATE).

Reason for PAR Upgrade: _____

_____

III. ☐ NO RADIOLOGICAL RELEASE IS IN PROGRESS.

☐ THERE IS A RADIOLOGICAL RELEASE IN PROGRESS.

} see NOTE for release definition

IV. ☐ 33 FT. LEVEL WIND DIRECTION (From):_____ (From MET Computer /SPDS) (DEGREES) WIND SPEED: _____ (MPH)

V.

	Sectors	Dist.- Miles
☐ WE RECOMMEND EVACUATION AS FOLLOWS	_____	_____
	_____	_____
☐ WE RECOMMEND SHELTERING AS FOLLOWS	_____	_____

☑ WE RECOMMEND THE USE OF KI IN ACCORDANCE WITH STATE PROCEDURES

_____

EC Initials (Approval to Transmit ICMF)

NOTE:

Radiological Release is defined as: Plant Effluent > Federal Limit of 2.42E+05 µCi/sec Noble Gas or 2.1E+01 µCi/sec I-131.

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ATTACHMENT 5

NRC DATA SHEET COMPLETION REFERENCE

I. INSTRUCTIONS

NOTE

This attachment is implemented when the NRC Operations Center or Regional Office is notified of an Emergency OR Non-Emergency as specified by the appropriate ECG Attachment. Information is offered as a GUIDELINE to personnel completing the Event Description and the NRC Event Update Sections of the NRC DATA SHEET.

A. OBTAIN a working copy of the NRC Data Sheet (last three pages of this attachment) each time you are directed to complete it. (I.e., each change in classification or new event requires a new NRC Data Sheet.)

B. COMPLETE the NRC Data Sheet with reference to the following information and guidance, as needed.

NOTE

The following paragraphs briefly describe the type of information expected by the NRC when making notifications. However, it is not required to reference these paragraphs to complete the NRC Data Sheet.

1. Event Description Instructions from the NRC Data Sheet state:

" Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational."

a) ***Include systems affected...***
Description: The NRC is primarily concerned about the safety significance of the event and the current conditions of the plant. However, some events may be caused by non-safety related equipment failures and this information should also be provided to the NRC.

Common information should be the response of available systems, (ESF or ECCS systems required to respond) or any other system utilized to mitigate the consequences of the event.

b) ***...actuations and their initiating signals, causes...***
Description: The NRC routinely needs to know what specific signal caused the Reactor trip or system actuation. If the cause of the event or actuation is known, it should be provided. If the cause is not yet known, that information should be provided to the NRC.

When the information becomes available, the NRC should be provided updated information (utilize the bottom of page two of the NRC DATA SHEET to provide the updated information).

Common information should be the specific signal that caused the Reactor trip or system actuation and, if known, whether the parameter has been restored to the previously established band for the current plant conditions.

c) ***...effect of event on plant (include if all rods have inserted and how decay heat is being removed)...***
Description: This information should be complete to allow a clear evaluation of current plant conditions. Incorporated in the explanation should be a description of how the event has affected overall plant safety.

Common information should be which safety parameters are affected. This explanation should also include how RCS parameters, especially decay heat removal, are being maintained (Examples: Rx Press. control is being maintained by cycling SRVs or SG level is being maintained by the Aux. Feed water system). State whether or not all control rods have inserted.

d) ***...actions taken or planned...***
Description: This should be a description of the current plans to mitigate the event or restore the plant to a normal configuration. The focus should be on the short-term considerations and not on what you expect to have to accomplish tomorrow or next week.

Common information should be corrective actions taken to mitigate the consequences of the event and the OSC priorities to reestablish specific control of plant safety parameters.

e) ***Note anything unusual or not understood.***
Description: The NRC is interested in what systems did NOT respond as you expected and there is no apparent reason why they did not function.

Common information should be systems that failed to respond, systems that had responded correctly, but are currently failing to properly restore monitored parameters to their nominal values, or any unexpected plant response.

f) ***Indicate systems and safety related equipment that are not operational or did not function as required.***
Description: Explain all non-operational safety related equipment and any systems that did not function as expected. Also provide non-operational plant equipment that may be important to event response or assessment.

Common information should be equipment that was inoperable prior to the event that is safety related, non-safety related equipment that caused the transient, or plant systems that would ease the operational response to the transient. Example: SPDS.

g) ***State if anyone has been injured.***
Description: Injury reports are a measure of the significance of the event.

2. NRC Event Update Instructions from the NRC Data Sheet state:

" (Document additional information provided to the NRC due to their request or as a result of plant/event status changes.)."

a) It is intended that this section of the NRC Data Sheet be utilized to document additional information requested by the NRC. The individual communicating with the NRC should document the requested information and the response given. This section should also be utilized to update the NRC as plant conditions or equipment availability changes occur or any actions taken in accordance with 10CFR50.54(x).

It may also be used to report the results of investigations or event analysis that yields information previously reported as unknown OR that is now known to have been incorrect as reported earlier.

b) If changing plant conditions result in a change in Emergency Classification, the Communicator should implement another ECG Attachment 8. This will result in a new NRC Data Sheet being completed and provided to the NRC within the 1-hour time limit.

II. NRC DATA SHEET FORM

A. The following two-page form with continuation sheet(s) is used for both emergencies and non-emergencies.

B. NRC Data Sheet (Page 1 of ___) should always be completed as thoroughly as possible prior to notifying the NRC, but in no case should notifications be delayed because of missing information.

C. (Page 2 of ___) may or may not be applicable as determined by the Emergency Coordinator (EC).

D. (Page ___ of ___) is a continuation form to be used by the Communicator (or EC) to document any additional information reported to the NRC, as needed. Information recorded here, as NRC updates should log the time that the NRC was updated.

NRC DATA SHEET (Page 1 of ___)

NOTIFICATION TIME	FACILITY SALEM GENERATING STATION UNIT ____	CALLER'S NAME	
EVENT DATE	EVENT TIME (EASTERN TIME ZONE)	POWER/MODE BEFORE EVENT	POWER/MODE AFTER EVENT

EVENT CLASSIFICATION (Check One)

☐	GENERAL EMERGENCY	☐	ALERT	☐	1 HR 10CFR50.72(b) (1) *( )	☐	1 HR SECURITY/SAFEGUARDS
☐	SITE AREA EMERGENCY	☐	UNUSUAL EVENT	☐	4 HR 10CFR50.72(b) (2) *( )	☐	TRANSPORTATION EVENT
☐	OTHER (DESCRIBE):			☐	8 HR 10CFR50.72(b) (3) *( )		

*** FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING FROM THE ECG INITIATING CONDITION STATEMENT.**

EVENT DESCIPTION

Include systems affected, actuations & their initiating signals, causes, effect of event on plant (include if all rods have inserted and how decay heat is being removed), actions taken or planned, etc. Note anything unusual or not understood. Indicate systems and safety–related equipment that are not operational or did not function as required. State if anyone has been injured.

(Use a continuation page if more room is needed.)

RCS/TUBE LEAK DATA

(Complete only if event includes an RCS or SG tube leak)

LOCATION OF LEAK (e.g. SG, VALVE, PIPE etc.): _____

TIME & DATE LEAK STARTED: _____ (TIME) ON _____ (DATE)

LEAK RATE: _____ gpm or gpd T/S LEAK LIMITS: _____

LAST KNOWN COOLANT ACTIVITY: PRIMARY (DEI – µCi/cc) _____ SECONDARY (gbg –µCi/cc) _____

WAS THIS LEAK A SUDDEN OR LONG – TERM DEVELOPMENT? _____

NOTIFICATIONS

ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE
NRC RESIDENT	☐	☐	☐	STATE OF NEW JERSEY	☐	☐	☐	STATE OF DELAWARE	☐	☐	☐
LOCAL (LAC TOWNSHIP)	☐	☐	☐	OTHER GOVERNMENT AGENCIES	☐	☐	☐	MEDIA / PRESS RELEASE	☐	☐	☐
MODE OF OPERATION UNTIL CORRECTED: ____				ESTIMATED RESTART DATE: _____				ADDITIONAL INFO ON Page 2?	☐	☐	

Additional Information for Non-Emergency Notifications:
Reportable Action Level (RAL #) 11.____

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page 2 of __)

NOTIFICATION DATE/TIME: _____

RADIOLOGICAL RELEASE DATA: (This section is only required to be completed if a release exceeding Tech Specs is in progress or has already occurred).

Check √ ALL correct statements and provide to the NRC.

____ There is/was a gaseous release above Tech Spec limits in progress (Tech Spec Limit: Noble Gas = 2.42E+05 µCi/sec).
____ There is/was an Iodine release above Tech Spec limits in progress (Tech Spec Limit: Iodine –131 = 2.10E+01 µCi/sec).
____ There is/was a liquid release above Tech Spec limits in progress.
____ The release is ongoing (still above Tech Specs) at this time.
____ The release was terminated (no longer above Tech Specs) at _____ hrs.
____ The release was planned and can be isolated.
____ The release pathway is monitored by the Radiation Monitoring System.
____ Areas evacuated onsite due to release concerns are: _____
____ Station personnel have been exposed as a result of the radiological release.
____ Station personnel have received exposure above 10CFR20 limits.
____ Station personnel have been contaminated as a result of the radiological release.
____ Station personnel have been contaminated to an extent requiring offsite assistance to decon.

SPECIFIC RADIOLOGICAL PARAMETERS: (Provide current values) Current Time: _____ hrs.
Total Release Rate Noble Gas (from page 2 of 2 of SSCL) is: _____ µCi/sec.
Total Release Rate Iodine - 131 (from page 2 of 2 SSCL) is: _____ µCi/sec. **Default / Sample results** (circle one)

RELEASE PATHWAY MONITORS: (Provide readings and alarm setpoints only for those below listed monitors In Alarm or that are included in the release pathway).

MONITOR #	NAME	CURRENT READING	ALARM SETPOINT
1(2)R41D	NOBLE GAS EFFLUENT	_____ µCi/sec	2.00E+04 µCi/sec
1(2)R46	HIGHEST STEAM LINE (R46A thru D)	_____ mR/hr	1.00E+01 mR/hr
1(2)R15	CONDENSER AIR EJECTOR	_____ cpm	_____ cpm
1(2)R19	HIGHEST S/G BLOWDOWN	_____ cpm	_____ cpm

OTHER PERTINENT INFORMATION: (Document additional information related to any radiological release).

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page __ of __)

TIME _____ DATE _____ NRC contact NAME _____ for NRC event update.

Use this page as a CONTINUATION page
OR
Separately for an NRC EVENT UPDATE (Documentation of additional information to the NRC due to their request or as a result of plant/event status changes):

(Use another continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

ATTACHMENT 6

PRIMARY COMMUNICATOR LOG

Table of Contents

PSE&G
CONTROL
COPY # SECG0101

Emergency Classification: (circle) UE ALERT SAE GE

Name: _____ Position: CM1 /TSC1/ EOF1
(Print) (Circle)

A. NOTIFICATIONS

NOTE

A new Attachment 6 is required to be implemented if the classification or protective action recommendation (PAR) changes.

If classification or PAR change occurs during notification process, THEN fifteen-minute notifications MUST be completed before implementing a new Attachment 6 and the NRC time requirement is based on the original declaration time.

CAUTION
Fifteen-minute clock for notification starts at time event was declared.

Initials

1. CALL each Organization or Individual identified on the Communications Log (Pgs. 5 - 8) and READ the ICMF.

_____
CM1/TSC1/EOF1

2. IF required to activate an individual's pager,
THEN PERFORM the following:

   a. DETERMINE a non-NETS phone number for the pager holder to call back on and note it here.

      Call Back #: 856-339-_____

   b. DIAL the pager number of the individual you are trying to contact.

Initials

c. WHEN you hear "Beep, Beep, Beep,"
THEN ENTER the Call Back #.

d. HANG UP the phone and CONTINUE making other notifications per Step 1. _____
CM1/TSC1/EOF1

B. TURNOVER

1. IF CONTACTED by the TSC (or EOF) in preparing for notification responsibilities,
THEN PROVIDE the following information:
   - Organizations/Individuals notified.
   - Phone numbers or locations of individuals for updates or changes in status.

_____
CM1/TSC1

2. IF the EC function transfers to the oncoming facility,
THEN contact the oncoming communicator and COMPLETE turnover. _____
CM1/TSC1

C. INCOMING CALLS

NOTE

Initial Notifications take priority over incoming calls.

STATE OFFICIALS

1. IF Notifications authority has transferred,
THEN DIRECT the caller to contact the TSC (or EOF if activated).

_____
CM1/TSC1

2. WHEN contacted by any State Agency Officials (listed here),

DEMA - Delaware Emergency Management Agency
AAAG - Delaware Accident Assessment Advisory Group
BNE - NJ Bureau of Nuclear Engineering
DEP - NJ Dept. of Environmental Protection
OEM - NJ Office of Emergency Management

THEN PERFORM the following:
( ) a. OBTAIN and RECORD

Agency	Caller's Name	Phone #
_____	_____	_____
_____	_____	_____

C. INCOMING CALLS (cont'd)

Initials

( ) b. READ the latest EC approved SSCL.

( ) c. IF caller is **NJ-BNE, DEMA, or AAAG,**
THEN also READ the approved NRC Data Sheet Event Description information.

_____
CM1/TSC1/EOF1

NEWS MEDIA

CAUTION

Communicators are NOT authorized to release any information to the News Media.

3. IF contacted by any News Media representative,
THEN READ the appropriate message below:

( ) a. IF the ENC is not activated (Unusual Event), say

"You are requested to contact the Nuclear Communications Office at the following number: 856-339-1186."

( ) b. IF the ENC is activated (ALERT or higher), say;

"You are requested to contact the Media Information Operator at any of the following numbers: 856-273-0188, -0282, -0386, - 0479, or - 0586."

_____
CM1/TSC1/EOF1

D. CONTINUOUS DUTIES

1. ASSIST the CM2 gathering and faxing operational data.

_____
CM1

2. ASSIST the TSC2 (or EOF2) in maintaining facility status boards

_____
TSC1/EOF1

3. IF the telecopier is NOT working correctly,
THEN CALL the TSC - Emergency Preparedness Advisor (EPA) for assistance.

_____
CM1/TSC1/EOF1

4. IF required to provide continuous communication with the NRC,
LOCATE the CM1headset and establish communications with the NRC.

_____
CM1

Initials

E. TERMINATION/REDUCTION

1. WHEN the Emergency has been terminated or reduced in classification, THEN;

   a. OBTAIN the EC approved EMERGENCY TERMINATION/ REDUCTION FORM.

   CM1/TSC1/EOF1

NOTE

Time limits for notifications of Emergency Termination only apply to the NRC (as soon as possible, but < 60 minutes).

   b. CALL each Organization or Individual identified on the Communications Log and READ the message.

   CM1/TSC1 EOF1

2. WHEN the emergency is terminated, THEN FORWARD this document and all completed Forms to the OS (TSS/SSM).

   CM1/TSC1/EOF1

COMMUNICATIONS LOG — INITIAL NOTIFICATIONS — EVENT TERMINATION

TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION / INDIVIDUALS	NAME OF CONTACT	TIME/ DATE	CALLER		NAME OF CONTACT /TIME
15 MIN.	**DELAWARE STATE POLICE/DEMA** Initial contact: Primary: (SP) NETS 5406 Secondary: 302-659-2341 Backup: NAWAS		TIME DATE			
	When DEMA calls back to report acceptance of emergency responsibilities (approx. 1 hour after initial notification) then contact numbers become: Primary: (DEMA) NETS 5407 Secondary: 302-659-2251, -2256 BACKUP: NAWAS	Call Back:	TIME DATE			
	NOTES: IF DELAWARE IS CONTACTED, PROCEED WITH NEW JERSEY. IF NOT, THEN CONTACT BOTH COUNTIES IN DELAWARE.					
	NEW CASTLE COUNTY Primary: NETS 5408 Secondary: 302-571-7331		TIME DATE			
	KENT COUNTY Primary: NETS 5409 Secondary: 302-678-9111		TIME DATE			
15 MIN.	**NEW JERSEY STATE POLICE/OEM** Primary: NETS 5400		TIME DATE			
	Secondary: 609-882-4201 BACKUP: EMRAD (not in TSC)	Call Back:				
	NOTES: IF NEW JERSEY IS CONTACTED, THEN PROCEED WITH THE NEXT PAGE. IF NOT, THEN CONTACT ALL OF THE FOLLOWING:					
	SALEM COUNTY Primary: NETS 5402 Secondary: 856-769-2959		TIME DATE			
	CUMBERLAND COUNTY Primary: NETS 5403 Secondary: 856-455-8770		TIME DATE			
	U.S. COAST GUARD (Speak Only to Duty Desk) Primary: 215-271-4800 Secondary: 215-271-4940		TIME DATE			

COMMUNICATIONS LOG — INITIAL NOTIFICATIONS — EVENT TERMINATION

TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION / INDIVIDUALS	NAME OF CONTACT	TIME /DATE	CALLER		NAME OF CONTACT /TIME
30 MIN.	LAC TOWNSHIP Primary: NETS 5404 Secondary: 856-935-7300		TIME DATE			
	NRC OPS CENTER COMMUNICATIONS INSTRUCTIONS 1. **OBTAIN** the approved NRC Data Sheet. 2. **IF** time permits, **ENTER** 9-1-301-816-5151into fax, hit START and **FAX** NRC Data sheet to NRC. 3. **READ** both the ICMF and NRC Data Sheet. **IF** the NRC Data Sheet is **NOT** obtainable within 60 minutes of emergency declaration, **THEN** read only the ICMF. This constitutes official notification of the NRC. Follow up with Data Sheet when obtained. 4. **DOCUMENT** the notification below. 5. **IF** the NRC requests additional information concerning the event, **THEN** OBTAIN assistance from CR (TSC/EOF) Staff to ENSURE it is accurate and EC approved. Document questions and answers. 6. **IF** the NRC requests an open line be maintained, **THEN** OBTAIN assistance in completing any remaining calls. (See NOTE below.)					
60 MIN.	**NRC OPERATIONS CENTER** ☐ ICMF ☐ NRC Data Sheet Primary:(ENS) 1-301-816-5100 First back-up: 1-301-951-0550 Second back-up: 1-301-415-0550 Third back-up: 1-301-415-0553 FAX 9-1-301-816-5151		TIME DATE			

NOTE

An additional communicator (preferably an RO or SRO) may be assigned to provide continuous updates to the NRC under the following circumstances;

- NRC requests an open line be maintained.
- Additional qualified communicator is available AND is not required for actions to mitigate the emergency (higher priority activities) in the judgment of the EC.

COMMUNICATIONS LOG — INITIAL NOTIFICATIONS — EVENT TERMINATION

TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION / INDIVIDUALS	NAME OF CONTACT	TIME /DATE	CALLER		NAME OF CONTACT /TIME
70 MIN.	**EMERGENCY DUTY OFFICER (EDO)** Primary: Refer to Roster Secondary: (Contact One) John Garecht Office: 1170 Home: 856-769-9613 Pager: 866-684-1139 Steve Mannon Office: 1129 Home: 856-227-7568 Pager: 877-690-3569 Car: 609-230-5623 Robert Olsen Office: 2612 Home: 856-478-0830 Pager: 877-680-4754 Car: 609-230-2263 Mike Gwirtz Office: 3863 Home: 856-358-7160 Pager: 877-746-3710 Car: 856-297-5242 Carl Fricker Office: 1102 Home: 610-274-0307 Pager: 877-743-5490 Car: 856-297-5244	NOTE 1 NOTIFY EDO for Unusual Events ONLY.	TIME DATE			
70 MIN.	**PUBLIC INFORMATION MANAGER NUCLEAR** (Contact One) Skip Sindoni Office: 1002 Home: 856-478-4364 Pager: 877-722-7510 Chic Cannon Office: 5210 Home: 302-832-7974 Pager: 877-645-7017	NOTE 2 After ENC activation, NOTIFY the ENC Lead Tech Advisor NETS –5303 Or DID 273-0695	TIME DATE			

COMMUNICATIONS LOG — INITIAL NOTIFICATIONS — EVENT TERMINATION

TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION / INDIVIDUALS	NAME OF CONTACT	TIME /DATE	CALLER		NAME OF CONTACT /TIME
75 MIN.	**NRC RESIDENTS** (Contact One) Dan Orr Office: 1019 Or 856-935-5151 Or 856-935-3850 Home 610-932-3144 Cell Phone: 484-868-1483 George Malone Office 1041 Or 856-935-5151 Or 856-935-3850 Home 610-578-0443 Cell Phone: 484-868-2190		TIME DATE			
90 MIN.	**EXTERNAL AFFAIRS** (Contact One) Ross Bell Office: 1239 Home: 856-455-7435 Pager: 877-502-5863 Ed Johnson Office: 1486 Home: 856-678-2257 Pager: 877-735-2508	NOTE 3 Not required to notify External Affairs After the ENC is activated.	TIME DATE			
90 MIN.	**AMERICAN NUCLEAR INSURERS** (ANI) 860-561-3433	NOTE 4 Not required to notify ANI for Unusual Events	TIME DATE			

ATTACHMENT 8

SECONDARY COMMUNICATOR LOG

PSE&G CONTROL COPY # SECG0101

Table of Contents

Emergency Classification: (circle) UE ALERT SAE GE

Name: _____ Position: CM2 /TSC2/ EOF2
(Print) (circle)

A. NOTIFICATIONS

NOTE

A new Attachment 8 is required to be implemented if the classification or protective action recommendation (PAR) changes.

Initials

1. OBTAIN a copy of Attachment 6 and ASSIST Primary Communicator with 15-minute notifications, as necessary. _____ CM2/TSC2/EOF2

2. DIRECT the Shift Rad Pro Tech (SRPT) (x2644) to implement **SC.EP-EP.ZZ-0301(Q)**, Shift Radiation Protection Technician Response. (N/A for Common Site).

   Name: _____ Time: _____ _____ CM2

3. For an ALERT or higher emergency;

   a. If an on-shift SRO is not available to fill the OSC Operations Supervisor position, CALLOUT an additional SRO and have him/her report to the OSC.

      Name: _____ Time: _____ _____ CM2

   b. ACTIVATE **ERDS** within 60 minutes from the Affected Unit's SPDS terminal:

      1) CLICK **<ERDS>** button.
      2) CLICK **<Initiate>** button.
      3) CHECK for the following status:
         ERDS Active
         LINK Dialing Modem → Link Active

      _____ CM2

Initials

A. NOTIFICATIONS (cont'd)

4. OBTAIN a copy of the **ICMF** and FAX the ICMF to Group A.

CM2/TSC2/EOF2

5. COMPLETE a **Station Status Checklist (SSCL)** Form, Pg. 7 or Common Site UNUSUAL EVENT **Station Status Checklist (SSCL)** Form, Pg. 9;
   - ( ) a. OBTAIN OS (TSS/SSM) assistance, as needed for SSCL Pg.1.
   - ( ) b. OBTAIN SRPT (RAC/RSM) assistance, as needed for SSCL Pg.2. (N/A for Common Site)
   - ( ) c. FAX to Group B.
   - ( ) d. IF fax transmission of the SSCL is incomplete, THEN CONTACT the State Agencies listed below, READ the data, AND DOCUMENT on SSCL, Pg. 2.

DEMA	Delaware Emergency Management Agency	302-659-2290
BNE	NJ Bureau of Nuclear Engineering	609-984-7700

CM2/TSC2/EOF2

6. OBTAIN completed **NRC Data Sheet** from the CM-1, and FAX form to Group B.

CM2/TSC2/EOF2

7. REPEAT Step 5 approximately every half hour OR IMMEDIATELY for significant changes in Station status, until either Turnover or relief.

CM2/TSC2/EOF2

8. TURNOVER responsibility for offsite notifications and offsite data updates (SSCLs) to the oncoming facility (TSC or EOF);
   - ( ) a. GIVE names and phone numbers of contacts already made with any Offsite Agencies.
   - ( ) b. GIVE time for next SSCL.

CM2/TSC2

9. IF available for other duties AND TSC turnover is complete, THEN obtain headset, MAN the Ops Data line and CONTACT the TSC ops advisor and establish an open line of communication from the control room to the TSC.

CM-2

B. DATA COLLECTION/TRANSMISSION

1. WHEN in an ALERT or higher emergency OR AFTER significant changes in plant status; THEN COMPLETE the **Major Equipment and Electrical Status (MEES)** Form.
   - ( ) a. OBTAIN Licensed Operator review.
   - ( ) b. GIVE a copy to the OSC Coordinator.
   - ( ) c. FAX to Group C.

CM2

Initials

B. DATA COLLECTION/TRANSMISSION (cont'd)

2. IF requested by the TSC,
THEN COMPLETE the **Operational Status Board (OSB)** Form every 15 minutes,
(TSS may modify the frequency or data list as appropriate)

( ) a. OBTAIN Licensed Operator review.
( ) b. FAX to Group C.

CM2

3. ENSURE the Facility OSB and MEES Status Boards are updated as follows:

( ) a. OBTAIN OSB Data from **SPDS** "STATUS BOARD PARAMETERS."
( ) b. IF SPDS is Out of Service,
THEN REQUEST CM2 to perform step B.2, above. (data set and frequency of updates may be revised by the TSS based on event circumstances)
( ) c. WHEN significant changes in plant status occur,
THEN REQUEST CM2 to perform step B.1, above.

TSC2/EOF2

4. WHEN the emergency is terminated,
THEN FORWARD this document and all completed Forms to the OS (TSS/SSM).

CM2/TSC2/EOF2

C. INCOMING CALLS

STATE OFFICIALS

1. IF Notifications authority has transferred,
THEN DIRECT the caller to contact the TSC (or EOF if activated).

CM2/TSC2

2. WHEN contacted by any State Agency Officials (listed here),

DEMA - Delaware Emergency Management Agency
AAAG - Delaware Accident Assessment Advisory Group
BNE - NJ Bureau of Nuclear Engineering
DEP - NJ Department of Environmental Protection
OEM - NJ Office of Emergency Management

THEN PERFORM the following:

( ) a. OBTAIN and RECORD;

Agency	Caller's Name	Phone #

( ) b. READ the latest EC approved SSCL.

Initials

C. INCOMING CALLS (cont'd)

STATE OFFICIALS

( ) c. IF caller is **NJ-BNE, DEMA, or AAAG,**
THEN also READ the approved NRC Data Sheet Event Description.

CM2/TSC2/EOF2

NEWS MEDIA

CAUTION

Communicators are NOT authorized to release any information to the News Media.

3. WHEN contacted by any News Media representative,
READ the appropriate message below:

( ) a. IF the ENC is not activated (Unusual Event), say;

"You are requested to contact the Nuclear Communications Office at the following number: 856-339-1186."

( ) b. IF the ENC is activated (ALERT or higher), say;

"You are requested to contact the Media Information Operator at any of the following numbers: 856-273-0188, -0282, -0479, or -0586."

CM2/TSC2/EOF2

NRC OPERATIONS CENTER

4. WHEN directed by the NRC to TERMINATE ERDS transmission,
THEN GO TO any SPDS terminal of the affected Unit AND PROCEED as follows;

a. CLICK **<ERDS>** button.
b. CLICK **<Terminate>** button.
c. CHECK for the following status:

ERDS Inactive
LINK Not Connected

d. WHEN completed, NOTIFY the OS.

CM2

SALEM UNIT _____

MAJOR EQUIPMENT AND ELECTRICAL STATUS

DATE: _____
UPDATE TIME: _____

NOTE: Y = IN SERVICE
N = OUT OF SERVICE
(CIRCLE ANY UNAVAILABLE EQUIPMENT)

COOLING SYSTEMS		ELECT. FEED	Y/N
AUX FD PUMPS	1	A1D	
	2	B1D	
	3	STM.	
SERVICE WATER PUMPS	1	3D	
	2	8D	
	3	B3D	
	4	B8D	
	5	3D	
	6	8D	
COMP. COOLING PUMPS	1	A10D	
	2	B10D	
	3	C10D	
REACTOR COOLANT PUMPS	1	H4D	
	2	E4D	
	3	F4D	
	4	G4D	
CONDENSATE PUMPS	1	H1D	
	2	E1D	
	3	F1D	
		U1 / U2	
CIRC WATER PUMPS	1A	2AD/2AD	
	1B	7BD/7BD	
	2A	3AD/3AD	
	2B	6BD/6BD	
	3A	4AD/4AD	
	3B	5BD/5BD	

ECCS SYSTEMS		ELECT. FEED	Y/N
CHARGING PUMPS	1	B9D	
	2	C9D	
	3	A7X	
SAFETY INJ PUMPS	1	A5D	
	2	C5D	
RHR PUMPS	1	A7D	
	2	B7D	

ELECTRICAL STATUS	Y/N
OFFSITE AC POWER AVAILABLE	

EMERGENCY DIESELS		RUN	LOADED
EDG	A		
	B		
	C		
#3 GAS TURBINE			

ELEC DISTRIBUTION AVAILABLE?		Y/N
VITAL BUS	A	
	B	
	C	
GROUP BUS	E	
	F	
	G	
	H	

CONTAINMENT CONTROL		ELECT. FEED	Y/N
CONT. SPRAY PUMPS	1	A2D	
	2	C2D	

CFCU		HI		LOW
1	A3X A4X		A2X	
2	B3X B4X		B2X	
3	C3X C4X		C2X	
4	B7X B8X		B6X	
5	C7X C8X		C6X	

		ELECT. FEED	Y/N
IODINE REMOVAL	1	G7X	
	2	E7X	
H^2 RECOM	1	A15X	
	2	B15X	

MISC. EQUIPMENT		Y/N
FIRE PUMPS (DIESEL)	1	
	2	

STATION AIR COMP.	ELECT. FEED	Y/N
1	1H6D	
2	2G1D	
3	1G1D	

EMERGENCY AIR COMP.	ELECT. FEED	Y/N
1	1C14X	
2	2C14X	

COMMENTS:

LICENSED OPERATOR REVIEW: _____
INITIALS

Operational Status Board – Salem

UPDATE: _____ (TIME) _____ (DATE) UNIT # _____

I. EMERGENCY CORE COOLING SYSTEM

Cent. Charg. Pump Flow (BIT flow)		GPM
SI P flow # __1		GPM
SI P flow # __2		
RHR P flow # __1		GPM
RHR P flow # __2		GPM
RWST LEVEL		FT

II. CONTAINMENT

Cont. Pressure		PSIG
Cont. Temperature (AVG)		F
Cont. H_2 Concen.		%
Cont. Sump level		%
Cont. Rad (hi range) __R44A		R/hr
Cont. Rad (hi range) __R44B		R/hr

III. REACTOR COOLANT SYSTEM

# of RCPs Running		
RVLIS (full range)		%
Core Exit Thermocouple (hottest)		F
# of Thermocouples > 1200 °F		
Tc Loop __1		F
Tc Loop __2		F
Tc Loop __3		F
Tc Loop __4		F
*Tave (Autioneered) *If no RCPs running, Tave on the Control Console is invalid.		F
PZR/RCS Pressure		PSIG
PZR Level (hot)		%
Th Loop __1		F
Th Loop __2		F
Th Loop __3		F
Th Loop __4		F
Reactor Power/Neutron flux		%/amps/CPS
Subcooling Margin		F

IV. C.V.C.S

Letdown flow		GPM
Charging flow		GPM

V. SECONDARY COOLANT SYSTEM

NO. __1 SG level		% (NR or WR)
NO. __2 SG level		% (NR or WR)
NO. __3 SG level		% (NR or WR)
NO. __4 SG level		% (NR or WR)
NO. __1 SG pressure		PSIG
NO. __2 SG pressure		PSIG
NO. __3 SG pressure		PSIG
NO. __4 SG pressure		PSIG
NO. __1 SG feedflow		% or LBS/HR
NO. __2 SG feedflow		% or LBS/HR
NO. __3 SG feedflow		% or LBS/HR
NO. __4 SG feedflow		% or LBS/HR
AFST level		%

VI. MISC. TANKS LEVEL

Waste Hold-Up Tank #__1		%
Waste Hold-Up Tank #__2		%
Waste Monitor HUT		%

VII. SSCL INFORMATION

	YES	NO
Offsite power available?		
Two or more diesels available?		
Did ECCS actuate?		
Is the containment barrier failed?		

VIII. SIGNIFICANT PLANT EVENTS

Licensed Operator Review _____ Initials

STATION STATUS CHECKLIST

(Pg. 1 of 2)

Operational Information

SALEM GENERATING STATION Unit No.____ Message Date _____ Time _____

Transmitted By: Name _____ Position _____
(CR/TSC/EOF)

1. Date and Time Event Declared: Date _____ Time _____ (24 hr clock)

2. Event Classification: ☐ Unusual Event ☐ Site Area Emergency ☐ Alert ☐ General Emergency

3. Cause of Event: Primary Initiating Condition used for declaration

EAL #(s) _____

Description of the event _____

_____

_____

_____

4. Status of Reactor: ☐ Tripped Time of Trip _____
☐ At Power ☐ Startup ☐ Hot Standby ☐ Hot Shutdown ☐ Cold Shutdown ☐ Refuel

5. PZR/RCS Pressure _____ psig Core Exit TC _____ °F

6. Is offsite power available? ☐ YES ☐ NO

7. Are two or more diesel generators available? ☐ YES ☐ NO

8. Did any Emergency Core Cooling Systems actuate? ☐ YES ☐ NO

9. Is the Containment barrier failed? (Loss per EAL section 3.3) ☐ YES ☐ NO

10. Other pertinent information _____

_____

_____

_____

Approved: _____
EC or TSS or SSM

STATION STATUS CHECKLIST
(PAGE 2 OF 2)
RADIOLOGICAL INFORMATION

SALEM GENERATING STATION UNIT NUMBER: ___ CALCULATION TIME: _____ DATE: _____

1. GASEOUS RELEASE>TECH SPEC (T/S) LIMITS:
(T/S LIMITS: 2.42 E+05 µCi/sec NG or 2.1E+01 µCi/sec IODINE)
YES: [ ] RELEASE START TIME: _____ DATE: _____
NO: [ ]

A. RELEASE TERMINATED: YES [ ]NO [ ] N/A [ ]
B. ANTICIPATED OR KNOWN DURATION OF RELEASE: _____ HOURS
C. TYPE OF RELEASE: GROUND [ ] ELEVATED: [ ]N/A [ ]
D. ADJUSTED WIND SPEED: _____(mph) _____(m/sec) WIND DIR (deg from) _____
E. STABILITY CLASS: _____ (A-G) DELTA T: _____(deg C)
F. VENT PATH OF RELEASE: R41 [ ] R45 [ ] R44 [ ] R46 [ ]
G. NG RELEASE RATE: R41_____ R45___ _____ R44_____
R46_____(µCi/sec)
H. I-131 RELEASE RATE: R41_____ R45 _____ R44_____
R46_____ DEFAULT (µCi/sec) (circle if default)
I. TOTAL RELEASE RATE NOBLE GAS: _____(µCi/sec)
J. TOTAL RELEASE RATE IODINE-131: _____(µCi/sec)

2. PROJECTED OFFSITE DOSE RATE CALCULATIONS:

DISTANCE FROM VENT (IN MILES)	XU/Q (1/M2)	TEDE RATE (MREM/HR)	TEDE DOSE (4 DAY) (MREM)	THYROID-CDE RATE (MREM/HR)	THYROID-CDE DOSE (MREM)	TIME FOR PLUME TO TRAVEL (MIN)
MEA 0.79						
2.00						
LPZ 5.00						
EPZ 10.00						

3. OTHER PERTINENT INFORMATION: _____

_____

_____

_____

4. UPDATE TO STATES (IF VERBALLY TRASMITTED):

	NAME	TIME	INITALS
STATE OF NEW JERSEY:	_____	_____	_____
STATE OF DELAWARE :	_____	_____	_____
AGENCY:	_____	_____	_____

APPROVED: _____
EC or RAC or RSM

Common Site Unusual Event
STATION STATUS CHECKLIST

Operational Information Message Date _____ Time _____

Transmitted by: Name _____ Position _____

1. Date and Time Event Declared: Date _____ Time: _____

2. Cause of event: Primary Initiating Condition used for declaration

EAL# _____

Description of the event:

_____

_____

33FT. LEVEL WIND DIRECTION (From): _____ WIND SPEED _____
(From MET Computer) (DEGREES) (MPH)

3. Status of the Reactors	Mode: (Power, Startup, Hot Standby, Hot S/D, Cold S/D, Refuel)	Rx Pressure	Hottest Core Exit TC / Rx Temp	Rx Water Level
Salem 1		psig	°F	covered
Salem 2		psig	°F	covered
Hope Creek		psig	°F	in.

	Salem 1		Salem 2		Hope Creek	
	YES	NO	YES	NO	YES	NO
4. Is offsite power available?						
5. Are two or more diesel generators operable?						
6. Did any Emergency Core Cooling Systems actuate?						
7. Is any Containment Barrier failed? (Loss per EAL section 3.3)						
8. Radiological release (> Tech Spec Limit) in progress		X		X		X

9. Other pertinent information _____

_____

_____

_____
EC Initials
(Approval to Transmit ICMF)

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ATTACHMENT 9
NON-EMERGENCY NOTIFICATIONS REFERENCE (SALEM)

I. INSTRUCTIONS

NOTE

This attachment is the source of the names and telephone numbers for making Non-Emergency reports as directed by the ECG Attachment in effect at this time.

NOTE

The Operations Superintendent (OS) may direct a communicator to make the required notification calls. The responsibility to ensure completion of each step outlined in the ECG attachment and to ensure notification information is accurate remains with the OS.

A. REFER to Section II of this Attachment and NOTIFY the required Individuals/ Organizations IAW the ECG Attachment in effect.

B. IF required to activate an individual's pager,
THEN PERFORM the following:

1. DETERMINE a non-NETS phone number for the pager holder to call back on and MAKE a note of the full call back phone number.

2. DIAL the pager number of the individual you are trying to contact listed in the Communications Log.

3. WHEN you hear "Beep, Beep, Beep,"
THEN ENTER the call back phone number.

4. HANG UP the phone.

5. CONTINUE making other notifications per Step A.

II. TELEPHONE NUMBER REFERENCE

NOTE

NOTIFY ONLY those individuals by title required by the particular ECG Attachment in effect at this time.

TITLES/NAMES	WORK#	HOME#	PAGER#	CAR#
OPERATIONS MGR				
Carl Fricker	1102	610-274-0307	877-743-5490	856-297-5244
Frank Soens	5176	856-769-2649	866-688-7636	856-297-5243
VP - OPERATIONS				
Tim O'Connor	2900	610-274-2023	877-959-5384	609-230-5679
Lon Waldinger	2752	610-793-2833	866-688-0668	609-458-2904

GOVERNMENT AGENCY	PRIMARY#	SECONDARY#
LAC DISPATCHER	NETS x5404	856-935-7300 856-935-8127 (FAX)
NRC OPERATIONS CENTER	(ENS) 301-816-5100	1-301-951-0550 1-301-415-0550 1-301-415-0553 9-1-301-816-5151(FAX)
NRC REGION ONE OFFICE	610-337-5000	

TITLES/NAMES	WORK#	HOME#	CELL PHONE #
NRC RESIDENTS			
Dan Orr	1019 or 935-5151	610-932-3144	484-868-1483
George Malone	1041 or 935-5151	610-578-0443	484-868-2190
Marc Ferdas (HC)	1017 or 935-5373	856-424-3346	484-868-2185
Mel Gray (HC)	1078 or 935-5373	302-475-1471	484-868-1488
NRC Office	2962 or 935-5151 Fax 935-3741		

II. TELEPHONE NUMBER REFERENCE (cont'd)

TITLES/NAMES	WORK#	HOME#	PAGER#
PUBLIC INFO MGR			
Skip Sindoni	1002	856-478-4364	877-722-7510
Chic Cannon	5210	302-832-7974	877-645-7017
EMERG PREP REPRESENTATIVE			
David Burgin	1595	856-582-1323	877-702-2853
Craig Banner	1157	856-728-5043	877-696-9131
Jim Schaffer	1575	856-935-5606	877-828-6607
EXTERNAL AFFAIRS			
Ross Bell	1239	856-455-7435	877-502-5863
Ed Johnson	1486	856-678-2257	877-735-2508
RADIOLOGICAL SUPPORT REPRESENTATIVE			
John Russell	2410	856-241-1350	877-722-3616
Bob Gary	3578	856-678-4718	877-755-4016
RADIATION PROTECTION MANAGER			
Terry Cellmer	3037	856-358-3316	877-712-2872
Bob Gary	3578	856-678-4718	877-755-4016
Matt Hassler	2629	856-935-1248	877-722-7505
Brian Sebastian	2421	856-451-7571	866-213-3840
NUCLEAR LICENSING			
DUTY PAGER HOLDER	------	----------	877-456-8512
John Nagle	3171	610-527-5913	877-798-5662
Gabe Salamon	5296	610-274-2297	866-680-3503
ENVIRONMENTAL LICENSING (contact one)			
Jim Eggers	1339	609-953-9075	866-691-0143
Dave Hurka	1275	302-325-9476	866-691-2722

ATTACHMENT 15

ENVIRONMENTAL PROTECTION PLAN

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

_____ 1. RECORD the Event Description: _____

_____

_____

_____

NOTE

Environmental Licensing will make the Determination of Reportability for Unusual or Important Environmental Events. They will also make the 24 hour report to other agencies.

_____ 2. NOTIFY **Environmental Licensing.**

_____ notified at _____ hrs _____
name time report#

( ) a. OBTAIN a Determination of Reportability (check below).
( ) b. RECORD "Determination Time": _____ hrs
( ) c. CONTINUE based on the Determination, as follows;

( ) i) **4 Hour Report to the NRC,**
EXIT this Attachment AND REFER to **RAL # 11.8.2.a.**

( ) ii) **24 Hour Report to the NRC Resident,**
GO TO Step 3.

( ) iii) Not reportable to the NRC,
GO TO Section II, Pg. 3.

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NOTE

Required reports shall be made within the appropriate time limits from the Determination Time established in Step 2. above.

Initials

_____ 3. **NOTIFY the NRC Resident Inspector within 24 hours.**

_____ notified at _____ hrs
name time

_____ 4. IF the NRC Resident Inspector CANNOT be notified,
THEN NOTIFY the **NRC Operations Center within 24 hours.**

_____ notified at _____ hrs
name time

_____ 5. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM).**

_____ notified at _____ hrs
name time

II. REPORTING

Initials

_____ OS 1. ENSURE that a Notification (NOTIF) is prepared.

NOTIF # _____

_____ OS 2. FORWARD this attachment, along with the Notification and any supporting documentation to the Operations Manager (OM).

_____ OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.

_____ OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).

_____ LERC 5. PREPARE required reports.

Report or LER Number _____

_____ LERC 6. FORWARD this attachment to the Manager – Nuclear Safety & Licensing (MNSL).

_____ MNSL 7. ENSURE that offsite (state and local) reporting requirements have been met.

_____ LERC 8. Submit 30 day written report to the NRC in accordance with the EPP, sections 4.1 and 5.4.2, as applicable.

_____ MNSL 9. Forward this Attachment/LER package to the Central Technical Document Room for microfilming.

PSE&G CONTROL COPY # SECG0101

ATTACHMENT 16

SPILL/DISCHARGE REPORTING

CAUTION

15-minute notification to the NJDEP Hot Line is required for a discharge directly to the river as identified in Section II Steps 2 and 3 OR if clean up requires more than 24 hours as described in Step 6.
2 or 24-hour notification may be required for chemical discharge as described in Section II Step 4.

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference for the current listing of individuals and phone numbers.

B. INITIAL each indicated step when completed; use NA for steps that do not apply.

C. Implemented by: _____ Date: _____

ECG CLASSIFCATION AND APPLICABLE RALs

IF the spill has passed through Engineered Fill and INTO the ground water, then RAL 11.5.2.a applies.

IF the spill has entered into a storm drain or has resulted in a discharge to the Delaware River from ANY source, then RAL 11.5.2.b applies.

I. REPORT INFORMATION

NOTE

Collection of the following information should be done as expeditiously as possible. DO NOT delay mitigation activities and notifications to complete all sections below; add data as they become available. Accurate, timely information is critical to proper clean up, classification and notification. Information with asterisks should be placed on the SPILL/DISCHARGE NJDEP NOTIFICATION FORM (FORM-1).

1. Name of person reporting spill/discharge _____

2. Date/time called received _____ / _____

3. Call received by/title _____ / _____

4*. Time spill/discharge started _____. If unknown, what is caller's best estimate of time that spill/discharge started? _____

5*. Brief description of event _____

_____

6*. Material spilled/discharged, include concentration for chemical spills/discharges _____

_____

7*. Has spill/discharge been terminated? ( ) Yes ( ) No

8*. What actions are being taken to terminate discharge and/or contain spill? _____

_____

9*. Quantity _____

10*. EXACT location of spill/discharge _____

_____

11. Distance to nearest storm drain _____

12. Did material enter storm drain? ( ) Yes ( ) No

13. Description of substrate material where spill occurred (concrete, asphalt, dirt, grass, stones, etc.) _____

14. Other information from caller (Was anyone else notified, etc.) _____

_____

II. NOTIFICATIONS

Initials

___ 1. IMMEDIATELY DISPATCH **Loss Prevention** to the location of the Spill/Discharge:

_____ notified at _____ hours
name time

( ) a. DIRECT **Loss Prevention** to COORDINATE containment and clean up of the spilled material.

( ) b. IF OIL is observed ON THE RIVER (more than just a sheen), THEN DIRECT Loss Prevention to position oil booms around the affected water intakes to limit uptake into plant systems (i.e. - prevent heat exchanger fouling) and DIRECT LOSS PREVENTION to notify the National Response Center.

( ) c. DOCUMENT clean-up actions and plans on FORM 2, SPILL CLEAN UP & REMEDIATION LOG.

Initials

___ 2. IF OIL has been discharged to the Delaware River through either a permitted outfall, overland or via some other conveyance and has produced a sheen on the river,

THEN the spill is REPORTABLE to NJDEP.

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1)

IMMEDIATELY (within 15 minutes) notify NJDEP (phone numbers are on form)

( ) a. INFORM Environmental Licensing about status of 15 minute NJDEP call:

( ) Call was made within 15 minutes of discovery/confirmation.

( ) Call was NOT made within 15 minutes, but was made within _____ minutes of discovery/confirmation.

_____ notified at _____ hours
name time

( ) b. DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.

( ) c. Obtain additional direction from Environmental Licensing concerning reportability and recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.

_____ notified at _____ hours
name time

( ) d. Record reportability recommendation

NRC ( ) Yes, within _____ hours ( ) No

NJDEP ( ) Yes, within _____ hours ( ) No

Other (specify, e.g. National Response Center, USCG, etc.) _____

( ) Yes, within _____ hours ( ) No

CONTINUE with spill assessment and clean up and make notifications in accordance with Steps 11 and 12.

OTHERWISE GO TO STEP 3.

NOTE
Continue with spill assessment while awaiting return phone calls.

Initials

___ 3. IF a chemical discharge was made DIRECTLY to the Delaware River and did NOT discharge through a NJPDES permitted outfall

THEN the spill is REPORTABLE to NJDEP.

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1)

IMMEDIATELY (within 15 minutes) notify NJDEP (phone numbers are on form)

( ) a. INFORM Environmental Licensing about status of 15 minute NJDEP call:

( ) Call was made within 15 minutes of discovery/confirmation.

( ) Call was NOT made within 15 minutes, but was made within _____ minutes of discovery/confirmation.

_____ notified at _____ hours
name time

( ) b. DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.

( ) c. Obtain additional direction from Environmental Licensing concerning reportability and recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.

_____ notified at _____ hours
name time

( ) d. Record reportability recommendation

NRC ( ) Yes, within _____ hours ( ) No

NJDEP ( ) Yes, within _____ hours ( ) No

Other (specify, e.g. National Response Center, USCG, etc.) _____

( ) Yes, within _____ hours ( ) No

CONTINUE with spill assessment and clean up and make notifications in accordance with Steps 11 and 12.

OTHERWISE GO TO STEP 4.

NOTE
Continue with spill assessment while awaiting return phone calls.

Initials

___ 4. IF a chemical discharge was made to the Delaware River through a NJPDES permitted outfall,

THEN the spill may be REPORTABLE as a 2 OR 24 hour phone call to NJDEP.

( ) a. CONTACT Environmental Licensing to assist in determination of reportability.

_____ notified at _____ hours
name time

( ) b. Record reportability recommendation

NRC ( ) Yes, within _____ hours ( ) No

NJDEP ( ) Yes, within _____ hours ( ) No

Other (specify, e.g. National Response Center, USCG, etc.) _____

( ) Yes, within _____ hours ( ) No

CONTINUE with spill assessment and clean up and make notifications in accordance with Steps 11 and 12.

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1) if required.

Notify **NJDEP** within the time frame determined by Environmental Licensing (phone numbers are on form).

( ) c. INFORM Environmental Licensing after NJDEP call is made:

_____ notified at _____ hours
name time

( ) d. DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.

( ) e. Obtain additional direction from Environmental Licensing concerning recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.

_____ notified at _____ hours
name time

OTHERWISE GO TO STEP 5.

Initials

___ 5. **IF** the spill was:

- o into a secondary containment,
- o **OR** onto the ground,
- o **OR** onto an impervious surface;

AND the material CAN BE completely cleaned up within 24 hours;

THEN the spill is not reportable to **NJDEP**.

( ) CONTINUE assessment and coordination of cleanup; and document on FORM-2, Spill Clean-Up & Remediation Log.

( ) **WHEN** cleanup is complete, **GO TO** Section III, EVENT DOCUMENTATION.

( ) **IF** spill is NOT cleaned up within 24 hours, **GO TO** Step 6.

NOTE
Failure to complete clean up within 24 hours requires a 15-minute report to the NJDEP Hot Line. This report can be made at anytime within the 24-hour clean-up period when it is realized that the clean-up will not be complete within 24 hours.

OTHERWISE GO TO STEP 7.

___ 6. **IF** the material can not be cleaned up within 24 hours

THEN contact Environmental Licensing and

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1)

IMMEDIATELY (within 15 minutes) notify **NJDEP** (phone numbers are on form)

_____ notified at _____ hours
Environmental Licensing name time

( ) a. Record reportability recommendation

NRC ( ) Yes, within _____ hours ( ) No

NJDEP ( ) Yes, within _____ hours ( ) No

Other (specify, e.g. National Response Center, USCG, etc.) _____

( ) Yes, within _____ hours ( ) No

CONTINUE with spill assessment and clean up and document on FORM-2, Spill Clean-Up & Remediation Log; make notifications in accordance with Steps 11 and 12.

OTHERWISE GO TO STEP 7.

Initials

___ 7. **IF** the material was sewage **OR** sanitary waste;

AND it DID NOT enter a storm drain or water body;

THEN the spill is not reportable to NJDEP.

( ) CONTINUE assessment and coordination of cleanup; document on FORM-2, Spill Clean-Up & Remediation Log.

( ) WHEN cleanup is complete, GO TO Section III, Event Documentation.

OTHERWISE GO TO STEP 8.

___ 8. **IF** the material was sewage **OR** sanitary waste;

AND it entered a storm drain or water body;

THEN GO TO STEP 10.

OTHERWISE GO TO STEP 9.

NOTE
Chemical spills within a building or structure may result in a toxic atmosphere. Refer to ECG Section 9.4, Toxic/Flammable Gases, to ensure RALs are not met or exceeded.

___ 9. **IF** the material was completely contained within a plant structure (spill or discharge was directed to a building drain or sump which is wholly contained or treated prior to discharge),

THEN the spill is not reportable to NJDEP.

( ) CONTINUE assessment and coordination of cleanup; document on FORM-2, Spill Clean-Up & Remediation Log.

( ) WHEN cleanup is complete, GO TO Section III, Event Documentation.

___ 10. **IF** Environmental Licensing determines that the spill/discharge is reportable, obtain guidance on reportability and time limitations.

_____ notified at _____ hours
name time

( ) a. Record reportability recommendation

NRC ( ) Yes, within _____ hours ( ) No

NJDEP ( ) Yes, within _____ hours ( ) No

Other (specify, e.g. National Response Center, USCG, etc.) _____

( ) Yes, within _____ hours ( ) No

Initials

___ 11. IF **Environmental Licensing** determines that the spill/discharge is reportable to the NRC

( ) IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM).**

_____ notified at _____ hours
name time

( ) NOTIFY **Salem OS** and provided description of event.

_____ notified at _____ hours
name time

( ) Complete NRC Data Sheet, ECG Attachment 5.

( ) **Notify the NRC Operations Center within 4 hours.**

_____ notified at _____ hours
name time

( ) **NOTIFY LAC Dispatcher within 4 hours.**

_____ notified at _____ hours
name time

( ) **Notify the NRC Resident Inspector.**

_____ notified at _____ hours
name time

( ) **NOTIFY Public Information Manager (PIM) - Nuclear.**

_____ notified at _____ hours
name time

( ) **NOTIFY Nuclear Licensing.**

_____ notified at _____ hours
name time

( ) **NOTIFY External Affairs.**

_____ notified at _____ hours
name time

( ) FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed numbers on the telecopier.

Initials

___ 12. IF **Environmental Licensing** determines that the spill/discharge is reportable to any other agency

( ) Contact other agencies as directed by Environmental Licensing.

Agency Name/Phone Number _____/_____

_____ notified at _____ hours
name time

____ 13. When notifications are complete and clean-up is done, **GO TO** Section III, Event Documentation.

III. EVENT DOCUMENTATION

_____ 1. ENSURE that a Notification (NOTIF) is written
OS

NOTIF # _____

_____ 2. FORWARD this attachment, along with the NRC Data Sheet and OS any supporting documentation to the Operations Manager (OM).
OS

_____ 3. REVIEW this ECG attachment, the NOTIF and any other relevant OM information for correct classification of event and corrective action taken.
OM

_____ 4. CONTACT the LER Coordinator (LERC) and request that the required written reports be prepared. Provide this attachment and any other supporting documentation received from the OS.
OM

_____ 5. PROVIDE Environmental Licensing with a copy of this attachment including the spill/discharge notification report received from the OS.
LERC

_____ 6. PREPARE LER if required. If an LER is prepared, contact Environmental Licensing and ensure that the information on the LER and on the NJDEP Confirmation Report are consistent.
LERC

Report or LER Number _____

_____ 7. FORWARD this attachment to the Manager – Nuclear Safety & Licensing (MNSL).
LERC

_____ 8. ENSURE that offsite (state and local) reporting requirements have been met.
MNSL

_____ 9. Forward this Attachment/LER package to the Central Technical Document Room for microfilming.
MNSL

DEFINITION OF TERMS

Spill – "Spill" is synonymous with leak AND "leak" is defined as:

"Leak" or "leakage" means any escape of a hazardous substance from the ordinary containers employed in the normal course of storage, transfer, processing or use, into a secondary containment or diversion system or onto a surface from which it is cleaned up and removed prior to its escape into the waters or onto the lands of the State.

Discharge –

"Discharge" means any intentional or unintentional action or omission, unless pursuant to and in compliance with the conditions of a valid and effective Federal and State Permit, resulting in the releasing, spilling, pumping, pouring, emitting, emptying or dumping of a hazardous substance into the waters or onto the lands of the State or into waters outside the jurisdiction of the State when damage may result to the lands, waters or natural resources within the jurisdiction of the State. This term does not include "leak."

SPILL/DISCHARGE NJDEP NOTIFICATION FORM
FORM-1

Primary phone number to NJDEP (DCPP Hot Line): 1-877-927-6337
Backup phone number to NJSP: 1-609-882-2000

1. Contact the NJDEP Operator using the above phone numbers.
2. WHEN PROMPTED by the voice answering machine,
   THEN SELECT 5 for reporting non-emergency releases and an Operator will take the report
3. RECORD NOTIFICATION TIME: _____
4. PROVIDE the following information:

"This is notification of a Spill/Discharge"

This is (name) _____, from Salem Generating Station.

My call back phone # is 856-339-5200 or 856-339-_____.

The Spill/Discharge location is (provide specific location) _____

_____

at Salem Generating Station located at End of Alloway Creek Neck Road, Hancocks Bridge, Lower Alloways Creek Township in Salem County.

The Common name for the spilled/discharged substance is _____ and we estimated the quantity spilled to be _____ and the substance (HAS) or (HAS NOT) been contained.

	time		date
The spill/discharge began at:	_____	on	_____
The spill/discharge was discovered at:	_____	on	_____
The spill/discharge ended at:	_____	on	_____

A description of the incident is: _____

_____

Ongoing actions to contain/clean up the spill are: _____

_____

33 ft. Wind Direction from: _____ degrees. Wind Speed: ___ mph (use MET Computer)

If the spill is NOT PSEG Nuclear's responsibility, THEN PROVIDE the following info:

Responsible person(s): _____

Company Name, Address and Phone #: _____

May I have your Operator Number please? _____

May I have our CASE Number please? _____

SPILL CLEAN-UP & REMEDIATION LOG
FORM-2

Spill Location: _____

Material: _____ Date of spill: ____/____/____

Time	Action	Point of Contact	Result