


CONTROLLED

 Entergy	IPEC EMERGENCY PLAN IMPLEMENTING PROCEDURES	NON-QUALITY RELATED PROCEDURE	IP-EP-115	Revision 26
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Emergency Plan Forms

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5-12-10

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Date

5-25-10

Effective Date: May 27, 2010

This procedure excluded from further LI-100 review

IP-EP-115 (Emergency Plan Forms) R26.doc

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1.0 PURPOSE

This procedure controls Forms used by the Emergency Response Organization during emergencies.

2.0 REFERENCES

Indian Point Energy Center Emergency Plan

3.0 DEFINITIONS

NONE

4.0 RESPONSIBILITIES

4.1 The Emergency Planning Department is responsible for maintaining forms used by the Emergency Response Organization in accordance with this procedure.

5.0 DETAILS

5.1 Use of Forms

5.1.1 The Implementing Procedure that calls for a form to be completed controls the actual use of forms.

5.1.2 Any needed instructions for form completion will either be on the form itself or in the procedure calling for its use.

5.2 Control of Forms


5.2.1 Forms are numbered sequentially as the need for them is defined by other implementing procedures.

5.2.2 Form numbers will be formatted as "Form EP-n Rev x", where n is the sequential number of the form and x is the current revision of the form.

5.3 Method of Placing Forms in this Procedure

5.3.1 Forms are attached as addendums to this procedure. They will appear formatted in the end use format. There will be no annotation on the addendums or actual forms showing addendum number or procedure page number.

5.3.2 Attachment 9.1, Current List of Effective Forms will list all effective forms and the number of pages in each form.

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6.0 INTERFACES

Attachment 9.1, Current List of Effective Forms contains interfacing documents to each form.

7.0 RECORDS


Forms become official records when completed during a declared emergency.

8.0 REQUIREMENTS AND COMMITMENT CROSS-REFERENCE

None


9.0 ATTACHMENTS

Attachment 9.1 Current List of Effective Forms

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Attachment 9.1
Current List of Effective Forms
Sheet 1 of 3

Form Number	Current Revision	Form Title (number of pages if > 1)	Interfacing Procedures
EP-1	Rev. 3	NYS Radiological Emergency Data Form, Part 1 (1 page)	IP-EP-250 IP-EP-210
EP-2	Rev. 3	NYS Radiological Emergency Data Form, Part 2 (1 page)	IP-EP-250 IP-EP-210
EP-3	Rev. 13	CCR NUE Notification Checklist (2 pages, used back to back)	IP-EP-250 IP-EP-210
EP-4	Rev. 12	CCR Initial Notification Checklist – Alert/SAE/GE (2 pages, used back to back)	IP-EP-250 IP-EP-210
EP-5	Rev. 10	Upgrade / Update Notification Alert/SAE/GE Checklist (2 pages, used back to back)	IP-EP-250 IP-EP-210
EP-6	Rev. 2	Emergency Exposure Authorizations (2 pages, used back to back)	IP-EP-250 IP-EP-230
EP-7	Rev. 3	EOF Staffing	IP-EP-250
EP-8	Rev. 0	Recovery Issues / Strategies Form	IP-EP-610
EP-9	Rev. 2	Essential Information Checklist	IP-EP-250 IP-EP-210 IP-EP-260
EP-10	Rev. 1	ERO Log Sheet	IP-EP-250 IP-EP-220
EP-11	Rev. 1	IPEC Manual Dose Assessment Worksheet / Estimating Containment Activity via R-25 / 26 (2 pages)	IP-EP-310
EP-12	Rev. 1	Estimated Total Population Dose (8 pages)	IP-EP-620
EP-13	Rev. 5	Manual Dose Assessment Worksheet (2 pages)	IP-EP-310
EP-14	Rev. 0	EOF Check Point Sign-In Log (2 pages, used back to back)	IP-EP-250
EP-15	Rev. 0	Response Check For Radioactive Airborne Concentration	IP-EP-330

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Attachment 9.1
Current List of Effective Forms
Sheet 2 of 3

Form Number	Current Revision	Form Title (number of pages if > 1)	Interfacing Procedures
EP-16	Rev. 0	Determination Of Radioactive Airborne Concentration	IP-EP-330
EP-17	Rev. 3	IP-2 Manual Determination of Release Rate	IP-EP-310
EP-18	Rev. 2	IP-3 Manual Determination of Release Rate	IP-EP-310
EP-19	Rev. 0	IPEC Manual Dose Assessment Worksheet Back Calculating Release Rate from Field Data	IP-EP-310
EP-20	Rev. 2	Turnover Sheet	IP-EP-250
EP-22	Rev 0	Media Briefing Issues Form	IP-EP-260
EP-23	Rev. 1	JIC Staffing Form	IP-EP-260
EP-25	Rev. 3	Written Statement Distribution Checklist (2 pages)	IP-EP-260
EP-26	Rev. 3	Information Distribution Guide	IP-EP-260
EP-27	Rev. 1	Media Monitoring Form	IP-EP-260
EP-28	Rev. 1	Joint Information Center Fax Cover Sheet	IP-EP-260
EP-29	Rev. 1	Individual Exposure Tracking Log	IP-EP-250
EP-30	Rev. 2	Monitoring Team Survey Data	IP-EP-250 IP-EP-320
EP-31	Rev. 1	Monitoring Team Sample Data	IP-EP-250 IP-EP-320
EP-32	Rev. 2	Determination of Radioactive Airborne Concentrations	IP-EP-250
EP-33	Rev. 0	Media Inquiry Log	IP-EP-260
EP-34	Rev. 1	Courtesy Call Guide	IP-EP-260
EP-35	Rev. 2	JIC Briefing Summary / Talking Points	IP-EP-260
EP-36	Rev. 2	Primary – ERO Activation Checklist	IP-EP-130
EP-37	Rev. 5	Backup – ERO Activation Checklist	IP-EP-130
EP-38	Rev. 1	Emergency Team Briefing Form (2 pages, Back to Back)	IP-EP-230
EP-39	Rev. 0	Task Assignment Log	IP-EP-230
EP-40	Rev. 0	Emergency Radiation Work Permit	IP-EP-230

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Attachment 9.1
Current List of Effective Forms
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Form Number	Current Revision	Form Title (number of pages if > 1)	Interfacing Procedures
EP-41	Rev. 3	Normal IPEC OSC Staffing	IP-EP-230
EP-42	Rev. 0	ERO Tracking Log	IP-EP-230
EP-43	Rev. 2	Onsite ERO Shift Rosters	IP-EP-230
EP-44	Rev. 2	IPEC OSC Guidelines	IP-EP-230
EP-45	Rev. 2	Assembly Area Coordinator Instructions	IP-EP-230
EP-46	Rev. 3	Normal IPEC TSC Staffing	IP-EP-220
EP-47	Rev. 0	Accountability Roster	IP-EP-230 IP-EP-430
EP-48	Rev. 0	EOF Security Sign in Log	IP-EP-240 IP-EP-250
EP-49	Rev. 0	Containment Discharge Worksheet	IP-EP-250 IP-EP-310
EP-50	Rev. 1	Surface Contamination Check	IP-EP-320
EP-53	Rev. 0	Unit 2 Plant Parameters – 42a	IP-EP-210 IP-EP-220
EP-54	Rev. 0	Unit 2 Equipment Status – 42b	IP-EP-210 IP-EP-220
EP-55	Rev. 1	Unit 2 Radiological Data – 42c	IP-EP-210 IP-EP-220
EP-56	Rev. 1	Communications Message Form	IP-EP-220
EP-57	Rev. 0	Unit 3 Plant Parameters – 31a	IP-EP-210 IP-EP-220
EP-58	Rev. 1	Unit 3 Radiological Data – 31b	IP-EP-210 IP-EP-220
EP-59	Rev. 0	Unit 3 Equipment Status – 31c	IP-EP-210 IP-EP-220
EP-60	Rev. 0	Security Area Route Alerting	IP-EP-240
EP-61	Rev. 0	Decontamination Survey Sheet	IP-EP-350
EP-62	Rev. 0	Vehicle Contamination check	IP-EP-350
NRC 361	12-2000	Reactor Plant Event Notification Worksheet (NRC Form)	IP-EP-130

Form EP-1, Rev 3

New York State Radiological Emergency Data Form Part II - Radiological Assessment Data			
Indian Point Energy Center		This is an: A. Exercise B. Actual Emergency	
11. Message transmitted at: Date: _____ Time: _____ Location / Facility transmitted from: _____			
12. General release information:			
A. Event Release started Date: _____ Time: _____			
B. Event Release expected to end Date: _____ Time: _____			
C. Event Release ended: Date: _____ Time: _____			
D. Reactor Shutdown: N/A OR Date: _____ Time: _____			
Meteorological Data As of Date: _____ Time: _____			
E. Wind Speed _____ meters/second At elevation: _____ meters			
F. Wind Direction: _____ degrees At elevation: _____ meters			
G. Stability class (Pasquill): A B C D E F G			
13. Atmospheric release information: As of Date _____ Time _____			
A. Release from: <input type="checkbox"/> Ground <input type="checkbox"/> Elevated D. Noble gas release rate: _____ Ci/sec			
B. Iodine/Noble gas ratio: _____ E. Iodine release rate _____ Ci/sec			
(Assumed OR Actual)			
C. Total release rate: _____ Ci/sec F. Particulate release rate _____ Ci/sec			
14. Waterborne release information: As of Date _____ Time _____			
A. Volume of release _____ gallons C. Radiolnuclides in release: _____			
B. Total concentration: _____ $\mu\text{Ci/ml}$ D. Total activity released _____ Ci			
15. Dose calculations (based on a release duration of _____ hours)			
Calculation is based on (circle one):			
A. In plant measurements B. Field Measurements C. Assumed source term			
Table below applies to (circle one) A. Atmospheric release B. Waterborne release			
DISTANCE	$X\mu/Q$	DOSE	
		TEDE (Rem)	TODE (Rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
_____ Miles			
16. Field measurement of dose rates or surface contamination/deposition:			
Mile/Sector OR Mile/Degrees	Location OR Sampling Point	Time of Reading	Dose Rate (mR/hr) OR Contamination ($\mu\text{Ci/m}^2$)

Emergency Director Review and Approval: _____

Control Room NUE Notification Checklist

NOTE

PERFORM ONLY CIRCLED ITEMS FOR NUE PERIODIC UPDATE NOTIFICATIONS

Notify Protected Area Personnel: - To be completed by Shift Manager or Designee

Time

1. Contact opposite unit's Control Room and inform them of classification, time, EAL# and brief description.
(b)(7)(F)
2. Coordinate the following with the opposite unit Control Room:
 - a. Announce the following message over both Unit's P.A. systems three (3) times:
"Attention all personnel an NUE has been declared. Staffing of facilities (is/is not) required"
 - b. If staffing of facilities (EOF/OSC/TSC/JIC/AEOF) is required, state the following:
"The following facilities are required to be staffed: _____ (fill in with appropriate facilities.)"

Notify State and Counties: (within 15 minutes of classification) - to be completed by Offsite Communicator or Designee

3. Pick up the RECS handset
4. When you hear the message "Welcome to Wave. Please enter session ID". Depress the "7" button on the key pad.
5. IF you did not hear the above message after picking up handset THEN hang up, wait 5 seconds and repeat steps 3 and 4. AFTER 3 unsuccessful attempts, advise the Emergency Director and PROCEED to step 7.
6. You will hear two tones, wait 5 seconds and State "This is to report an event at Indian Point Energy Center. Standby for roll call."
7. IF unable to contact any station via RECS THEN use Local Government Radio (LGR) (instructions step 23). IF LGR is unavailable, THEN use the audio conference bridge (instructions step 24) to contact the Counties and State. IF audio conference bridge is unavailable, THEN contact Counties and State via the numbers on Form EP-5 Page 3 of 3 using a commercial telephone.
8. Enter time you are starting the initial roll call in the space provided below.
9. Initiate roll call by asking "(location title) are you on the line?" for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer the roll call:

Time Initial Roll Call Started	Location	Initial Roll Call	Time acknowledged receipt of Email or FAX
	New York State	<input type="checkbox"/>	
	Westchester County	<input type="checkbox"/>	
	Peekskill City	<input type="checkbox"/>	
Time Call Completed	Rockland County	<input type="checkbox"/>	
	Orange County	<input type="checkbox"/>	
	Putnam County	<input type="checkbox"/>	
	West Point	<input type="checkbox"/>	

10. State, "An emergency has been declared at the Indian Point Energy Center. A Part I Notification # ___ has been sent to you via Email and FAX."
11. Announce, "New York State, do you acknowledge receipt of an Email or FAX from IPEC." [IF NYS does not acknowledge, THEN ask Westchester County for acknowledgement as the backup]. Mark time in box above. If neither location acknowledges receipt, proceed to step 13.
12. Announce "IF any location did not receive Email or FAX or additional information is required, contact _____ (fill in with one below) for assistance."
NYS at (b)(7)(F) or Westchester County at (b)(7)(F)
13. In the event that the electronic Email or FAX of the Part I Notification Form fails:
 - FAX a hard copy of the form via conventional FAX machine to all locations and (FAX #s programmed in FAX) or see page 3 of 3 of Form EP-5
 - verbally read the Part I Notification to all parties.
14. End notification by saying "Indian Point out at (time)". Enter time in the space provided above.

NOTE

PERFORM ONLY CIRCLED ITEMS FOR NUE PERIODIC UPDATE NOTIFICATIONS

Ex. 7F

Ex. 7F

Control Room NUE Notification Checklist

	Notify Emergency Response Organization:	Time
15	<p>The Shift Manager (Emergency Director) determines if Emergency Response Organization mobilization is needed or if Emergency Response Organization should receive Event Notification only. Perform or direct notification by one of the following as appropriate:</p> <p>IF ALL Emergency Response Organization mobilization is needed, THEN use Envelope A "IPEC ALL ERO Mobilization" envelope to mobilize the ERO.</p> <p>IF event notification only, THEN use Envelope B "IPEC ALL ERO Event Notification" envelope to contact ALL ERO members to notify them of the event.</p> <p>IF ALL Emergency Response Organization mobilization is needed for a Security Event, THEN use Envelope C "IPEC ALL ERO Mobilization to Backup Locations" envelope to mobilize the ERO.</p> <p>IF Partial Emergency Response Organization mobilization is needed for TSC/OSC activation only, THEN use Envelope D "IPEC TSC/OSC Mobilization" envelope to mobilize specific ERO members.</p> <p>IF Partial Emergency Response Organization mobilization is needed for TSC/OSC/EOF activation only, THEN use Envelope E "IPEC TSC/OSC/EOF Mobilization" envelope to mobilize specific ERO members</p>	
16	<p>Notify Security Shift Supervisor of the affected unit and date/time of NUE classification. Call CAS at (b)(7)(F)</p> <p>and request to speak to SSS or leave a message.</p>	
17	<p>Call Indian Point Communications Representative at (b)(7)(F)</p> <p>a. Read the following statement to individual answering or into answering machine:</p> <p style="padding-left: 40px;">"This is the Unit <u> </u> Control Room, an Unusual Event was declared at <u> </u> (time) on Emergency Action Level number <u> </u>" (EAL)</p> <p>b. IF individual answers THEN obtain and enter name of individual contacted: _____</p>	
Notify NRC: (to be initiated within 1 hour of classification) (within 15 minutes if required by 0-AOP-SEC-1)		
18	<p>IF it is during normal working hours THEN notify the affected unit(s) NRC Resident Inspector (b)(7)(F)</p> <p>IF during off-hours THEN call the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory</p> <p>Provide the Inspector with Date/Time of NUE classification, EAL # and brief description of event.</p>	
19	<p>Contact NRC by calling main number listed on ENS phone. (IF main number does not work THEN use 1st, 2nd or 3rd backup number, or region 4 alternate number listed.)</p> <p>Inform them that this is a 50.72 notification and provide them with Date/Time of emergency classification, EAL # and brief description of event. Complete NRC Form 361, if requested.</p>	
20	<p>Record any Comments:</p> <p>_____</p> <p>_____</p>	
21	<p>Date and sign this form</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">Date:</div> <div style="border: 1px solid black; padding: 2px;">Signature:</div> </div>	
22	<p>Inform the Shift Manager that you have completed NUE notifications</p>	
Use of Alternate Notification Methods		
23	<p>Use of Local Government Radio (LGR)</p> <p>A. Depress "LGR" select call button on Zeiron panel and depress the transmit button. Transmit the following: "This is to report an event at Indian Point Energy Center. Stand by for roll call". Return to Step 8 and notify Westchester County of the event via phone at (b)(7)(F)</p>	
24	<p>Use of Conference Bridge:</p> <p>The following will notify State and County Warning Points and EOC's to call into the Backup Conference Bridge.</p> <p>A. Call (b)(7)(F)</p> <p>NOTE: for steps B, C, and D you will be asked for a confirmation of the numbers you entered.</p> <p>B. You will hear: "This is the remote activation module. Please enter your company ID number followed by the pound sign." Enter (b)(7)(F)</p> <p>C. You will hear: "Please enter your scenario activation password followed by the pound sign." Enter (b)(7)(F)</p> <p>D. You will hear "To start a scenario, enter ID followed by the pound sign, or press pound alone for more options." Enter (b)(7)(F)</p> <p>E. You will hear "To listen to the current scenario message press 1, to re-record the scenario message press 2, start the scenario press 3, to return to the main menu press pound: Press 3</p> <p>F. AFTER you hear: "The scenario is building" HANG UP THE PHONE</p> <p>G. Using a regular telephone call into the conference bridge number by dialing the following (b)(7)(F) you will be asked to enter an access code, enter (b)(7)(F) You will be the host of this conference.</p> <p>H. AFTER the tones: State the following: "This is to report an event at the Indian Point Energy Center. Stand by for roll call."</p> <p>I. Return to step 8</p>	

Ex. 7F

Ex. 7F

Ex. 7F

Ex. 7F

Ex. 7F

CCR Initial Notification Checklist – Alert/SAE/GE

Note

If the Shift Manager does not feel it is safe to relocate personnel at this time, **DO NOT** sound the Site Assembly Alarm or call for personnel to report to the Assembly Areas.

Notify Protected Area Personnel: - To be completed by Shift Manager or designee

Time

1. Contact opposite unit's Control Room and inform them of classification, time, EAL# and brief description.
(b)(7)(F)
2. Coordinate the following with the opposite unit Control Room:
 - a. Sounding of the Site Assembly Alarm for 10 seconds and;
 - b. Announce the following message over both Unit's P.A. systems three (3) times:
"Attention all personnel a (Alert/Site Area Emergency/General Emergency) has been declared. All Essential Personnel report to your assigned emergency response facility. All other personnel report to the Energy Education Center or Generation Support Building."
3. The Shift Manager (Emergency Director) determines what type of Emergency Response Organization mobilization is needed utilizing the appropriate envelope:
 - a. IF a Security Event, THEN use Envelope C "IPEC ALL ERO Mobilization to Backup Locations"
 - b. Otherwise, use Envelope A "IPEC ALL ERO Mobilization"

Notify State and Counties: (within 15 minutes of classification) - To be completed by Offsite Communicator or designee.

4. Pick up the RECS handset.
5. When you hear the message "Welcome to Wave. Please enter session ID", Depress the "7" button on the key pad.
6. IF you did not hear the above message after picking up handset THEN hang up, wait 5 seconds and repeat steps 4 and 5. AFTER 3 unsuccessful attempts, advise the Emergency Director and PROCEED to step 8.
7. You will hear two tones, wait 5 seconds and State "This is to report an event at Indian Point Energy Center. Standby for roll call"
8. IF unable to contact any station via RECS THEN use Local Government Radio (LGR) (instructions step 24). IF LGR is unavailable, THEN use the audio conference bridge (instructions step 25) to contact the Counties and State. IF audio conference bridge is unavailable, THEN contact Counties and State via the numbers on Form EP-5 Page 3 of 3 using a commercial telephone.
9. Enter time you are starting the initial roll call in the space provided below.
10. Initiate roll call by asking "(location title) are you on the line?" for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer the roll call:

Time Initial Roll Call
Started

Time
Call Completed

Location

Initial
Roll Call

New York State

☐

Westchester County

☐

Peekskill City

☐

Rockland County

☐

Orange County

☐

Putnam County

☐

West Point

☐

Time acknowledged receipt of
Email or fax

11. State, "An emergency has been declared at the Indian Point Energy Center. A Part I Notification # ___ has been sent to you via Email and Fax."
12. Announce, "New York State, do you acknowledge receipt of an Email or Fax from IPEC." [IF NYS does not acknowledge, THEN ask Westchester County for acknowledgement as the backup]. Mark time in box on page 1. If neither acknowledges receipt, proceed to step 14.
13. Announce "IF any location did not receive Email or Fax or additional information is required, contact (fill in with one below) for assistance"

NYS at (b)(7)(F)

or

Westchester County at (b)(7)(F)

EX. 7F

EX. 7F

CCR Initial Notification Checklist – Alert/SAE/GE

Notify State and Counties (con't)

14. In the event that the electronic FAX or Email of the Part 1 Notification Form fails:

- FAX a hard copy of the form via conventional FAX machine to all locations, (numbers preprogrammed in FAX) or see page 3 of 3 of Form EP-5
- Verbally read the Part 1 Notification to all parties

15. End notification by saying "Indian Point out at (time)". Enter time in the space provided above.

16. Notify Security Shift Supervisor of the affected unit and date/time of Alert/SAE/GE classification. Call CAS at (b)(7)(F) and request to speak to SSS or leave a message.

17. Call Indian Point Communications Representative at (b)(7)(F)

a. Read the following statement to individual answering or into answering machine: "This is the Unit _____ Control Room, and (Alert/Site Area Emergency/General Emergency) was declared at _____ (time) on Emergency Action Level number _____"

b. If individual answers THEN obtain and enter name of individual contacted: _____

Notify NRC: (to be initiated within 1 hour of classification) (within 15 minutes if required by O-AOP-SEC-1)

Time

18. IF it is during normal working hours THEN notify the affected unit(s) NRC Resident Inspector

(b)(7)(F)

IF during off-hours THEN call the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory. Provide the Inspector with Date/Time of emergency classification, EAL # and brief description of event.

19. Contact NRC by calling main number listed on ENS phone. (IF main number does not work THEN use 1st, 2nd or 3rd backup number, or region 4 alternate number listed.)

Inform them that this is a 50.72 notification and provide them with Date/Time of emergency classification, EAL # and brief description of event. Complete NRC Form 361, if requested.

20. Record any Comments: _____

21. Date and sign this form

Date:

Signature:

22. Inform the Shift Manager that you have completed emergency notifications

Notify ANI, NYPSC, INPO, NEIL

23. Notify the following via telephone (additional numbers may be in Emergency Telephone Directory). Provide the facility, classification, date/time of the classification, brief event description, and any other info requested. Update with each classification change.

(b)(7)(F)

Use of Alternate Notification Methods

24. Use of Local Government Radio (LGR):

A. Depress "LGR" select call button on Zetron panel and depress the transmit button. Transmit the following: "This is to report an event at Indian Point Energy Center. Stand by for roll call". Return to Step 11 and notify Westchester County of the event via phone at (b)(7)(F)

(b)(7)(F)

25. Use of Conference Bridge:

The following will notify State and County Warning Points and EOC's to call into the Backup Conference Bridge.

A. Call (b)(7)(F)

NOTE: for steps B, C, and D you will be asked for a confirmation of the numbers you entered.

B. You will hear: "This is the remote activation module. Please enter your company ID number followed by the pound sign." Enter (b)(7)(F)

C. You will hear: "Please enter your scenario activation password followed by the pound sign." Enter (b)(7)(F)

D. You will hear: "To start a scenario, enter the scenario ID followed by the pound sign, or press pound alone for more options." Enter (b)(7)(F)

E. You will hear: "To listen to the current scenario message press 1, to re-record the scenario message press 2, start the scenario press 3, to return to the main menu press pound" Press 3

F. AFTER you hear: "The scenario is building" HANG UP THE PHONE

G. Using a regular telephone call into the conference bridge number by dialing the following:

(b)(7)(F)

you will be asked to enter an access code, enter (b)(7)(F) you will be the host of this conference.

H. AFTER the tones: State the following: "This is to report an event at the Indian Point Energy Center. Standby for roll call."

I. Return to step 9.

Proprietary Information

Ex. 7F

Ex. 7F

Ex. 7F

Ex. 7F

Ex. 7F

Ex. 7F

Upgrade/Update Notification - Alert/SAE/GE Checklist

Note

If the Shift Manager does not feel it is safe to relocate personnel at this time DO NOT sound the Site Assembly Alarm or call for personnel to report to the Assembly Areas.

Upgrade notifications shall be made within 15 minutes of classification change. Periodic Update Notifications should be done approximately every 30 minutes or more frequent when conditions change. Use the CCR Alert/SAE/GE Initial Notification Checklist (Form EP-4) for upgrade from NUE to Alert.

Notify Protected Area Personnel:

Time

1. If a Site Area Emergency or General Emergency is declared and initial accountability has not been completed THEN:
 Call the unaffected unit control room (b)(7)(F) and Security Shift Supervisor at (b)(7)(F) and inform them of the new classification, and coordinate the sounding or have both control rooms sound the Site Assembly Alarms.
2. If the emergency classification changes THEN perform the following:
 - a. Announce (or have both CCRs announce) the applicable message over the P.A. systems three (3) times:
"Attention all personnel a (Site Area Emergency/General Emergency) has been declared."
OR if the classification is terminated THEN announce:
"Attention all personnel the emergency has been terminated"

Notify State and Counties: (within 15 minutes of upgrade)

3. Pick up the RECS handset
4. When you hear the message "Welcome to Wave. Please enter session ID", Depress the "7" button on the key pad.
5. IF you did not hear the above message after picking up handset THEN hang up, wait 5 seconds and repeat steps 3 and 4. AFTER 3 unsuccessful attempts, advise the Emergency Director and PROCEED to step 7.
6. You will hear two tones, wait 5 seconds and State "This is to report an event at Indian Point Energy Center. Standby for roll call."
7. IF unable to contact any station via RECS THEN use Local Government Radio (LGR) (instructions step 21). IF LGR is unavailable, THEN use the audio conference bridge (instructions step 22) to contact the Counties and State. IF audio conference bridge is unavailable, THEN contact Counties and State via the numbers on Form EP-5 Page 3 of 3 using a commercial telephone.
8. Enter time you are starting the initial roll call in the space provided below.
9. Initiate roll call by asking "(location title) are you on the line?" for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer the roll call:

Time Initial Roll Call Started	Location	Initial Roll Call	Time acknowledged receipt of Email or fax
	New York State	<input type="checkbox"/>	
	Westchester County	<input type="checkbox"/>	
	Peekskill City	<input type="checkbox"/>	
	Rockland County	<input type="checkbox"/>	
	Orange County	<input type="checkbox"/>	
	Putnam County	<input type="checkbox"/>	
	West Point	<input type="checkbox"/>	

10. State, "An emergency has been declared at the Indian Point Energy Center. A Part I Notification # ___ has been sent to you via Email and FAX."
11. Announce, "New York State, do you acknowledge receipt of an Email or FAX from IPEC." [IF NYS does not acknowledge, THEN ask Westchester County for acknowledgement as the backup]. Mark time in box above. If neither location acknowledges receipt, proceed to step 13.
12. Announce "IF any location did not receive Email or FAX or additional information is required, contact ___ (fill in with one below) ___ for assistance."
 NYS at (b)(7)(F) or Westchester County at (b)(7)(F)
13. In the event that the electronic Email or FAX of the Part I Notification Form fails:
 - FAX a hard copy of the form via conventional FAX machine to all locations and (FAX #s programmed in FAX) or see page 3 of 3 of Form EP-5
 - verbally read the Part I Notification to all parties.
14. End notification by saying "Indian Point out at (time)". Enter time in the space provided above.

EX 7P

EX 7P

Upgrade/Update Notification - Alert/SAE/GE Checklist

NOTE

USE THE CCR ALERT/SAE/GE INITIAL NOTIFICATION CHECKLIST (FORM EP-4) FOR UPGRADE FROM NUE TO ALERT.

Notify NRC: (to be initiated within 1 hour of classification) (within 15 minutes if required by O-AOP-SEC-1)

Time

15. IF it is during normal working hours THEN notify the affected unit(s) NRC Resident Inspector
(b)(7)(F)

IF during off-hours THEN call the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory

Provide the Inspector with Date/Time of classification, EAL # and brief description of event.

16. Contact NRC by calling main number listed on ENS phone. (IF main number does not work THEN use 1st, 2nd or 3rd backup number, or Region 4 alternate number listed.)

Inform them that this is a 50.72 notification and provide them with Date/Time of emergency classification, EAL # and brief description of event. Complete NRC Form 361, if requested.

Notify ANI, NYPSC, INPO, NEIL

17. Notify the following via telephone (additional numbers may be in Emergency Telephone Directory). Provide the facility, classification, date/time of the classification, brief event description, and any other info requested. Update with each classification change.

(b)(7)(F)

18. Record any Comments:

19. Date and sign this form

Date:

Signature:

20. Inform the Shift Manager that you have completed emergency notifications

Use of Alternate Notification Methods

21. Use of Local Government Radio (LGR):

A. Depress "LGR" select call button on Zetron panel and depress the transmit button. Transmit the following: "This is to report an event at Indian Point Energy Center. Stand by for roll call". Return to Step 8 and notify Westchester County of the event via phone at (b)(7)(F)

22. Use of Conference Bridge:

The following will notify State and County Warning Points and EOC's to call into the Backup Conference Bridge.

A. Call (b)(7)(F)

NOTE: for steps B, C, and D you will be asked for a confirmation of the numbers you entered.

B. You will hear: "This is the remote activation module. Please enter your company ID number followed by the pound sign." Enter (b)(7)(F)

C. You will hear: "Please enter your scenario activation password followed by the pound sign" Enter (b)(7)(F)

D. You will hear: "To start a scenario, enter the scenario ID followed by the pound sign, or press pound alone for more options." Enter (b)(7)(F)

E. You will hear: "To listen to the current scenario message press 1, to re-record the scenario message press 2, start the scenario press 3, to return to the main menu press pound" Press 3

F. AFTER you hear: "The scenario is building" HANG UP THE PHONE

G. Using a regular telephone call into the conference bridge number by dialing the following: (b)(7)(F) You will be the host of this conference.

H. AFTER the tones: State the following: "This is to report an event at the Indian Point Energy Center. Standby for roll call."

I. Return to step 8.

EX. 7F

EX. 7F

EX. 7F

EX. 7F

Upgrade/Update Notification - Alert/SAE/GE Checklist

County/State Agency Contact Numbers for use with Commercial Telephone / FAX System.

- A. Dial the Warning Point numbers below and transmit "This is to report that an event has been declared at Indian Point Energy Center. The Part I form has been sent via Email and Fax". Place time first agency is contacted in "Time Initial Roll Call Started" box on Page 1 of applicable checklist.
- B. Once last call is completed enter time in "Time Final Roll Call Completed" box on Page 1 of applicable checklist.
- C. Return to applicable checklist to complete notifications:
- Step 15 - Initial NUE Checklist
 - Step 19 - Update NUE Checklist
 - Step 16 - Initial Alert/SAE/GE Checklist
 - Step 15 - Upgrade/Update Alert/SAE/GE Checklist

Location	Warning Point Phone Number	Warning Point FAX	EOC Phone Number	EOC FAX
New York State	(b)(7)(F)			
Westchester County				
Peekskill City				
Orange County				
Putnam County				
Rockland County				
West Point				

EX. 7A

EMERGENCY EXPOSURES AUTHORIZATION

NAME: _____ SOCIAL SECURITY NO.: _____

AGE: _____

Reason for exposure in excess of 5 Rem: (include tasks to be performed)

	<u>ESTIMATE OF PLANNED DOSE</u>	<u>AUTHORIZED EMERGENCY DOSE</u>
WHOLE BODY	_____ REM	_____ REM
EXTREMITY	_____ REM	_____ REM
THYROID	_____ REM	_____ REM

I have volunteered to perform the task(s) during which I will receive the emergency Exposure, and I understand the potential consequences of the proposed emergency from the attached summary.

Individual to
Receive Exposure: _____ Date: _____
(Signature)

EPM/POM
Or Emergency Director
Approval: _____ Date: _____
(Signature)

WARNING

Emergency worker exposure limits are **NOT TO BE APPLIED** to minors or Fertile women

Emergency Exposure Guidelines:

1. All Emergency Exposures shall be authorized by the Emergency Director (ED) or Emergency Plant Manager (EPM) / Plant Operations Manager (POM).
2. All individuals may be authorized up to **5 Rem per declared emergency**. This is exposure for a given emergency event historical occupational exposure is not totaled into this limit.
3. Volunteers may be authorized up to **10 Rem to protect valuable property**.
4. Volunteers may be authorized up to **25 Rem for life saving** or the protection of large populations.
5. Individuals may volunteer to receive greater than 25 Rem to save a life.
6. Procedures allow for the ED or EPM / POM to give a blanket authorization of up to 5 Rem emergency exposure for Alert or higher classifications. These authorization should be documented in position logs.
7. Any emergency exposure greater than 5 Rem Whole Body, 50 Rem Extremities or 50 Rem Skin of Whole Body, shall be authorized on a individual basis for a specific task.
8. All emergency exposures are voluntary. – For higher doses individuals over the age of 45 are preferable.
9. Individuals shall be briefed that these exposures may increase their chances of cancer during their lifetime.
10. For any expected or actual Thyroid Exposure > 5 Rem CDE, the issuance of KI should be considered. The ED or EPM / POM authorize the use of KI

EMERGENCY EXPOSURES AUTHORIZATION

Effects From High Levels Of Radiation Exposure

Radiation injury depends on numerous factors such as the type of radiation, the parts of the body exposed, the rate and duration of exposure, the number of exposures, and the age and sex of the irradiated person. There are short and long term effects from high levels of radiation exposure.

Short Term Effects:

Whole Body Effects:

15 to 50 Rem – No symptoms, blood test may show some slight changes.

50 to 200 Rem – Some nausea, vomiting, and slight decrease in blood count, no deaths expected.

200 to 450 Rem – Most have nausea, vomiting, and feel flu symptoms. Most have hair loss, infection likely, 10-50% deaths.

450 to 600 Rem – Flu, bleeding from mouth and throat, infections likely, 50-90% deaths.

600 to 1000 Rem- Symptoms worse than above, 90-100% deaths.

Radiation Injury to the Skin:

- Less than 1000 Rem - First degree thermal burn (similar to sunburn)
- 1000 Rem to 5000 Rem - Blisters form and break open (Similar to scalding or chemical burn)
- Over 5000 Rem - Ulceration and major skin damage

Potential Long Term Effects: Based on information from the National Research Council (BEIR V).

Cancer Probability: The normal chance of contracting fatal cancer for a group of people with no radiation exposure in the United States is 20%. If this group of people were exposed to 100 Rem, the chance of any person contracting fatal cancer would increase to 28%.

Genetic Effects: A 100 Rem exposure to radiation is estimated to increase the chance of a genetic effect from 0.25% for the average person with no radiation exposure to 0.5%

Fertility Effects: An exposure to the gonads of 250 Rem may cause reduced fertility, and an exposure of 600 Rem may cause permanent sterility.

Cataracts: (Cloudiness or darkening in the lens of the eyes.) 200 Rem to the eyes may cause cataracts (ICRP 41).

EOF Staffing

No.	Positions	1 st SHIFT	2 nd SHIFT	
1*	Emergency Director			
1*	ED Technical Advisor			
1*	Offsite Radiological Manager			
1*	Offsite Communicator			
1	EOF Manager			
2**	Dose Assessor			
1	Field Team Coordinator			
6	Field Monitoring Team Members			
1	Admin & Logistics Manager			
3	EOF Clerical Staff			
1	Lead Offsite Liaison			
1	State Liaison			
1	Westchester County Liaison			
1	Rockland County Liaison			
1	Orange County Liaison			
1	Putnam County Liaison			
1	IT Support			
1	Information Liaison			
1	ICP			

* Minimum Staffing for facility activation

** Only one Dose Assessor required if determination is made there is limited offsite radiological concerns for event.

Recovery Issue / Strategies Form

<u>Area</u>	<u>Owner</u>	<u>Safety Rel.</u>	<u>Priority</u>	<u>Duration</u>	<u>Man-hours</u>

Description of Issue

Resources Needed

Use this form to document major items to be addressed during Recovery.

Area: Onsite / Offsite / Public Information

Owner: Responsible individual or organization

Safety Related: Yes or No

Priority: 1 = Immediate (24 hr.)

2 = Short Term (1 Week)

3 = Intermediate (1 Month)

4 = Long Term (> 1 Month)

Duration: Estimated Calendar Duration

Man-hours: Estimated Total Project Hours

Essential Information Checklist

Affected or Lead Unit: <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 <input type="checkbox"/> Both Status of Other Unit: <input type="checkbox"/> At Power <input type="checkbox"/> Shutdown <input type="checkbox"/> See other Unit Checklist																							
Emergency Classification: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Unusual Event <input type="checkbox"/> Alert <input type="checkbox"/> Site Area Emergency <input type="checkbox"/> General Emergency Last Offsite Notification Completed _____ </div> <div> Time: _____ EAL #: _____ </div> </div>		Reactor: <input type="checkbox"/> At Power <input type="checkbox"/> Tripped RCS: Temp: _____ °F Pressure: _____ PSIG RVLIS / Pressurizer Level: _____ Subcooling: _____																					
Method of Core Cooling: <input type="checkbox"/> S/G <input type="checkbox"/> Safety Injection <input type="checkbox"/> RHR																							
Electrical Power Supply: <input type="checkbox"/> 138 KV <input type="checkbox"/> 13.8 KV <input type="checkbox"/> # _____ Diesel Generators																							
Event Description: _____ _____ _____																							
Major Equipment Problems: _____ _____ _____																							
Current Priorities:			<table border="1" style="width: 100%; text-align: center;"> <tr> <th>High</th> <th>Med</th> <th>Low</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	High	Med	Low																	
High	Med	Low																					
<input type="checkbox"/> No Release <input type="checkbox"/> Release <input type="checkbox"/> Liquid <input type="checkbox"/> Gaseous Release Status: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> In Progress <input type="checkbox"/> Filtered <input type="checkbox"/> Monitored <input type="checkbox"/> Controlled </div> <div> <input type="checkbox"/> Expected <input type="checkbox"/> Unfiltered <input type="checkbox"/> Unmonitored <input type="checkbox"/> Uncontrolled </div> </div>		Security Issues: _____ _____ _____																					
		<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Fission Product Barrier Status</th> </tr> <tr> <th>Barrier</th> <th>Intact</th> <th>Challenged</th> <th>Lost</th> </tr> <tr> <td>Fuel Clad</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RCS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Containment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Fission Product Barrier Status				Barrier	Intact	Challenged	Lost	Fuel Clad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fission Product Barrier Status																							
Barrier	Intact	Challenged	Lost																				
Fuel Clad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
RCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Date / Time This Checklist was completed: _____ / _____		Other: _____ _____																					

Emergency Response Organization Log Sheet

[illegible]

Signature: _____

Form EP-10 Rev 1

Page ____ of ____

IPEC Manual Dose Assessment Worksheet

Estimating Containment Activity via R-25 / 26

Radiological Data		
R-25 / 26 Reading		Rem/hr
Dose Conversion Factor (from table below)		($\mu\text{Ci/cc}$) / (R/hr)
Time after Shutdown (hrs.)	Dose Conversion Factor ($\mu\text{Ci/cc}$) / (R/hr)	
	< 1000 Rem/hr (Gap Release)	> 1000 Rem/hr (Fuel Overheat / Melt Release)
0	0.04	0.03
4	0.12	0.07
8	0.17	0.1
12	0.2	0.13
16	0.22	0.14
20	0.25	0.17
24	0.27	0.18

Vapor Containment Activity Calculation					
	x		x	7.4 E+10 cc	=
R-25 / 26 Reading (R/hr)		Dose Conversion Factor		Containment Volume	Total VC Activity (μCi)

	x		=	
R-25/26 Reading (R/hr)		Dose Conversion Factor		Release Concentration ($\mu\text{Ci/cc}$)

IPEC Manual Dose Assessment Worksheet
Estimating Containment Activity via R-25 / 26

Containment Data

Containment Pressure		psig
Estimated Leak Rate (see table below)		(cc/sec) – cm ²
Estimated Leak Area		Cm ² (leak area = πr^2)

Leak Rate per Cm²

VC Pressure	Leak Rate (cc/sec)	VC Pressure	Leak Rate (cc/sec)
1.0	8.34E+03	18.0	1.93E+04
1.5	9.96E+03	20.0	1.95E+04
2.0	1.12E+04	22.5	1.97E+04
2.5	1.22E+04	25.0	1.99E+04
3.0	1.31E+04	27.5	2.01E+04
4.0	1.44E+04	30.0	2.03E+04
5.0	1.55E+04	32.5	2.04E+04
6.0	1.63E+04	35.0	2.06E+04
7.0	1.69E+04	37.5	2.07E+04
8.0	1.74E+04	40.0	2.08E+04
9.0	1.78E+04	42.5	2.10E+04
10.0	1.81E+04	45.5	2.11E+04
12.0	1.86E+04	47.5	2.12E+04
14.0	1.89E+04	50.0	2.13E+04
16.0	1.91E+04		

Vapor Containment Release Rate Calculation

	×		×		×	1.0E-06	=	
VC Activity (μ Ci/cc)		Leak Rate (from Table)		Leak Area (Cm ²)		Conversion Factor		VC Release Rate (Ci/sec)

ESTIMATED TOTAL POPULATION DOSE

Sheet 1 of 8

Sector/Zone	Ref. TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
1-1					0	
1-2					11	
1-3					109	
1-4					183	
1-5					343	
1-6					300	
1-7					1,322	
1-8					2,395	
1-9					7,460	
1-10					182	
				SECTOR TOTALS:		
2-1					0	
2-2					0	
2-3					314	
2-4					661	
2-5					1,716	
2-6					921	
2-7					1,044	
2-8					340	
2-9					838	
2-10					1,235	
				SECTOR TOTALS:		
<p>(1) Zone in question correction factor (Attachment 2 procedure IP-EP-520 or calculated from formula at bottom of Attachment2 and Xu/Q values)</p> <p>(2) Multiply TLD mrem by Zone Correction Factor</p> <p>(3) If no evacuation, modifier is 1.0</p> <p>(4) 2000 Census</p>						

Form EP-12 Rev 1

ESTIMATED TOTAL POPULATION DOSE

Sheet 2 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
3-1					17	
3-2					3,439	
3-3					9,774	
3-4					4,510	
3-5					2,973	
3-6					3,823	
3-7					3,356	
3-8					1,760	
3-9					1,196	
3-10					1,097	
				SECTOR TOTALS:		
4-1					7	
4-2					1,653	
4-3					2,841	
4-4					3,238	
4-5					2,178	
4-6					3,683	
4-7					2,473	
4-8					4,797	
4-9					6,936	
4-10					6,915	
				SECTOR TOTALS:		

(1) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values)
(2) Multiply TLD mrem by Zone Correction Factor
(3) If no evacuation, modifier is 1.0
(4) 2000 Census

Form EP-12 Rev 1

ESTIMATED TOTAL POPULATION DOSE

Sheet 3 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
5-1					334	
5-2					315	
5-3					24	
5-4					950	
5-5					594	
5-6					620	
5-7					1,545	
5-8					1,355	
5-9					3,224	
5-10					3,426	
				SECTOR TOTALS:		
6-1					251	
6-2					192	
6-3					757	
6-4					656	
6-5					918	
6-6					304	
6-7					75	
6-8					319	
6-9					626	
6-10					2,113	
				SECTOR TOTALS:		
<p>(1) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values)</p> <p>(2) Multiply TLD mrem by Zone Correction Factor</p> <p>(3) If no evacuation, modifier is 1.0</p> <p>(4) 2000 Census</p>						

Form EP-12 Rev 1

ESTIMATED TOTAL POPULATION DOSE

Sheet 4 of 8

Sector/Zone	TLD mrem	Ratio Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
7-1					807	
7-2					922	
7-3					1,543	
7-4					2,490	
7-5					694	
7-6					4,590	
7-7					2,630	
7-8					3,004	
7-9					10,085	
7-10					6,9001	
				SECTOR TOTALS:		
8-1					435	
8-2					2,042	
8-3					868	
8-4					136	
8-5					217	
8-6					0	
8-7					90	
8-8					0	
8-9					3,864	
8-10					9,817	
				SECTOR TOTALS:		
<div> <div>(1)</div> <div>Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values)</div> </div> <div> <div>(2)</div> <div>Multiply TLD mrem by Zone Correction Factor</div> </div> <div> <div>(3)</div> <div>If no evacuation, modifier is 1.0</div> </div> <div> <div>(4)</div> <div>2000 Census</div> </div>						

ESTIMATED TOTAL POPULATION DOSE

Sheet 5 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
9-1					68	
9-2					541	
9-3					0	
9-4					0	
9-5					1,229	
9-6					5,661	
9-7					942	
9-8					4,716	
9-9					7,829	
9-10					7,358	
				SECTOR TOTALS:		
10-1					52	
10-2					604	
10-3					420	
10-4					2,853	
10-5					10,900	
10-6					5,970	
10-7					3,378	
10-8					3,778	
10-9					6,101	
10-10					10,856	
				SECTOR TOTALS:		

- (1) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and X_u/Q values)
 (2) Multiply TLD mrem by Zone Correction Factor
 (3) If no evacuation, modifier is 1.0
 (4) 2000 Census

Form EP-12 Rev 1

ESTIMATED TOTAL POPULATION DOSE

Sheet 6 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
11-1					0	
11-2					0	
11-3					2,115	
11-4					2,486	
11-5					3,853	
11-6					626	
11-7					4,496	
11-8					3,090	
11-9					1,388	
11-10					2,955	
				SECTOR TOTALS:		
12-1					0	
12-2					457	
12-3					518	
12-4					628	
12-5					221	
12-6					433	
12-7					48	
12-8					134	
12-9					0	
12-10					5	
				SECTOR TOTALS:		

- (1) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values)
 (2) Multiply TLD mrem by Zone Correction Factor
 (3) If no evacuation, modifier is 1.0
 (4) 2000 Census

Form EP-12 Rev 1

ESTIMATED TOTAL POPULATION DOSE

Sheet 7 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
13-1					0	
13-2					295	
13-3					154	
13-4					0	
13-5					0	
13-6					0	
13-7					0	
13-8					0	
13-9					0	
13-10					20	
				SECTOR TOTALS:		
14-1					0	
14-2					0	
14-3					19	
14-4					0	
14-5					0	
14-6					0	
14-7					0	
14-8					0	
14-9					217	
14-10					1,633	
				SECTOR TOTALS:		

- (1) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and X_u/Q values)
 (2) Multiply TLD mrem by Zone Correction Factor
 (3) If no evacuation, modifier is 1.0
 (4) 2000 Census

Form EP-12 Rev 1

ESTIMATED TOTAL POPULATION DOSE

Sheet 8 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
15-1					0	
15-2					0	
15-3					60	
15-4					0	
15-5					192	
15-6					0	
15-7					0	
15-8					0	
15-9					3	
15-10					1,204	
				SECTOR TOTALS:		
16-1					0	
16-2					0	
16-3					0	
16-4					0	
16-5					842	
16-6					734	
16-7					5	
16-8					0	
16-9					0	
16-10					0	
				SECTOR TOTALS:		

- (1) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values)
 (2) Multiply TLD mrem by Zone Correction Factor
 (3) If no evacuation, modifier is 1.0
 (4) 2000 Census

Form EP-12 Rev 1

Manual Dose Assessment Worksheet - TEDE

Date:

Time

Name:

Meteorology

Wind Direction (from):

Downwind Sector:

WS = Wind Speed (m/sec):

Pasquill Category:

☐ A

☐ B

☐ C

☐ D

☐ E

☐ F

☐ G

TEDE - Whole Body Dose

Release Duration (RD):
hrs

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7 = Col. 2 x 3 x 4 x 6	Col. 8
Distance	NG Release Rate (Ci/sec)	Xu/Q (from tables)	$\frac{1}{WS}$ (M/sec)	$K1^{(1)}$ $C^{(2)}$	$K1 + C^{(2)}$	Dose Rate (DR) (mrem/hr)	Dose (mrem) (DR x RD)
Site Boundary			$\frac{1}{\text{[]}}$			=	
2 Mile			$\frac{1}{\text{[]}}$			=	
5 Mile			$\frac{1}{\text{[]}}$			=	
10 Mile			$\frac{1}{\text{[]}}$			=	

(1) Obtain K1 value from table below.

(2) Constant for MSL & SGBD is 3.3E+05, for all others use 3.3E+03 (Constant includes Iodine CEDE)

K1 Whole Body @ Time After Shutdown for Noble Gas DDE		K2 Thyroid (Child) For Iodine CDE	
TAS = _____ hours.			
4.7E+5	0 - 1.5 Hours	Iodine Mix	8.0E+8
2.8E+5	1.5 - 2.5 Hours	I-131	2.6E+9
2.3E+5	2.5 - 3.5 Hours	I-132	1.5E+7
2.0E+5	3.5 - 4.5 Hours	I-133	4.4E+8
1.7E+5	4.5 - 6.5 Hours	I-134	2.6E+6
1.2E+5	6.5 - 12.5 Hours	I-135	7.6E+7
5.8E+4	> 12.5 Hours		

NOTE:

Particulate Dose Conversion Factor (DCF) for TEDE is 2.7E+07. This DCF should be used during dose assessment only if significant particulates are identified in the release (E.G., FSB Accident). Control Room Staff need not consider particulates.

Manual Dose Assessment Worksheet

CDE - Thyroid Exposure Calculations

Date:	Time	Name:
-------	------	-------

Meteorology

Wind Direction (from):		Downwind Sector:		WS = Wind Speed (m/sec):	
Pasquill Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G					

NOTES:

For **Less Than** 24 hours use Iodine Mix K2 (8.0 E+8)

For **Greater Than** 24 hours, only use I-131 K2 value when using isotopic analysis. (2.6 E+9)

Isotope I-131 (or Total Mix)		CDE - Thyroid Exposure		Release Duration (RD)* = hrs.	
RR _(I-131 or Total) X K2 = B					
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5 = Col. 2 x 3 x 4	Col. 6
Distance	Xu/Q (from tables)	$\frac{1}{WS}$ (m/sec)	B (above)	Dose Rate (mrem/hr)	Dose (mrem) (DR X RD)
Site Boundary	X	$\frac{1}{\boxed{}}$	X (+) =	=	
2 Mile	X	$\frac{1}{\boxed{}}$	X (+) =	=	
5 Mile	X	$\frac{1}{\boxed{}}$	X (+) =	=	
10 Mile	X	$\frac{1}{\boxed{}}$	X (+) =	=	

*If the projected Release Duration (RD) is not known use four hours as a default value.

EOF Check Point Sign In Log

EOF Registration Assistant: <small>(print name)</small>		Date:	
---	--	--------------	--

Print Name	Time In / Out	Time In / Out	Organization
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____

* If NO, THEN report to EOF Manager for further evaluation.

EOF Check Point Sign In Log

EOF Check Point Instructions:

- 1.0 Set up a EOF Checkpoint at the entrance to the EOF.

NOTES:

IF there is any question if an individual should be allowed to enter the EOF **THEN** request clearance from the Emergency Director or the EOF Manager.

Individuals entering the EOF during emergencies must be screened in accordance IPEC Fitness for Duty procedures. The Emergency Director may authorize individuals not meeting these requirements into the EOF.

- 1.1 Have all individuals entering EOF complete sign in log.
- 1.2 Request the Admin & Logistics Manager draft someone to take sign in log around to individuals who may have entered facility before check point was set up.

- 2.0 Allow only the following personnel into the EOF:

- A. Indian Point Emergency Response Organization Personnel, as listed in the Emergency Telephone Directory,
- B. Indian Point Corporate Officers,
- C. State and County Officials,
- D. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency;
- E. Individuals authorized by the Emergency Director or the EOF Manager.

NOTE:

IF individuals are only going to another room within the Buchanan Service Center (offices across the hall or men's rest room) **THEN** it is not necessary to log them in and out each time they leave the EOF.

- 3.0 Maintain a "EOF Check Point Sign in Log" complete with names of all personnel within the EOF.

RESPONSE CHECK FOR RADIOACTIVE AIRBORNE CONCENTRATION

INSTRUMENT TYPE: _____ MODEL NO. _____ SERIAL NO. _____ CAL. DUE DATE: _____

1GAMMA SOURCE: _____ IDENTIFICATION NO.: _____ ACCEPTABLE RANGE: _____

[illegible]

LOGGED BY: _____ DATE: _____
(Technician)

Form EP-15 Rev 0

DETERMINATION OF RADIOACTIVE AIRBORNE CONCENTRATION

SAMPLE LOCATION	SAMPLE TIME		SAMPLE DURATION (MINUTES)	START SAMPLE FLOW RATE (LPM)	END SAMPLE FLOW RATE (LPM)	AVERAGE FLOW RATE (LPM)	SAMPLE VOLUME (L)	TECHNICIAN
	START	STOP						

☐ Breathing

☐ General Area

COUNTER DATA:

1. BETA COUNTER _____ Serial No. _____ MDC _____ Button Source Response _____

2. CHARCOAL MODEL NO. MS-2 _____ Serial No. _____ MDC _____ Battery Test _____

3. AIR SAMPLER MODEL _____ Serial No. _____ 3600 Cycle Test (AC only RM-14) _____

SAMPLE DATE AND NUMBER	TYPE	TIME COUNT STARTED	TOTAL COUNTS	COUNT TIME (MINUTE)	GROSS CPM	BACKGROUND CPM	NET CPM	COUNT EFF.	CORR. FACT/S A	ACTIVITY uCi/cc	DAC		COUNTED BY
	SILVER ZEOLITE												
	BETA PART.												
	GAMMA CHAR.												
	SILVER ZEOLITE												
	BETA PART.												
	GAMMA CHAR.												
	SILVER ZEOLITE												
	BETA PART.												
	GAMMA CHAR.												

IP-2 Manual Determination of Release Rate		
Determine Noble Gas & Radioiodine Release Rates		
Date:	Time:	Name:

Plant Vent Release Rate Calculations (use only one vent monitoring method)				
R-27 Wide Range	X	X	4.7E-04	=
	(μCi/cc)	(Plant Vent CFM)*	(Constant)	(NGRR Ci/sec)
R-44 Low / Mid Range	X	X	4.7E-04	=
	(μCi/cc)	(Plant Vent CFM)*	(Constant)	(NGRR Ci/sec)
Vent Contact Reading	X	X	X	4.7E-04 =
	(mR/hr)	(Conv. Factor)	(Plant Vent CFM)*	(Constant)
Time After Shutdown Conversion Factors for Contact Reading	TAS (hr)	Factor	TAS (hr)	Factor
	0 - 2	2.8E-04	6 - 8	4.9E-04
	2 - 4	3.4E-04	8 - 12	6.1E-04
	4 - 6	4.1E-04	12 - 24	7.6E-04
Plant Vent Chemistry Sample	X	X	4.7E-04	=
	(μCi/cc)	(Plant Vent CFM)*	(Constant)	(NGRR Ci/sec)
Air Ejector (AE)				
Air Ejector R-45	X	X	4.7E-04	=
	(μCi/cc)	(AE CFM)**	(Constant)	(NGRR Ci/sec)
Main Steam Line (MSL)				
R-28, R-29 R-30, R-31	X	2.7E-03	X	4.9 E-06 =
	(CFM)	(MSL Conv. Factor)	(lbm/hr)****	(Constant)
Steam Generator Blowdown (SGBD)				
Chemistry Sample	X	X	6.3E-05	=
	(μCi/cc)	(GPM)***	(Constant)	(NGRR Ci/sec)
Total Noble Gas Release Rate: Add Plant Vent + AE + MSL + SGBD			Total NGRR Ci/sec	

Determine Radioiodine Release Rate (RR) In Curies/Second		
1. MSL NG RR + SGBD NG RR =	X 1.0E-02	=
2. Plant Vent NG RR + AE NG RR =	X 1.0E-04	=
Total Radioiodine Release Rate (Add 1 + 2 to Obtain)		Total IRR (Ci/sec) =

* If actual flow rate is unavailable, use 60,000 cfm

** If actual flow rate is unavailable, use 20 cfm

*** If actual value is unavailable, use 300 GPM

**** Steam Generator Atmospheric Flow rate 3.50 E+5 lbm / hr / atmospheric

Steam Generator Safety Flow rate 7.60 E+5 lbm / hr / safety

#22 Auxiliary Feed water Pump 2.5 x 10⁴ lbm / hr

IP-3 Manual Determination of Release Rate		
Determine Noble Gas & Radioiodine Release Rates		
Date:	Time:	Name:

Plant Vent Release Rate Calculations (use only one vent monitoring method)						
R-27 Wide Range	X 1.0E-06 =					
	(μCi/sec)	(C/μCi)*				(NGRR Ci/sec)
R-14 Low / Mid Range	X X 4.7E-04 =					
	(μCi/cc)	(Plant Vent CFM)*				(Constant)
Vent Contact Reading (Contact / 6 Ft)	X X X 4.7E-04 =					
	(mR/hr)	(Conv. Factor)	(Plant Vent CFM)*		(Constant)	(NGRR Ci/sec)
Time After Shutdown Conversion Factors for Contact Reading	TAS (hr)	Contact Factor 6 ft		TAS (hr)	Contact Factor 6 ft	
	0 - 2	6.0E-04 2.5E-03		6 - 12	2.8E-03 9.5E-03	
	2 - 4	1.2E-03 3.8E-03		12 - 24	5.5E-03 1.6E-02	
	4 - 6	1.6E-03 5.5E-03		24 - 2 Wk	6.5E-03 2.0E-02	
Plant Vent Chemistry Sample	X X 4.7E-04 =					
	(μCi/cc)	(Plant Vent CFM)*				(Constant)
Air Ejector (AE)						
Air Ejector R-15	X X 4.7E-04 =					
	(μCi/cc)	(AE CFM)**				(Constant)
Main Steam Line (MSL)						
R-62A, R-62B R-62C, R-62D	X X 3.2 E-06 =					
	(μCi/cc)	(lbm/hr)****				(Constant)
Steam Generator Blowdown (SGBD)						
Chemistry Sample	X X 6.3E-05 =					
	(μCi/cc)	(GPM)***				(Constant)
Total Noble Gas Release Rate: Add Plant Vent + AE + MSL + SGBD					Total NGRR Ci/sec	

Determine Radioiodine Release Rate (RR) In Curies/Second		
1. MSL NG RR =	X 1.0E-02 =	
2. Plant Vent NG RR + AE NG RR =	X 1.0E-04 =	
Total Radioiodine Release Rate (Add 1 + 2 to Obtain)		Total IRR (Ci/sec) =

* If actual flow rate is unavailable, use 70,000 cfm

** If actual flow rate is unavailable, use 20 cfm

*** If actual value is unavailable, use 300 GPM

**** Steam Generator Atmospheric Flow rate 6.30 E+5 lbm / hr / atmospheric
 Steam Generator Safety Flow rate 5.50 E+5 lbm / hr / safety
 32 Auxiliary Feed water Pump Flow rate 4.00 E+4 lbm/hr.

IPEC Manual Dose Assessment Worksheet

Back Calculating Release Rate from Field Data

Administrative Data

Field Reading Location	
Field Reading Mileage	Miles
Field Reading Sector	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Meteorology

Wind Speed (at time of release)	meters/sec
X_p / Q	

Radiological Data

Field Reading (clsd window or Reuter Stokes)	mrem / hr
Noble Gas DCF (from table below)	(mr/hr) / (μ Ci/cc)

Time after Shutdown (hrs.)	Dose Conversion Factor (mr/hr) / (μ Ci/cc)
0 - 1.5	4.70 E+5
1.5 - 2.5	2.80 E+5
2.5 - 3.5	2.30 E+5
3.5 - 4.5	2.00 E+5
4.5 - 6.5	1.70 E+5
6.5 - 12.5	1.20 E+5
> 12.5	5.80 E+4

Release Rate Calculation

(x)	÷	(x)	=	
Field Reading (mr/hr)	Wind Speed (m/sec)			X_p / Q	Noble Gas DCF			NGRR (Ci/sec)

Turnover Sheet

Date:

Time:

Outgoing:

Relieving:

Discuss the following items:

1. Emergency Classification: ☐ GE ☐ SAE ☐ Alert ☐ Unusual Event
EAL:

2. Initiating Event:

3. Current Status of:

A. Personnel Safety:

B. Plant Safety:

C. Release of Non-Essential Personnel:

D. Accountability:

Missing Persons:

Search and Rescue:

E. Radiological Conditions:

F. JIC Actions:

G. OSC/TSC Status:

H. CSC (WPO):

I. Offsite Actions (ie: schools, facility activation, PARs, etc.)

5. Status of Offsite Notifications:

☐ None

☐ NYSEMO / Counties

☐ NRC (headquarters and Residents

☐ INPO

☐ ANI

6. Corrective Actions:

Teams Out:

7. Actions Underway:

Priorities:

8. Actions that need to be Initiated:

9. Prognosis:

Media Briefing Issues Form

[illegible]

JIG STAFFING FORM

Position	1 st Shift Name (print)	Time Arrived	Time Departed	2 nd Shift Name (print)	Time Arrived	Time Departed
JIC Director						
Company Spokesperson						
Technical Advisor						
JIC News Release Writer						
Radiological Advisor						
Com. Rep.						
Corporate Liaison						
Government Liaison						
Logistics Manager						
Documenter						
Media Room Liaison						
Entergy IT Support						
Support Services Staff						
Media Monitoring Coord.						
AV Production Manager						
AV / Graphics Support Staff						

Date: _____

Shaded positions entail functions that are required for activation

Written Statement Distribution Checklist

Follow each step below as assigned. Some steps are concurrent, as noted by the numbering. Logistics Manager is to confirm all steps are completed at conclusion.		Statement Number: 	
Step #	JIC Position Responsible	Detail Description	Completed By (Print) and Time
1	Logistics Manager	Obtain "APPROVED WRITTEN STATEMENT/NEWS RELEASE" from JIC Writer and start distribution process: <ul style="list-style-type: none"> <input type="checkbox"/> Have Company Spokesperson initial on back, notify Documenter of approval time <input type="checkbox"/> Start a Written Statement Distribution Checklist and Fax Distribution Sheet in Position Binder. <input type="checkbox"/> Record Statement Number above <input type="checkbox"/> Give Original statement with Distribution Checklist and Fax Distribution sheet to Support Services Staff to make initial copies. 	
2	Assigned Support Services Staff Person	<ul style="list-style-type: none"> <input type="checkbox"/> Make 2 copies of statement <input type="checkbox"/> Provide Support Services Staff with 2 copies (one for further copying and one for fax distribution described below) <input type="checkbox"/> Provide original initialed copy back to Logistics Manager 	
3a	Support Services Staff	<i>Make 25+ copies of final written statement/news releases and coordinate distribution with other Support Services Staff as follows:</i> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Copy to NYS Public Inquiry Coordinator <input type="checkbox"/> 12+ Copies to the Media Room Liaison for media (Coordinate number needed with Media Room Liaison. Copies to Media may take priority depending on timing.) <input type="checkbox"/> 2 Copies to Media Monitoring Room Personnel <input type="checkbox"/> 8 Copies to Entergy Work Room <input type="checkbox"/> 1 Copy to Entergy JIC Government Liaison <input type="checkbox"/> 1 Copy to Entergy Corporate Liaison <input type="checkbox"/> Upon completion, provide this Distribution Checklist to Logistics Manager 	

Written Statement Distribution Checklist

Follow each step below as assigned. Logistics Manager is to confirm all steps are completed.		Statement Number:
3b	Support Service Staff	<p>Concurrently, ensure statement is faxed to locations indicated on the Fax Distribution Form. DO NOT SEND FAX DISTRIBUTION FORM IN OUT-GOING FAX TRANSMISSION, Include Fax Cover Sheet</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete fax distribution to media on fax machine <input type="checkbox"/> Complete fax distribution to other emergency facilities and other Entergy locations . <input type="checkbox"/> (follow Fax Distribution Form) <input type="checkbox"/> Review Fax Confirmation sheets to ensure they state that all transmissions were successfully completed (the text of the confirmation will read OK) <p>Upon completion, provide fax confirmation sheet(s) to Logistics Manager</p>
4	Logistics Manager	<p>Provide original (initialed) statement; fax confirmation(s); and this Distribution Checklist to JIC Documenter for log keeping</p>

Information Distribution Guide

(Follow the priority order noted)

Type of Information	Recipient (follow order for distribution, if possible)	Distribution Completed By (Print)
Plant Status, including PICS or EDDS data sheets, Forms and plant parameters (received via email or fax or from/via JIC Technical Advisor)	Entergy Work Room <input type="checkbox"/> JIC Technical Advisor <input type="checkbox"/> Company Spokesperson <input type="checkbox"/> JIC Director <input type="checkbox"/> Radiological Advisor <input type="checkbox"/> JIC Documenter <input type="checkbox"/> State PIO (Radiological Data Forms, Part 1 and 2 ONLY) <input type="checkbox"/> NRC (if present) <input type="checkbox"/> FEMA (if present)	
Written Statements, including news releases	Follow Written Statement Distribution Checklist form	
All Other Information Received (via fax or otherwise)	Request distribution instructions from the Logistics Manager and/or JIC Director	
<div style="text-align: center;"> Page 1 of 1 Form EP-26 Rev. 3 </div>		

MEDIA MONITORING FORM

Type of call: (Public Inquiry) (Professional Inquiry) (Media Inquiry) (Media Monitor Report)

Date of call/broadcast: _____ Time of call/broadcast: _____

Name of responder/monitor: _____

Media Name/Location: _____

Caller's/Reporter's name: _____ Phone: (____) _____

Question(s) asked/Inaccurate Information: _____

Response given/Correct Information and Source: _____

Is call back required: () Yes () No Call Back Number (____) _____

If yes, call back completed at: _____ By: _____

Was the call referred: () Yes () No If yes, to whom? _____

Further action required: () Yes () No

Was this action completed? () Yes () No By: _____

Reported to Public Inquiry Coordinator at: _____

Public Inquiry Coordinator Notes: _____

Return completed form to JIC Government Liaison

**Joint Information Center
Fax Cover Sheet**

FROM: _____

DATE: _____ TIME: _____

Number of Pages (including cover): _____

☐ **WIRE SERVICES**

AP/NYC

AP/WESTCHESTER

CNN

REUTERS AMERICA

GANNET SUBURBAN NEWS/WHITE PLAINS

BLOOMBERG NEWSWIRE

NEW YORK TIMES NEWS SERVICE

☐ IP EOF OR ☐ IP AEOF

☐ **ENTERGY MEDIA RELATIONS**

☐ **LOCAL OFFICIALS**

☐ **Other**

Individual Exposure Tracking Log

Name:		TLD # _____		KI Issued:	
		Employee #:		Date:	Time:
Initial Exposure Limit:		WBC <input type="checkbox"/> TRNG <input type="checkbox"/> PHY <input type="checkbox"/> RESP <input type="checkbox"/> SCBA <input type="checkbox"/>			
Location / Team / Times		Available Exposure (mrem)	Time of Reading	Dosimeter Reading	Emergency Exposure (mrem)

Team:					
Time Out:					
Time In:					

Team:					
Time Out:					
Time In:					

Team:					
Time Out:					
Time In:					

Team:					
Time Out:					
Time In:					

Team:					
Time Out:					
Time In:					

NOTES:

1. Use this form to track individual's exposure of ERO members dispatched from EOF/OSC/TSC and
2. Initial Exposure Limit will be normal occupational limit or 1000 mrem emergency limit for duration of emergency. ED or EPM may authorize more exposure.
3. If Form is filled transfer Name, TLD # and remaining available exposure to new form and staple this completed form to it.

MONITORING TEAM SURVEY DATA LOG

Team Name: _____ **Date:** _____

Team Member Names: _____

Count Rate Meter, Model#: E-140N Serial#: Ion Chamber, Model#: R-02 Serial#:

[illegible]

NOTES: [1] 24-hr clock
[2] E-140N, Count Rate Meter data.
[3] RO-2, Ion Chamber data.
[4] 1000 CPM = 0.1mR/hr (OW)

Monitoring Team Sample Data

Team Name: _____ Date: _____

Team Member Names: _____

Sample Location:

Sector: _____ Mile: _____

County: _____ Atlas Key Map #: _____ Grid: _____

Street: _____ Nearest Intersect: _____ Mi. to Intersect: _____

Air Sampling:

Air Sampler, Model #: H-809V-1 Serial #: _____

Particulate Filter: Y _____ N _____ Iodine (C): Y _____ N _____ Iodine (AgZ): Y _____ N _____

Sampling Start: Time (HH:MM): _____ Flow (CFM): _____

Sampling Stop: Time (HH:MM): _____ Flow (CFM): _____

Duration (MM) _____

Average Flow (CFM): _____

Sample Volume (CF): _____

Air Sample Counting:

Count Rate Meter, Model #: E-140N/RM14 Serial #: _____ Time: _____

Part Filter, Bkgd (CPM): _____ Gross (CPM): _____ Net (CPM): _____

Iodine (C), Bkgd (CPM): _____ Gross (CPM): _____ Net (CPM): _____

Iodine (AgZ), Bkgd (CPM): _____ Gross (CPM): _____ Net (CPM): _____

Determination of Radioactive Airborne Concentrations

$$\mu\text{Ci/cc (A/B)} = \frac{\text{Net CPM} \times 1.0\text{E-}09}{2.2 \times \text{Vol} \times \text{Eff.} \times \text{CCF}}$$

Where: Vol⁽¹⁾ is in liters (Liters = 28.32 x FT³)
 Efficiency⁽²⁾ is 0.1 for particulate, 0.0034 for iodine
 CCF⁽³⁾ is .95 for Charcoal, 1.0 for AgZ / Paper

Sample Location:				<input type="checkbox"/> Particulate <input type="checkbox"/> Iodine	
Sample Time:				Team:	
Sample Net CPM		Constant		A ↓	
X		1.0E-09		=	
Sample Volume in Liters ⁽¹⁾	Efficiency ⁽²⁾	Constant	CCF ⁽³⁾	B ↓	
X	X	2.2	X	=	
$\mu\text{Ci/cc} = A / B =$				$\mu\text{Ci/cc}$	

Calculated by: _____

Time: _____

Sample Location:				<input type="checkbox"/> Particulate <input type="checkbox"/> Iodine	
Sample Time:				Team:	
Sample Net CPM		Constant		A ↓	
X		1.0E-09		=	
Sample Volume in Liters ⁽¹⁾	Efficiency ⁽²⁾	Constant	CCF ⁽³⁾	B ↓	
X	X	2.2	X	=	
$\mu\text{Ci/cc} = A / B =$				$\mu\text{Ci/cc}$	

Calculated by: _____

Time: _____

Sample Location:				<input type="checkbox"/> Particulate <input type="checkbox"/> Iodine	
Sample Time:				Team:	
Sample Net CPM		Constant		A ↓	
X		1.0E-09		=	
Sample Volume in Liters ⁽¹⁾	Efficiency ⁽²⁾	Constant	CCF ⁽³⁾	B ↓	
X	X	2.2	X	=	
$\mu\text{Ci/cc} = A / B =$				$\mu\text{Ci/cc}$	

Calculated by: _____ Time: _____

MEDIA INQUIRY LOG

DATE: _____ TIME: _____

NAME OF REPORTER: _____

AFFILIATED WITH: _____

PHONE NUMBER: _____

INQUIRY: _____

RESPONSE: _____

RESPONSE PROVIDED BY: _____

COMMENTS: _____

Courtesy Call Guide

1. EVENT SUMMARY

Indicate Emergency Classification Level (ECL), EAL/Time

Unusual Event

Alert

Site Area Emergency

General Emergency

Plant Status/Information/Radiological Conditions (notes):

2. Script for Courtesy Calls

"Hi, my name is _____.

I'm representing the Indian Point Energy Center as a Communications Representative.

I'm calling to inform you that...

This is all the information that I have at this point. Entergy will be issuing a news release regarding the event (*give timeframe, e.g. within the next 30 minutes*).

Should I continue to call you at this number if I need to contact you again?"

Name of Com Rep: _____

Time Calls Completed: _____

JIC BRIEFING SUMMARY / TALKING POINTS

BRIEFING # _____
TIME: Start: _____

DATE: _____
End: _____

Indian Point Energy Center declared a _____ at _____ (time). The event was declared as a result of _____.

PLANT STATUS/EVENT INFORMATION:	RESPONSE (SITE, CORPORATE):
IP2: _____ IP3: _____ Site: _____	
RADIOLOGICAL CONDITIONS:	KEY MESSAGES/EMPATHY:

GRAPHICS NEEDED:

QUESTIONS REQUIRING FOLLOW-UP:

RUMORS TO ADDRESS:

Primary - ERO Activation Checklist

Dialogic Notification System Activation

1. Verify that the Shift Manager has determined that ERO mobilization or notification is needed.
2. Turn on Control Room Pagers.
3. Call (b)(7)(F)

NOTE: for steps #4, #5, and #6 you will be asked for a confirmation of the numbers you entered.

4. You will hear: "This is the remote activation module. Please enter your company ID number followed by the pound (#) sign."

5. You will hear: "Please enter your scenario activation password followed by the # sign"

6. You will hear: "To start a scenario, enter the scenario ID followed by the # sign, or press pound alone for more options."

7. You will hear: "To listen to the current scenario message press 1, to re-record the scenario message press 2, to start the scenario press 3, to return to the main menu press #"

PRESS 3

8. AFTER you hear: "Scenario is building" HANG UP THE PHONE.

HANG UP

9. Enter the time you completed Dialogic activation.

Time:

NOTE: Continue on with offsite notifications while waiting for verification of pager activation.

10. Verify the notification system successfully activated by either Control Room pager activating. IF neither pager activates within 5 minutes, THEN go to Step 13.

11. Inform the Shift Manager that you have completed ERO activation or notification.

12. Date and sign this form when complete.

Date:

Signature:

Continue ONLY if Control Room Pagers Did Not Activate.

13. (b)(7)(F)

14. IF Security pager activated THEN go to step 11.

15. IF Security pager did not activate THEN repeat steps 3 through 8 a second time.

IF during the 2nd attempt, on step 8, you hear: "The scenario is currently active.

Do you wish to stop the scenario?" THEN

Press: 6

You will then hear: "To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound (#)"

Press: #

16. IF a Control Room or Security pager does not sound after the 2nd attempt THEN activate the Backup Notification System per Form EP-37, Backup - Emergency Response Organization Activation Checklist located in the folder presently being used.

Proprietary Information

Page 1 of 1

Form EP-36 Rev. 2

EX. 7F

EX. 7F

Backup - ERO Activation Checklist

Backup Notification System Activation

1. Use the Backup Notification System ONLY if the Primary Dialogic System fails to activate.
2. Verify Control Room Pagers ON.

3. Call: (b)(7)(F)

NOTE: for steps 4, 5, and 6 you will be asked for a confirmation of the numbers you entered.

4. You will hear: "This is the remote activation module. Please enter your company ID number followed by the pound sign."

(b)(7)(F)

5. You will hear: "Please enter your scenario activation password followed by the pound sign"

#

6. You will hear: "To start a scenario, enter the scenario ID followed by the pound sign, or press pound alone for more options."

#

7. You will hear: "To listen to the current scenario message press 1, to re-record the scenario message press 2, to start the scenario press 3, to return to the main menu press pound"

PRESS 3

8. AFTER you hear: "The scenario is building" HANG UP THE PHONE.

HANG UP

9. Enter the time you completed Dialogic activation.

Time:

NOTE: Continue on with offsite notifications while waiting for verification of pager activation.

10. Verify the Backup notification system successfully activated by either Control Room pager activating. IF neither pager activates within 5 minutes, THEN go to Step 13.

11. Inform the Shift Manager that you have completed ERO activation or notification.

12. Date and sign this form when complete.

Date:

Signature:

Continue ONLY if Control Room Pagers Did Not Activate.

13. (b)(7)(F)

14. IF Security pager activated THEN go to step 11.

15. IF Security pager did not activate THEN repeat steps 3 through 8 a second time.
IF during the 2nd attempt, on step 8, you hear: "The scenario is currently active.
Do you wish to stop the scenario?" THEN

Press 6

You will then hear: "To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound"

Press #

16. IF a Control Room or Security pager does not sound after the 2nd attempt THEN activate ERO pagers using Microsoft Outlook-E-mail as follows: Create a new message and type in the following address:

(b)(7)(F)

a. Type in the pager event code from the label of the envelope being used.

(b)(7)(F)

b. Type in the emergency classification (NUE, Alert, SAE, GE)

c. Type in Report to Facility or Report to Backup Facility.

d. Send message. Verify pagers activate (approx. 3-5 min). If not activated, call Security at 5330 and ask if their pager activated. If pagers did not activate, recheck address and resend.

EX. 7F

EX. 7F

EX. 7F

Emergency Team Briefing Form		Team Number:				
Lead Briefer: <input type="checkbox"/> I&C <input type="checkbox"/> Rad <input type="checkbox"/> Main <input type="checkbox"/> Ops <input type="checkbox"/> Chem <input type="checkbox"/> Sec	Date: _____ Time: _____	Location of Work: _____ _____ _____				
Task: _____ _____ _____ _____ _____ _____						
Expected Hazard: _____ _____ _____ _____						
Attach any additional supporting documentation						
Tools, Keys, Equipment and/or Supplies: _____ _____ _____ _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">Name/ Avail Dose</td> <td style="width: 50%; text-align: center; border: none;">Name/ Avail Dose</td> </tr> <tr> <td style="border: none;"> Team Members: * _____ _____ _____ _____ </td> <td style="border: none;"> _____ _____ _____ _____ </td> </tr> </table>			Name/ Avail Dose	Name/ Avail Dose	Team Members: * _____ _____ _____ _____	_____ _____ _____ _____
Name/ Avail Dose	Name/ Avail Dose					
Team Members: * _____ _____ _____ _____	_____ _____ _____ _____					
* Designate one member as the Team Leader						
Rad. Brief: <input type="checkbox"/> Complete <input type="checkbox"/> N/A Estimated Dose: _____ ERWP: <input type="checkbox"/> N/A or # _____		Contact Numbers: _____ _____ _____				
Primary Method(s) of Communications: <input type="checkbox"/> Radio <input type="checkbox"/> Phone <input type="checkbox"/> Other:						
Recommended Route to Work: _____ _____ _____						
Time Release to Field: _____		Expected Duration: _____				
Status / Debrief Items: <input type="checkbox"/> Completed Debriefed: _____ _____ _____ _____ _____ _____						

Emergency Team Briefing Form

Team Dispatch Guidelines:

1. Do they know the **Scope of Job & Approximate Duration** ☐
2. **Technical Briefing Complete**, including scope of job ☐
3. **Radiological Briefing Complete**, ☐
4. Do they have **HP Coverage**, if needed ☐
5. Tell them their **Available Dose**, available dose on form ☐
6. Tell them about non-radiological **Safety Issues**, electrical, confined space, lighting, chemical, falls, fire, other work in area, running equipment. ☐
7. Assign and tell team their **Team Number** and list it on form ☐
8. Do they know the **Location of Job and Route**, is it listed on form ☐
9. Do they have their **Tools, Needed Keys and/or Parts** ☐
10. Give them Coordinators **Phone Numbers** ☐
11. Tell them to **Report Back Every 20 - 30 Minutes** ☐
12. Have them perform a **Radio Check** when they get in the field ☐
13. Provide team leader with copy of Team Briefing form ☐

Team Check-In Guidelines: (completed by Team Coordinator)

1. Ensure **All Team Members Returned** ☐
2. Record **Dose Received** ☐
3. Ask about **Job Status** ☐
4. Have them **Return Radio to Charger** ☐
5. Tell them to **Report to Lead Coordinator for Debriefing** ☐

Team Debriefing Guidelines: (completed by Lead Coordinator)

1. Are there any outstanding safety issues to address? ☐
2. Were any Non-Quality or Non-Standard Parts used? ☐
3. Were any Temporary Facility Changes made? ☐
4. Was any excess torque or force applied to components? ☐
5. Was any valve position or equipment status changed? ☐
6. Was any work performed which would normally require follow-up Testing ☐

Attach further details as needed to ensure outstanding issues can be addressed during Recovery Phase.

Task Assignment Log

Task Description / Lead Coordinator		Date/ Time Assigned	Date/ Time Completed
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Priority	Lead Coordinator		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Priority	Lead Coordinator		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Priority	Lead Coordinator		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Priority	Lead Coordinator		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Priority	Lead Coordinator		

Priorities:

High (H): The mission is necessary to protect the immediate health and safety of the public and/or plant personnel.

Medium (M): Any task that requires action by the OSC and should be worked on at the immediate time period, but does not fit the criteria of a health and safety of the public related mission.

Low (L): Any mission which can be worked on when resources permit.

Sheet 1 of 1
Form EP-39 Rev 0

Emergency Radiation Work Permit

ERWP Number: _____

Written By: _____

Date: _____

Approved By: _____

(RP Coordinator)

Work Area: _____
_____Radiation Readings: ☐ Based on recent survey (post emergency) Survey Time: _____☐ Based on Old Surveys & Plant Conditions (update as soon as possible)

High General Area Reading: _____ mR/Hr Updates: _____ mR/Hr _____ mR/Hr

High Equipment Contact Readings: _____ / _____ mR/Hr On: _____

Surface Contamination Levels: _____ DPM/100CM² _____ DPM/100CM²Internal System Contamination Expected: ☐ Yes ☐ No Airborne Levels*: ☐ Yes ☐ No* Attach Sample Results -- Consider giving KI prior to dispatching teams IF thyroid dose is expected to be > 25 Rem

Recommended Respirator Protection: _____

To be Worn When: _____

Dosimetry Required: ☐ TLD ☐ SRD Range(s) ☐ Alarming Set At: _____Recommended Protective Clothing: _____

Hold Radiation Limit: _____ mR/Hr _____ mrem

Turn Back Radiation Limit: _____ mR/Hr _____ mrem

RP Technician Required: ☐ No ☐ Until on location (survey)☐ Self Monitoring ☐ Continuously ☐ To Open SystemOther Instructions: _____

Normal IPEC OSC Staffing

At least 2 individuals shall be members of the First Aid Team

No.	Positions	Number Present	Number Needed	Called
1	OSC Manager			
1	Team Coordinator			
2	Accountability Clerks			
1	Rad Protection Team Leader			
1	Chemistry Team Leader			
1	Operations Team Leader			
1	Maintenance Team Leader			
1	Security Team Leader			
1	I&C Team Leader			
2	I&C Technicians			
1	Chemistry Technician			
2	Electrical Technicians			
2	Mechanical Technicians			
4	HP Technicians			
-	Operations Personnel			
-	Other			
21	Total number of individuals assigned to OSC			

OSC Manager should enter number of each positions needed based on event.

Team Coordinator: _____

ERO Tracking Log

Date: _____

Team #	Location / Task	Time Out	Due Back	Time In	Team Member Names	Avail. Exposure	Dose Rec	New Avail Exposure	Job Status
		<u>Lead Coordinator</u>							
		<u>Lead Coordinator</u>							
		<u>Lead Coordinator</u>							
		<u>Lead Coordinator</u>							

NOTES:

1. Use this form (or similar electronic spreadsheet) to track individuals located outside the TSC/OSC Complex, CR or Security Posts
2. Individual emergency exposures should be tracked on Individual Exposure Tracking Log (Form EP-29)

Onsite ERO Shift Rosters				
EOF	POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)
	Emergency Director			
	EOF Manager			
	ORM			
	Dose Assessor			
	ED Technical Advisor			
	EOF Information Liaison			
	Offsite Communicator			
	Field Team Communicator			
	Equipment Operator			
	EOF Lead Offsite Liaison			
	State EOC Technical Liaison			
	Westchester EOC Technical Liaison			
	Putnam EOC Technical Liaison			
	Rockland EOC Technical Liaison			
	Orange EOC Technical Liaison			
	Admin and Logistics Manager			
	Offsite Field Monitoring Teams			
	EOF Admin Support (3)			

Onsite ERO Shift Rosters				
TSC	POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)
	Emergency Plan Manager			
	TSC Manager			
	Technical Assessment Coordinator			
	Operations Advisor			
	Reactor Engineer			
	Mechanical Engineer			
	Elec / I&C Engineer			
	SAMG Evaluator			
	TSC IT Support			
	TSC Communicator			
	TSC Clerical Staff (2)			
	Others			

Onsite ERO Shift Rosters				
OSC	POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)
	OSC Manager			
	Team Coordinator			
	Operations Team Leader			
	RP Team Leader			
	Maintenance Team Leader			
	I&C Team Leader			
	Security Team Leader			
	Accountability Clerk			
	HP Technicians			
	Chemistry Team Leader			
	Chemistry Technicians			
	I&C Planner			
	I&C Technicians			

Onsite ERO Shift Rosters

OSC	POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)	
	Mechanical Supervisor				
	Mechanical Planner				
	Electrical Planner				
	Mechanical / Electrical Technicians				
	Material Storekeeper				
	Others				

Notes:

1. Call the EOF Admin Staff and or Fax them the EOF Section of this form to obtain names of individuals filling EOF positions on the first shift
2. Call individuals filling Misc. positions outside the EOF, TSC or OSC
3. With the Support of the facility clerical staffs use Emergency Telephone Book to call in individuals to fill second shift.

Onsite ERO Shift Rosters

CCR POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)	
Plant Operations Manager				
CCR Facility Communicator				
CCR Admin Support				
Others				

Notes:

IPEC OSC Guidelines

General Guidelines

BE CAREFUL

1. Always ensure you card into the Accountability Card Reader or sign in on an Accountability Roster when you arrive at the Operations Support Center.
2. Maintain a quiet professional manner throughout the event.
3. Pay attention to the facility briefings and maintain awareness of conditions and events.
4. **DO NOT** leave the TSC/OSC Complex without checking out with the Team Coordinator, or the Accountability Clerk **NOTE:** The restrooms at the top of the stairs are still within the TSC/OSC Complex, but you should inform a coworker when going there.

• Team Dispatch

WORK SAFE

1. When selected to perform a task in the field, receive job briefing from the Team Leader (Operations, Maintenance, I&C or Radiation Protection) for your assigned task. **IF** the job involves possible radiological exposures **THEN** the Radiation Protection Coordinator or an HP Supervisor will provide a you with a radiological briefing.
These briefs should be conducted in one of the briefing rooms.
The Lead Coordinator will give you the Team Briefing Form when you are being dispatched after completion of briefing.
2. **ALWAYS** check out with the Team Coordinator prior to leaving TSC/OSC Complex to perform a task – Always take a radio and test it before going out into the field unless directed otherwise by the Team Coordinator.
Give the Team Coordinator the Team Briefing Form when you are checking out.
3. Maintain communications with the Team Coordinator while in the field. Report any unexpected conditions or events immediately.
4. **ALWAYS** check in with the Team Coordinator and report any exposure you received **IMMEDIATELY** upon your return to the TSC/OSC Complex after performing a task.
REPORT any safety concerns which may be important for future work or to teams currently in the field
The Team Coordinator will return the Team Briefing Form to you after you have checked in with him/her.
5. Report to the Lead Briefer (Operations, Maintenance, I&C or Radiation Protection) for a de-briefing after you have completed checking in with the Team Coordinator. Report:
Status of the assigned task
Any deviations taken from normal work practices or quality control processes
Any follow-up task(s) you feel are needed to ensure assignment goal is completed
6. After the team de-briefing return to the pool area and await further assignment. Brief other Technicians in the pool on tasks you performed and conditions in the field.

Assembly Area Coordinator Instructions

Instructions	Notes
<p>1. Review any special instructions with OSC Manager and insure you have a full understanding of priorities</p> <p>Record OSC Manager Contact Number:</p> <p>_____</p>	
<p>2. Assume the duties of the Energy Education Center (EEC) or Generation Support Building (GSB) Assembly Area Coordinator. (or Indian Point Training Center (IPTC) Assembly Area Coordinator if needed).</p> <p>A. Report to the EEC or GSB (or IPTC if needed)</p> <p>B. Establish telephone communications with the OSC Manager.</p> <p>i. Call the OSC Manager to inform them you are in place, provide them with phone number at your location.</p> <p>ii. Draft an individual to remain at phone and communicate messages to you as necessary.</p> <p>iii. In the EEC, set up, or direct assistance to set up, the PA System, stored in the security area behind the access control desk. In the IPTC, ensure that the installed PA System is working.</p>	
<p>3. Draft at least 3 Management personnel to assist in controlling personnel located at the Assembly Area. Have them direct assembled personnel to form groups by disciplines and stand by for further information and instructions.</p>	
<p>4. Do not allow personnel to leave the Assembly Area until you have verified with the OSC Manager that there has been no release of Radioactive Materials.</p>	
<p>5. Periodically (~every 30 min) contact the OSC Manager for brief overview of events and plant conditions.</p>	
<p>6. Periodically (~every 30 min) brief personnel in the Assembly Area on events and plant conditions.</p>	
<p>7. Locate and dispatch additional personnel to respond inside the Protected Area or to the EOF as needed.</p>	
<p>8. When directed by the OSC Manager either:</p> <p>A. Dismiss Individuals from the Site</p> <p>B. Release individuals back to work</p> <p>C. Direct individuals to a designated location (on or offsite)</p>	
<p>9. IF directed by Offsite Radiological Manager (ORM), distribute KI to personnel in the assembly areas.</p>	
<p>10. When all personnel have departed from the Assembly Area</p> <p>A. Return Portable PA System to it's storage location.</p> <p>B. Return Assembly Area Phone to it's storage location.</p> <p>C. Document any problems with equipment, personnel or procedures observed during event.</p>	

Normal IPEC TSC Staffing

No.	Positions	Number Present	Number Needed	Called
1	Emergency Plant Manager			
1	TSC Manager			
1	Technical Assessment Coordinator			
1	Operations Advisor			
1	Reactor Engineer			
	Electrical / I&C Engineer			
1	Mechanical Engineer			
1	TSC IT Support			
1	TSC Communicator			
2	TSC Clerical Support			
1	SAMG Evaluator			
10	Total number of individuals assigned to TSC			

TSC Manager should enter number of each position needed based on event.

Accountability Roster

Facility: ☐ TSC / OSC Complex ☐ Control Room ☐ Command Guard House

Unit: ☐ Unit 2 ☐ Unit 3[illegible]

Accountability checked by: _____ on _____ at _____
(Signature) (Date) (Time)

EOF Security Sign In Log

Security Officer: <small>(print name)</small>		Date:	
---	--	--------------	--

Print Name	Time In / Out	Time In / Out	Organization
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other

Containment Discharge Worksheet

Date:

Time:

Name:

VC Activities	Noble Gas	Particulates	Radioiodines
$\mu\text{Ci/cc}$			
Estimated Begin Release Time:		hr.	
Estimated End Release Time		hr.	
Estimated Release Duration:		hrs.	
Estimated Plant Vent Flow Rate		CFM	
Estimated Plant Vent Noble Gas Reading		$\mu\text{Ci/cc}$	
Estimated Release Rate	Noble Gas	Ci/sec	
	Radioiodines	Ci/sec	
	Particulates	Ci/sec	
Wind Speed		m/s	
Wind Direction		Degrees	
Pasquill Category		(A-G)	
Forecasted Weather:			
Projected Exposure:	TEDE – Whole Body (REM)		TODE – Thyroid (REM)
S.B			
2 Mile			
5 Mile			
10 Mile			
Emergency Director Concurrence	<input type="checkbox"/> Received	_____ Print Name	
Nuclear Regulatory Commission Concurrence	<input type="checkbox"/> Received	_____ Print Name	
Notifications:	<input type="checkbox"/> NYS <input type="checkbox"/> Putnam	<input type="checkbox"/> Westchester <input type="checkbox"/> Orange	<input type="checkbox"/> Rockland

Containment Discharge Worksheet

Date:

Time:

Name:

[illegible]

SURFACE CONTAMINATION CHECK

Date _____

Instr. Model _____

Field Team Member _____

Instr. Number _____

LOCATION	TIME	SURFACE SMEARED	SMEAR + BKGD CPM	BKGD CPM	SMEAR CPM	EQUIVALENT DPM/100cm ² *

* Multiply the smear CPM by 10 to ascertain equivalent DPM/100cm²

Form EP-50, Rev 1

Unit 2 Equipment Status – 42B

Parameter		Time				Parameter		Time			
Offsite Pwr. Avail	138KV					Service Water Pumps	#21				
	13.8KV						#22				
6900 Volt	BUS NO. 1						#23				
	BUS NO. 2						#24				
	BUS NO. 3						#25				
	BUS NO. 4						#26				
	BUS NO. 5					Circ Water Pumps	#21				
	BUS NO. 6						#22				
480 Volt	BUS NO. 2A						#23				
	BUS NO. 3A						#24				
	BUS NO. 5A						#25				
	BUS NO. 6A						#26				
Emergency D/Gs	#21					Condensate Pumps	#21				
	#22						#22				
	#23						#23				
Gas Turbines	GT-1					Comp Cool Heat Exch	#21				
	GT-2						#22				
	GT-3					RHR Heat Exch.	#21				
SIS Pumps	#21						#22				
	#22					Fan Cooler Units	#21				
	#23						#22				
RHR Pumps	#21						#23				
	#22						#24				
Charging Pumps	#21						#25				
	#22										
	#23					VC Isol. Phase A	(Y/N)				
Rx Coolant Pumps	#21					VC Isol. Phase B	(Y/N)				
	#22					VC Isol. Vent.	(Y/N)				
	#23										
	#24					Exceptions					
Component Cool Pumps	#21										
	#22										
	#23					Hi Hd SIS Flow	#21 (GPM)				
Aux Comp Cool Pumps	#21						#22 (GPM)				
	#22						#23 (GPM)				
Aux Feed Water Pumps	#21						#24 (GPM)				
	#22					Lo Hd SIS Flow	#21 (GPM)				
	#23						#22 (GPM)				
Cont Spray Pumps	#21						#23 (GPM)				
	#22						#24 (GPM)				
Recir Pumps	#21					Accumulator Level	#21 (%)				
	#22						#22 (%)				
							#23 (%)				
							#24 (%)				

S = Stand By

O = Operating

OS = Out of Service

Unit 2 Radiological Data 42C

Parameter	Time	Time	Time	Time	Time	Time	Time
R-5987 MCC 98'	mR/hr						
R-1 CCR	mR/hr						
R-2 VC 80'	mR/hr						
R-4 Charging Pump	mR/hr						
R-5 F.S.B.	mR/hr						
R-6 Sample Room	mR/hr						
R-7 VC Seal Table	mR/hr						
R-41 VC Part.	μCi/cc						
R-42 VC Gas	μCi/cc						
R-43 Vent Part.	μCi/cc						
R-44 Vent Gas	μCi/cc						
**R-44 VENT I-131	μCi/cc						
R-45 Air Ejector	μCi/cc						
R-46 F.C. Water	μCi/cc						
R-47 Comp. Cool.	μCi/cc						
R-48 Liq. Waste	μCi/cc						
R-49 S/G B.D.	μCi/cc						
R-53 F.C. Water	μCi/cc						
R-25 VC Hi-Rge.	R/hr						
R-26 VC Hi-Rge.	R/hr						
**R-27 Vent Monitor	μCi/cc						
**R-27 Vent Flow Rate	CFM						
R-27 Vent Disch. Rate	μCi/sec						
R-28 Main Steam Rad Mon.CPM							
R-29 Main Steam Rad Mon.CPM							
R-30 Main Steam Rad Mon.CPM							
R-31 Main Steam Rad Mon.CPM							
**Vent Flow Rate	CFM						
**Main Steam Exh.	Lbs/hr						
**Air Ejector (meas. Value)	CFM						
Wind Speed	m/sec						
Wind Direction	(0-360)						
Pasquill Category	(A-G)						

** Manual entry in EDDS & Proteus

Communications Message Form

<p>From: _____</p> <p>To: _____</p> <p>Date: _____</p> <p>Time: _____</p> <p>Message:</p>	<p>Route To:</p> <p><input type="checkbox"/> Emergency Director (ED)</p> <p><input type="checkbox"/> Plant Operations Manager (POM)</p> <p><input type="checkbox"/> Emergency Plant Manager (EPM)</p> <p><input type="checkbox"/> Offsite Radiological Manager (ORM)</p> <p><input type="checkbox"/> TSC Manager</p> <p><input type="checkbox"/> OSC Manager</p> <p><input type="checkbox"/> Other: _____</p>
<div style="border: 1px solid black; height: 140px; width: 100%;"></div>	
<p>Comments:</p>	<p>Signature:</p>
<div style="border: 1px solid black; height: 140px; width: 100%;"></div>	

Unit 3 Plant Parameters – 31A

Monitor	Units	Status	Time	Time	Time
Incore T/C Time Avg	DegF				
Highest CET	DegF				
RCL Avg Tave	DegF				
RCL Hot Avg T	DegF				
RCS Pressure Loop 1	PSIG				
RCS Pressure Loop 4	PSIG				
RCS Sat Mar Low	DegF				
CET Temp Sat Max	DegF				
RCP Running	#				
Pzr Lvl 1/2/3/ Ave	PCT				
Charging Pump Disc	GPM				
SG # 31 WR Lvl	PCT				
SG # 32 WR Lvl	PCT				
SG # 33 WR Lvl	PCT				
SG # 34 WR Lvl	PCT				
SG A Stm P	PSIG				
SG B Stm P	PSIG				
SG C Stm P	PSIG				
SG D Stm P	PSIG				
Cnmt P 1/2/3 Avg	PSIG				
Aux FD to SG # 31	GPM				
Aux FD to SG # 32	GPM				
Aux FD to SG # 33	GPM				
Aux FD to SG # 34	GPM				
CST Lvl LT-1128	FT				
CST Lvl LT-1128a	FT				
Cnmt Avg Temp	DegF				
Cnmt Sump LT-1255	FT				
Cnmt Sump LT-1256	FT				
Recirc Sump LT-1251	FT				
Recirc Sump LT-1252	FT				
RWST Lvl	FT				
CSAT Lvl	FT				
Cnmt H2 Conc A	PCT				
Cnmt H2 Conc B	PCT				
RVLIS Dyn Head Lvl A	PCT				
RVLIS Dyn Head Lvl A	PCT				
RVLIS Full Rng A	PCT				
RVLIS Full Rng B	PCT				
Src Rng Det N31	CPS				
Src Rng Det N32	CPS				
Int Rng Det N35	AMPS				
Int Rng Det N36	AMPS				
WR Start-Up, High	DPM				
Power Rng Det Avg	PCT				

O_S = Out of Service
S = Out of Scan

U = Bad Data / Out of Range
X = Out of Alarm

A = Alarm
Form EP-57, Rev. 0

Unit 3 Radiological Data – 31B

Monitor	Units	Status	Time	Time	Time
R-01	mR/hr				
R-02	mR/hr				
R-04	mR/hr				
R-05	mR/hr				
R-06	mR/hr				
R-07	mR/hr				
R-08	mR/hr				
R-11	μCi/cc				
R-12	μCi/cc				
R-14	μCi/cc				
R-15	μCi/cc				
R-16A	μCi/cc				
R-16B	μCi/cc				
R-17A	μCi/ml				
R-17B	μCi/ml				
R-18	μCi/cc				
R-19	μCi/cc				
R-23	μCi/cc				
R-25	R/hr				
R-26	R/hr				
R-27	μCi/sec				
Y9051A	KCFM				
R-59	μCi/cc				
R-62A	μCi/cc				
R-62B	μCi/cc				
R-62D	μCi/cc				
R-63A	μCi/cc				
R-63B	μCi/cc				
R-64	mR/hr				
R-65	mR/hr				
R-66	mR/hr				
R-67	mR/hr				
R-68	mR/hr				
R-69	mR/hr				
R-70	mR/hr				

OS = Out of Service

S = Out of Scan

U = Bad Data / Out of Range

X = Out of Alarm

Form EP-58, Rev. 1

Unit 3 Equipment Status – 31C

		Time	Time	Time			Time	Time	Time
	Bus					Bus			
Reactor Coolant Pumps	31-1				RHR Pumps	31			
	32-4					32			
	33-3				CCW HXs (gpm)	31			
	34-2					31			
Emer. D/Gs	31-2A				H2 RcmBnrs	31-2A			
	32-6A					32-6A			
	33-5A				Fan Cooler Units	31-5A			
Offsite Power (Kv)	138					32-2A			
	13.8					33-5A			
Gas Turbines	GT-1					34-3A			
	GT-2					35-6A			
	GT-3					31-3A			
SIS Pumps	31-5A				Aux Blr Feed Pump	32			
	32-2A					33-6A			
	33-6A				Cnmt Spray Pumps	31-5A			
High Head SIS Flow (gpm)	31					32-6A			
	32				Charging Pump Breakers	31-5A			
	33					32-3A			
	34					33-6A			
RHR Pumps	31-3A				Comp Cooling Pumps	31-5A			
	32-6A					32-2A			
Recirc Pumps	31-3A					33-6A			
	32-6A				Aux Comp Cooling Pumps	31-5A			
Low Head SIS Flow (gpm)	31					32-6A			
	32					33-5A			
	33					34-6A			
	34					App R	D/G		
Accum Level (pct)	31								
	32								
	33								
	34								
Service Water Pumps	31-5A								
	32-2A								
	33-6A								
	34-5A								
	35-3A								
	36-6A								

On = Equipment Operating, Off = Off / Available, OS = Out of Service

Form EP-59, Rev. 0

Security Route Alerting

(b)(7)(F)

EX. 7F

DECONTAMINATION SURVEY SHEET

SURVEYSKIN/CLOTHING (cross out one)

Sheet 1 of 2

(JOB COMPLETED BY H.P. TECH)

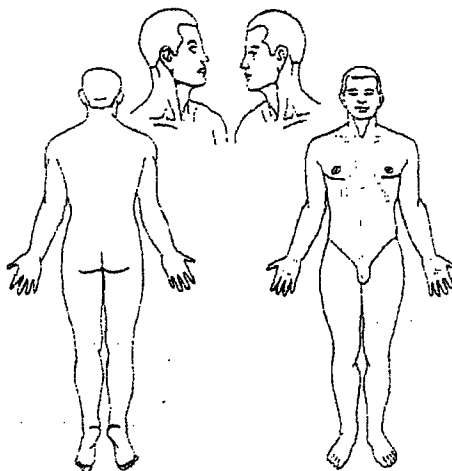
Name _____

Date/Time _____

Denote Contaminated Areas Numerically

Initial _____

Decon #1 Decon #2 Decon #3



Whole Body	Time	CPM mrad/hr	Decon #1	Decon #2	Decon #3
1	Time	CPM mrad/hr			
2	Time	CPM mrad/hr			
3	Time	CPM mrad/hr			
4	Time	CPM mrad/hr			
5	Time	CPM mrad/hr			
6	Time	CPM mrad/hr			

Method of Decon (* Indicate Applicable Letter)

A. Soap & Water shower B. Soap Shampoo C. Water Flush D. Tape Lift E. Soap & Water Wash

F. 50% Cornmeal/50% Detergent Paste

G. _____

Meter Type/Serial No./Calib Due Date/Probe Type Meter Type/Serial No./Calib Due Date/Probe Type

Health Physics, Medical and Supervisory Personnel Present or Consulted During Decon.

Remarks _____

I understand the decontamination results and the actions required of me (if any) to complete this investigation.

Individual _____ / Date _____

Hot Particle Detected ☐ NO ☐ YES

If yes, initial simplified Dose Assessment _____ mRad

Decon Performed by : _____
H.P. Technician

Reviewed by: _____
R. P. Supervisor

DECONTAMINATION SURVEY SHEET

Sheet 2 of 2

9.1.4 BODY ORFICES & SKIN DECONTAMINATION RECORDS

Name: _____
 (Last) (First) (Initial) (Social Security Number)

 (Date) (Time of Contamination) Technician

How & where it occurred _____

Max. Initial Contam. Levels - With Anti-C _____ Without Anti- _____

Body Orifices - Swabs or Smears - Counting Instr. Used _____

	1		2		3		4		5	
	Time	CPM	Time	CPM	Time	CPM	Time	CPM	Time	CPM
Eye										
Ear										
Nose										
Mouth										
Other										

Time Decontamination Step Begins	Skin Area Contaminated	Decontamination Agents Used	Contamination Level After Decontamination	Skin Condition
Time Decontamination Completed:		Decontamination Done by:		

Sheet 1 of 1

Instr. Model: _____

Instr. Number: _____

Vehicle Lic. Plate Number: _____

[illegible]

FACSIMILE of NRC FORM 361
(12-2000)U.S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTERREACTOR PLANT
EVENT NOTIFICATION WORKSHEET

EN#

NRC OPERATION TELEPHONE NUMBER: PRIMARY (b)(7)(F)

*Licensees who maintain their own ETS are provided these telephone numbers

NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #
EVENT TIME & Zone	EVENT DATE	POWER/MODE BEFORE		POWER/MODE AFTER
EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)		(v)(A) Safe S/D Capability AINA
GENERAL EMERGENCY	GEN/AAEC	TS Deviation	ADEV	(v)(B) RHR Capability AINB
SITE AREA EMERGENCY	SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		(v)(C) Control of Rad Release AINC
ALERT	ALE/AAEC	(i) TS Required S/D	ASHU	(v)(D) Accident Mitigation AIND
UNUSUAL EVENT	UNU/AAEC	(iv)(A) ECCS Discharge to RCS	ACCS	(xii) Offsite Medical AMED
50.72 NON-EMERGENCY (see next columns)		(iv)(B) RPS Actuation (scram)	ARPS	(xiii) Loss Comm/Asm/Resp ACOM
PHYSICAL SECURITY (73.71)	ODDD	(xi) Offsite Notification	APRE	60-Day Optional 10 CFR 50.73(a)(1)
MATERIAL/EXPOSURE	B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		Invalid Specified System Actuation AINV
FITNESS FOR DUTY	HFIT	(ii)(A) Degraded Condition	ADEG	Other Unspecified Requirement (Identify)
OTHER UNSPECIFIED REOMT. (see last column)		(ii)(B) Unanalyzed Condition	AUNA	NONR
INFORMATION ONLY	NNF	(iv)(A) Specified System Actuation	AESF	NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continued on back)

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	YES (Explain above)	NO
NRC RESIDENT						
STATE(S)				DID ALL SYSTEMS FUNCTION AS REQUIRED?	YES	NO (Explain above)
LOCAL						
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED	ESTIMATED RESTART DATE	ADDITIONAL INFO ON BACK
MEDIA/PRESS RELEASE						YES NO

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanation should be covered in the event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED			* State release path in description	
	Release Rate (Ci/sec)	% T. S. Limit	HOO GUIDE	Total Activity (Ci)	% T. S. Limit	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						
	PLANT STACK	CONDENSER/AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER	
RAD MONITOR READINGS						
ALARM SETPOINTS						
% T. S. LIMIT (if applicable)						
RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)						
LOCATION OF THE LEAK (e.g., SG & valve, pipe, etc.)						
LEAK Rate	UNITS: gpm/gpd	T. S. LIMITS	SUDDEN OR LONG-TERM DEVELOPMENT			
LEAK START DATE	TIME	COOLANT ACTIVITY AND UNITS:	PRIMARY	SECONDARY		
LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL						
EVENT DESCRIPTION (Continued from front)						