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February 12, 2013

U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

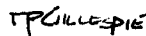
Subject: Duke Energy Carolinas, LLC
Oconee Nuclear Station, Units 1, 2, and 3
Docket Nos. 50-269, -270, and -287
Emergency Plan Implementing Procedures Manual
Volume C, Revision 2013-02

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan.

This revision is being submitted in accordance with 10 CFR 50.54(q) and does not reduce the effectiveness of the Emergency Plan or the Emergency Plan Implementing Procedures. If there are any questions or concerns pertaining to this revision please call Pat Street, Emergency Planning Manager, at 864-873-3124.

By copy of this letter, two copies of this revision are being provided to the NRC, Region II, Atlanta, Georgia.

Sincerely,


T. Preston Gillespie, Jr.
Vice President
Oconee Nuclear Station

Attachments:
Revision Instructions
EPIP Volume C - Revision 2013-02
50.54(q) Evaluation(s)

AX45
NRR

U. S. Nuclear Regulatory Commission
February 12, 2013
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xc: w/2 copies of attachments

Mr. Victor McCree, Regional Administrator
U.S. Nuclear Regulatory Commission - Region II
Marquis One Tower
245 Peachtree Center Ave., NE, Suite 1200
Atlanta, GA 30303-1257

w/copy of attachments

Mr. John Boska
Oconee Project Manager, NRR/DORL
U. S. Nuclear Regulatory Commission
11555 Rockville Pike -Mail Stop O-8G9A
Rockville, MD 20852-2746
(send via E-mail)

w/o attachments

NRC Senior Resident Inspector
Oconee Nuclear Station

February 12, 2013

OCONEE NUCLEAR STATION

SUBJECT: Emergency Plan Implementing Procedures
Volume C Revision 2013-02

Please make the following changes to the Emergency Plan Implementing
Procedures, Volume C:

Change the tabs in your manual to reflect the changes, new tabs will be issued at a later date.

REMOVE

Cover Sheet Rev. 2013-01

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Pages 1, 2, & 3

RP/0/**B**/1000/015 A -SUPERSEDED
with RP/0/**A**/1000/015 A

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with RP/0/**A**/1000/015 B

SR/0/**B**/2000/003 - SUPERSEDED
with SR/0/**A**/2000/003

INSERT

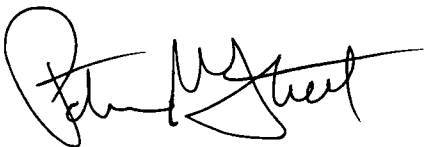
Cover Sheet Rev. 2013-02

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RP/0/A/1000/015 B - Rev. 000

SR/0/A/2000/003 0 Rev. 000



Pat Street
ONS Emergency Planning Manager



**OCONEE NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES
VOLUME C**



APPROVED:

Terry L. Patterson
Terry L. Patterson
Safety Assurance Manager

2/6/13
Date Approved

2/6/13
Effective Date

**VOLUME C
REVISION 2013-02
FEBRUARY 2013**

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Duke Energy
Oconee Nuclear Station
Offsite Communications From The Control Room

Procedure No.

RP/0/A/1000/015 A

Revision No.

000

Electronic Reference No.

OP009A66

Reference Use

PERFORMANCE

PDF Format

Compare with Control Copy every 14 calendar days while work is being performed.

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Date(s) Performed

Work Order/Task Number (WO#)

COMPLETION

- ☐ Yes ☐ NA Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Charts, graphs, data sheets, etc. attached, dated, identified, and marked?
☐ Yes ☐ NA Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?
☐ Yes ☐ NA Procedure requirements met?

Verified By*

Date

Procedure Completion Approved*

Date

**Printed Name and Signature*

Remarks (attach additional pages, if necessary)

IMPORTANT: Do NOT mark on barcodes.

Printed Date: *01/21/2013*

Enclosure No.: *FULL*



Revision No.: *000*



Procedure No.: *RP/0/A/1000/015 A*



Duke Energy

(1) ID No. RP/0/A/1000/015A

PROCEDURE PROCESS RECORD

Revision No. 000

PREPARATION

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Offsite Communications From The Control Room
- (4) Prepared By* Ray Waterman (Signature) Ray Waterman Date 11-26-12
- (5) Requires NSD 228 Applicability Determination?
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.
☒ No (Revision with minor changes)
- (6) Reviewed By* Robert Taylor (QR)(KI) Date 1/8/13
 Cross-Disciplinary Review By* _____ (QR)(KI) NA 1/8/13 Date 1/8/13
 Reactivity Mgmt Review By* _____ (QR) NA 1/8/13 Date 1/8/13
 Mgmt Involvement Review By* _____ (Ops. Supt.) NA 1/8/13 Date 1/8/13
- (7) Additional Reviews
 Reviewed By* _____ Date _____
 Reviewed By* _____ Date _____
- (8) Approved By* Patricia M. Street Patricia M. Street Date 1/18/13

PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)

- (9) Compared with Control Copy* _____ Date _____
 Compared with Control Copy* _____ Date _____
 Compared with Control Copy* _____ Date _____
- (10) Date(s) Performed _____
 Work Order Number (WO#) _____

COMPLETION

- (11) Procedure Completion Verification:
☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?
☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Charts, graphs, data sheets, etc. attached, dated, identified, and marked?
☐ Yes ☐ NA Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?
☐ Yes ☐ NA Procedure requirements met?
- Verified By* _____ Date _____
- (12) Procedure Completion Approved _____ Date _____
- (13) Remarks (Attach additional pages, if necessary)

Offsite Communications From The Control Room

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

1. Symptoms

- ☐ 1.1 Events are in progress or have occurred which require activation of the Oconee Nuclear Site Emergency Plan and notification of offsite agencies.

NOTE: Actions within the body of this procedure are **NOT** required to be performed in sequence.

NOTE: Emergency Notification Forms (ENF) for an Initial or Upgrade are typically completed by the OSM. When the OSM is not available, or when directed by the OSM, the Offsite Communicator will complete the Initial/Upgrade ENF per this procedure. Otherwise, the Offsite Communicator will complete applicable Immediate and Subsequent steps for Follow-Up and Termination notifications.

2. Immediate Actions

- ☐ 2.1 Obtain the portable phone (864-882-7076) located on column in Unit 1&2 or Unit 3 CR and report to the OSM/EC.
- ☐ 2.2 Obtain the following items from the Emergency Procedures Cart (located in TSC/OSC):
- Emergency Action Level Guideline Manual
 - Yellow folder containing:
 - › Emergency Telephone Directory
 - › Authentication Code List
 - › Emergency Notification Forms

NOTE:

INITIAL/UPGRADE notifications **MUST** be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time on Line 10 of the Emergency Notification Form.

Classification upgrades occurring prior to or while transmitting the initial message:

- Will require the notification for the lesser emergency classification within 15 minutes.
- Will require you to inform the agencies that an upgrade in classification will be coming.
- Will require you to begin a new initial message for the higher classification and complete within 15 minutes of its declaration.

PROTECTIVE ACTION RECOMMENDATION (PAR) changes must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the OSM Emergency Coordinator/Dose Assessment Liaison.

FOLLOW-UP FOR AN UNUSUAL EVENT - A Follow-Up notification is **NOT** required for an Unusual Event unless requested.

FOLLOW-UP notifications are required at least every **sixty (60) minutes** from the notification time on Line 2 for an **Alert, Site Area Emergency, or General Emergency** Classification. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency **may be** changed at the request of offsite agencies.

If a **FOLLOW-UP** is due and an upgrade to a higher classification is declared, there is no need to complete the follow-up ENF. In this case, the offsite agencies must be notified that the pending follow-up is being superseded by an upgrade to a higher classification and information will be provided.

FOLLOW-UP Notifications - Do not delay sending a Follow-Up notification if all information is not available. Use the same information from the previous message sheet.

Do **NOT** use acronyms. Do not add or change information on the form after it has been approved by the Emergency Coordinator.

- ☐ 2.3 If directed by the OSM review the OSM/EC Log to determine plant conditions. Verify correct enclosure for applicable emergency event is selected.
 - ☐ 2.3.1 If a **GENERAL EMERGENCY** exists, complete Enclosure 4.1 (Guidelines for Manually Completing Initial Message for a General Emergency Event).
 - ☐ 2.3.2 If a **SITE AREA EMERGENCY** exists, complete Enclosure 4.2 (Guidelines for Manually Completing an Initial Message for a Site Area Emergency Event).
 - ☐ 2.3.3 If an **ALERT** exists, complete Enclosure 4.3 (Guidelines for Manually Completing an Initial Message for an Alert Event).
 - ☐ 2.3.4 If an **UNUSUAL EVENT** exists, complete Enclosure 4.4 (Guidelines for Manually Completing an Initial Message for an Unusual Event).

3. Subsequent Actions

- ☐ 3.1 **IAAT** The Emergency Event Classification is being **UPGRADED**.
THEN Complete an Emergency Notification Form using the correct Enclosure.
 - ☐ 3.1.1 If a **GENERAL EMERGENCY** exists complete Enclosure 4.1 (Guidelines for Manually Completing an Initial Message for a General Emergency Event).
 - ☐ 3.1.2 If a **SITE AREA EMERGENCY** exists, complete Enclosure 4.2 (Guidelines for Manually Completing an Initial Message for a Site Area Emergency Event).
 - ☐ 3.1.3 If an **ALERT** exists, complete Enclosure 4.3 (Guidelines for Manually Completing an Initial Message for an Alert Event).

NOTE: If changes are made to PAR's, use Enclosure 4.5 (Guidelines for Manually Completing a Follow-Up Message to complete Message Sheet).

- ☐ 3.2 **IAAT** A **FOLLOW-UP** notification is required for an emergency event,
THEN **GO TO** Enclosure 4.5 (Guidelines for Manually Completing a Follow-Up Message).
- ☐ 3.3 **IAAT** A **TERMINATION** notification is required for an emergency event,
THEN **GO TO** Enclosure 4.6 (Guidelines for Manually Completing a Termination Message)

- ☐ 3.4 **IAAT** Turnover with the TSC has been completed or the event has been terminated.

THEN Stop here.

4. Enclosures

- 4.1 Guidelines for Manually Completing an Initial Message for a General Emergency Event
- 4.2 Guidelines for Manually Completing an Initial Message for a Site Area Emergency Event
- 4.3 Guidelines for Manually Completing an Initial Message for an Alert Event
- 4.4 Guidelines for Manually Completing an Initial Message for an Unusual Event
- 4.5 Guidelines for Manually Completing a Follow-Up Message
- 4.6 Guidelines for Manually Completing a Termination Message
- 4.7 Guidelines for Manually Transmitting A Message Sheet
- 4.8 COPY/FAX Operation
- 4.9 Alternate Method and Sequence to Contact Agencies
- 4.10 Turnover Checklist
- 4.11 Response to Offsite Agency Questions
- 4.12 Acronym Listing
- 4.13 References

Guidelines for MANUALLY Completing an
INITIAL Message for a
GENERAL EMERGENCY EVENT

- NOTE:**
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
 - Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.1.A.

- ☐ Obtain Enclosure 4.1.A (Nuclear Power Plant Emergency Notification Form) for a GENERAL EMERGENCY EVENT and complete the form as follows:
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.
- ☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Enter/Verify EAL# provided by OSM/EC (use Emergency Action Level Guideline Manual).
Copy/Verify exact EAL Description from the EAL manual.
- ☐ **Line 5** Verify/mark applicable sectors.
If KI has been recommended, mark Box D
If a Keowee Hydro Dam/Dike Condition "A" exists:
 - Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
 - AND mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

**Guidelines for MANUALLY Completing an
INITIAL Message for a
GENERAL EMERGENCY EVENT**

| | |
|---|--|
| NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information. | |
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |

- ☐ **Line 6** Mark B (Is Occurring) if any of the conditions stated in the note above apply. If they do not apply mark None. Complete Line 6 as directed by OSM/EC.
- ☐ **Line 7** If Box A was marked on Line 6, then mark Box A on this line and go to Line 8.
If Box B was marked on Line 6, then mark Box D (under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.
If Box C was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.
- ☐ **Line 8** Mark Box A, B, or C as directed by the OSM/EC.
- ☐ **Line 9** Enter the meteorological data if available from RP Shift. If unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.
- ☐ **Line 10** Enter Time in military units and Date the OSM/EC officially declares a General Emergency Event.

Guidelines for MANUALLY Completing an
INITIAL Message for a
GENERAL EMERGENCY EVENT

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

- ☐ **Line 11** Mark or select ALL if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification.

NOTE: Unaffected unit status is not required for initial notification. Unit status is required for all three units for follow-up notifications.

- ☐ **Line 12** Mark affected unit(s) (reference Line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

- ☐ **Line 13** Add any remarks as requested by the OSM/EC. If there are no remarks write "None".

NOTE: Lines 14, 15, & 16 - These lines are NOT required to be completed for an initial notification.

DO NOT add or change information on the form after it has been approved by the Emergency Coordinator.

- ☐ **Line 17** Obtain the OSM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.

- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

GENERAL EMERGENCY

Enclosure 4.1.A

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT MESSAGE # _____
2. ☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
3. ☒ Oconee Nuclear Site Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☐ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☒ GENERAL EMERGENCY
- BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS:

☒ NONE☒ EVACUATE PICKENS CO.: A0, A1, B1, C1

OCONEE CO.: A0, D1, E1, F1

☒ SHELTER PICKENS CO.: A2, B2, C2

OCONEE CO.: D2, E2, F2

☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.☐ OTHER _____

6. EMERGENCY RELEASE: ☐ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☐ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☐ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*Not Required for Initial Notifications)

Precipitation* _____

Stability Class* ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☐ 1 ☐ 2 ☐ 3 ☒ All

12. UNIT STATUS: ☐ U1 _____ % Power Shutdown at Time _____ Date ____/____/____
- (Unaffected Unit(s) Status Not Required for Initial Notifications)
- ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____
- ☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)**EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.**

14. RELEASE CHARACTERIZATION: TYPE: ☐ Elevated ☐ Mixed ☐ Ground UNITS: ☐ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED

RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

Guidelines for MANUALLY Completing an
INITIAL Message for a
SITE AREA EMERGENCY EVENT

- NOTE:**
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
 - Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.2.A.

- ☐ Obtain Enclosure 4.2.A (Nuclear Power Plant Emergency Notification Form) for a SITE AREA EMERGENCY EVENT and complete the form as follows:

- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.

- ☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.

- ☐ **Line 4** Enter/Verify EAL # provided by OSM/EC (use Emergency Action Level Guideline Manual).

Copy/Verify exact EAL Description from the EAL manual.

- ☐ **Line 5** If a Keowee Hydro Dam/Dike condition "A" does NOT exist, mark Box A and go to Line 6.

If a Keowee Hydro Dam/Dike Condition "A" exists:

- Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
- AND mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

**Guidelines for MANUALLY Completing an
INITIAL Message for a
SITE AREA EMERGENCY EVENT**

| | |
|---|--|
| NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information. | |
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |

- ☐ **Line 6** Mark B (Is Occurring) if any of the conditions stated in the note above apply. If they do not apply mark None. Complete Line 6 as directed by OSM/EC.
- ☐ **Line 7** If Box A was marked on Line 6, then mark Box A on this line and go to Line 8.
If Box B was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.
If Box C was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.
- ☐ **Line 8** Mark Box A, B, or C as directed by OSM/EC.
- ☐ **Line 9** Enter the meteorological data if available from RP Shift. If unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.
- ☐ **Line 10** Enter Time in military units and Date the OSM/EC officially declares a SITE AREA EMERGENCY EVENT.

Guidelines for MANUALLY Completing an
INITIAL Message for a
SITE AREA EMERGENCY EVENT

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

- ☐ **Line 11** Mark or select ALL if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification

NOTE: Unaffected unit status is not required for an initial notification. Unit status is required for all three units for follow-up notifications.

- ☐ **Line 12** Mark affected unit(s) (reference Line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

- ☐ **Line 13** Add any remarks as requested by the OSM/EC. If there are no remarks write "None".

If an upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {1}

Guidelines for MANUALLY Completing an
INITIAL Message for a
SITE AREA EMERGENCY EVENT

NOTE: Lines 14, 15, & 16 - These lines are **NOT** required to be completed for an initial notification.

DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

- ☐ **Line 17** Obtain the OSM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.
- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015A

SITE AREA EMERGENCY

Enclosure 4.2.A

Page 1 of 1

1. ☐ DRILL ☐ ACTUAL EVENT MESSAGE # _____
2. ☐ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
3. SITE ☒ Duane Nuclear Site Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☐ UNUSUAL EVENT ☐ ALERT ☒ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY
BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☐ NONE
☐ EVACUATE
☐ SHELTER
☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
☐ OTHER _____

6. EMERGENCY RELEASE: ☐ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☐ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☐ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph
(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☐ 1 ☐ 2 ☐ 3 ☒ All

12. STATUS: ☐ U1 _____ % Power Shutdown at Time _____ Date ____/____/____
(Unaffected Unit(s) Status Not Required for Initial Notifications) ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____
☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)**EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.**

14. RELEASE CHARACTERIZATION: TYPE: ☐ Elevated ☐ Mixed ☐ Ground UNITS: ☐ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED

NOTIFIED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

**Guidelines for MANUALLY Completing an
INITIAL Message for an ALERT EVENT**

- NOTE:**
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
 - Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.3.A.

- ☐ Obtain Enclosure 4.3.A (Nuclear Power Plant Emergency Notification Form) for an ALERT EVENT and complete the form as follows:
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.
- ☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Enter/Verify EAL # provided by OSM/EC (use Emergency Action Level Guideline Manual).
Copy/Verify exact EAL Description from the EAL manual.
- ☐ **Line 5** Verify Protective Action Recommendation is marked as none.

**Guidelines for MANUALLY Completing an
INITIAL Message for an ALERT EVENT**

| | |
|---|--|
| NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information. | |
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |

- ☐ **Line 6** Mark B (Is Occurring) if any of the conditions stated in the note above apply. If they do not apply mark none. Complete line 6 as directed by OSM/EC.
- ☐ **Line 7** If Box A was marked on Line 6, then mark Box A on this line and go to Line 8.
If Box B was marked on Line 6, then mark Box D (Under Evaluation)
UNLESS RP has told you to mark Box B or C and go to Line 8.
If Box C was marked on Line 6, then mark Box D (Under Evaluation)
UNLESS RP has told you to mark Box B or C and go to Line 8.
- ☐ **Line 8** Mark Box A, B, or C as directed by the OSM/EC.
- ☐ **Line 9** Enter the meteorological date if available from RP Shift. If unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.
- ☐ **Line 10** Enter Time in military units and Date the OSM/EC officially declares an ALERT EVENT.

**Guidelines for MANUALLY Completing an
INITIAL Message for an ALERT EVENT**

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

☐ **Line 11** Mark or select ALL if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification.

NOTE: Unaffected unit status is not required for an initial notification. Unit status is required for all three units for follow-up notifications.

☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

☐ **Line 13** Add any remarks as requested by the OSM/EC. If there are no remarks write "None".

If an upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {1}

/NOTE: Lines 14, 15, & 16 - These lines are NOT required to be completed for an initial notification.

DO NOT add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the OSM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name.

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015A

ALERT

Enclosure 4.3.A

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT MESSAGE # _____
2. ☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
3. SITE: Oconee Nuclear Site Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY
BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE
☐ EVACUATE _____
☐ SHELTER _____
☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☐ All

12. UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____
Affected Unit(s) Status Not Required for Initial Notifications ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____
☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED

BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

**Guidelines for MANUALLY Completing an
INITIAL Message for an UNUSUAL EVENT**

NOTE: (1) The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.

(2) The OSM can terminate an Unusual Event on the same notification message sheet that an Initial Unusual Event was declared on.

(3) Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.4.A

- ☐ Obtain Enclosure 4.4.A (Nuclear Power Plant Emergency Notification Form) for an Unusual Event and complete the form as follows:
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.
- ☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Enter/Verify EAL # provided by OSM/EC (use Emergency Action Level Guideline Manual).
Copy/Verify exact EAL Description from the EAL manual.
- ☐ **Line 5** Verify Protective Action Recommendation is marked as none.

**Guidelines for MANUALLY Completing an
INITIAL Message for an UNUSUAL EVENT**

| | |
|---|--|
| NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information. | |
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |

- ☐ **Line 6** Mark B (Is Occurring) if any of the conditions stated in the note above apply. If they do not apply mark None. Complete Line 6 as directed by OSM/EC
- ☐ **Line 7** If Box A was marked on Line 6, then mark Box A on this line and go to Line 8.
- If Box B was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.
- If Box C was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.
- ☐ **Line 8** Mark Box A, B, or C as directed by the OSM/EC.
- ☐ **Line 9** Enter the meteorological data if available from RP Shift. If unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.
- ☐ **Line 10** Enter Time in military units and Date the OSM/EC officially declares an UNUSUAL EVENT.

**Guidelines for MANUALLY Completing an
INITIAL Message for an UNUSUAL EVENT**

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

☐ **Line 11** Mark or select ALL if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification.

NOTE: Unaffected unit status is not required for an initial notification. Unit status is required for all three units for follow-up notifications.

☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

☐ **Line 13** Add any remarks as requested by the OSM/EC. If there are no remarks write "None".

If an upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {1}

NOTE: Lines 14, 15, & 16 - These lines are NOT required to be completed for an initial notification.

DO NOT add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the OSM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name.

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015A

UNUSUAL EVENT

Enclosure 4.4.A

Page 1 of 1

MESSAGE # _____

1. ☒ DRILL ☐ ACTUAL EVENT2. ☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____3. SITE: Oconee Nuclear Site Confirmation Phone # (864) 882-70764. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE☐ EVACUATE _____☐ SHELTER _____☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.☐ OTHER _____6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____11. AFFECTED UNIT(S): ☐ 1 ☐ 2 ☐ 3 ☒ All12. ☒ STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____Unaffected Unit(s) Status Not Required for Initial Notifications ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)**EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.**14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED

BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED

RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

**Guidelines for MANUALLY Completing a
FOLLOW-UP Message**

- NOTE:**
- Follow-up notifications are NOT required to be verbally transmitted. Follow-Up messages may be faxed with phone verification of receipt. This applies only if the message does not involve a change in the emergency classification or the protective action recommendation or a termination of the drill/emergency.
 - A Follow-Up message is due 60 minutes from the notification time on line 2 of the previous message sheet.
 - A change in Protective Action Recommendations (PARs) is due within 15 minutes from the time they are determined by the OSM Emergency Coordinator/RP Shift Dose Assessor.

NOTE: Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.5.A

- ☐ Obtain Enclosure 4.5.A (Nuclear Power Plant Emergency Notification Form) and complete as directed below for a FOLLOW-UP message.

- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

- ☐ **Line 2** Mark/Verify Box B is marked as Follow-Up. Notification, time, date and authentication to be completed after Line 17.

- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.

- ☐ **Line 4** Copy/Verify the same Emergency Classification from the previous message sheet.

Copy/Verify the same EAL # from the previous message sheet.

Copy/Verify the same EAL Description from previous message sheet

- ☐ **Line 5** Copy the same Protective Action Recommendations from the previous message Sheet if the OSM/EC has NOT upgraded them. If they have changed, revise PARs as directed by the OSM/EC or RP Shift Dose Assessor.

If a Keowee Hydro Dam/Dike Condition "A" exists:

- Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
- AND mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

**Guidelines for MANUALLY Completing a
FOLLOW-UP Message**

NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information.

| | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |

☐ **Line 6** Mark Box A, B, or C as directed by the OSM/EC.

NOTE: If Line 6, Box B or Box C is marked, RP Shift should be contacted at Ext. 2313 to obtain information to complete lines 7, 9, 14, 15, and 16.

☐ **Line 7** If Box A was marked on Line 6, then mark Box A on this line and go to Line 8.

If Box B was marked on Line 6, then determine from the RP Shift Dose Assessor whether to mark Box B, C, or D and then go to Line 8.

If Box C was marked on Line 6, then determine from the RP Shift Dose Assessor whether to mark Box B, C, or D and then go to Line 8.

☐ **Line 8** Mark Box A, B, or C as directed by the OSM/EC.

NOTE: If Line 6, Box B or Box C is marked, RP Shift should be contacted at Ext. 2313 to obtain information to complete lines 7, 9, 14, 15, and 16.

☐ **Line 9** Obtain meteorological data from the RP Shift Dose Assessor and complete Line 9.

☐ **Line 10** Mark Box A and copy the same Time/Date from the previous message sheet.

Guidelines for MANUALLY Completing a
FOLLOW-UP Message

- ☐ **Line 11** Mark the same affected unit or "All" from the previous message sheet.
- ☐ **Line 12** Mark A, B & C then enter percent power and/or shutdown time/date for all three units for a follow-up message.

NOTE: Examples of new information include: Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for a Keowee Hydro Project Dam/Dikes; or any event that would cause or require offsite agency response.

- ☐ **Line 13** Add any remarks or new information as requested by the OSM/EC
Write "None" if there are no additional remarks.

If an upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {1}

NOTE: If Line 6, Box B or Box C is marked, RP Shift should be contacted at Ext. 2313 to obtain information to complete lines 7, 9, 14, 15, and 16.

- ☐ **Line 14 - 16** Leave these lines blank if Line 6A is selected.
If Line 6B or 6C is selected, then obtain information to complete these lines from RP Shift Dose Assessor.
DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.
- ☐ **Line 17** Obtain the OSM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name. Copy Emergency Notification Form. For guidance see Enclosure 4.8 (Copy/Fax Operation).
- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015A

FOLLOW-UP
Enclosure 4.5.A

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1. ☒ DRILL ☐ ACTUAL EVENT MESSAGE # _____

2. ☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____

3. SITE: Oconee Nuclear Site Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY
BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE
☐ EVACUATE _____
☐ SHELTER _____
☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph
(*May not be available for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☐ All

12. STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____
(Unaffected Unit(s) Status Not Required for Initial Notifications) ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____
☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec
MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____
FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____
☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours
Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)
Site boundary _____
2 Miles _____
5 Miles _____
10 Miles _____

17. APPROVED: _____ Title: Emergency Coordinator Time _____ Date ____/____/____
NOTIFIED RECEIVED
BY: _____ BY: _____ Time _____ Date ____/____/____

**Guidelines for MANUALLY Completing a
TERMINATION Message**

- ☐ Obtain Enclosure 4.6.A (Nuclear Power Plant Emergency Notification Form), blank form and complete as follows for a TERMINATION message.

NOTE: Only required to complete lines 1, 3, 10, and 17. All other lines are left BLANK.

- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 10** Mark Box B and enter the time in military units and date OSM/EC terminated the event.

DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.
- ☐ **Line 17** Obtain the OSM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name
- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form
TERMINATION
Enclosure 4.6.A

RP/0/A/1000/015A

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1. ☒ BILL ☐ ACTUAL EVENT MESSAGE # _____
2. ☐ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
3. SITE: Oconee Nuclear Site Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY
BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE
☐ EVACUATE _____
☐ SHELTER _____
☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*May not be available for Initial Notifications)

Precipitation* _____

Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☐ 1 ☐ 2 ☐ 3 ☒ All

12. UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____
(Unaffected Unit(s) Status Not Required for Initial Notifications) ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____
☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

APPROVED

BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED

RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

Guidelines For Manually Transmitting A Message

Message Transmission

NOTE: Emergency Action Level Guidelines Manual and yellow folder are needed for this enclosure.

- ☐ Fax Form - For guidance see Enclosure 4.8 (Copy/Fax Operation)
- ☐ Use Speed Dial 14 (Speed Dial 17 can be used as backup).
- ☐ Dial *4 on selective signaling phone
- ☐ As agencies answer, say "*This is the Oconee Nuclear Station, please hold.*"
- ☐ Document on Line 2 of the ENF, the time/date when the first agency answers the Selective Signaling phone.

Check off the following MINIMUM required agencies as they answer the phone and record time

| | | |
|---|----|---|
| <input type="checkbox"/> Oconee County (Staffed 24 hrs.) Law Enforcement Center 9-864-638-4111, FAX: 9-864-638-4434 Selective Signaling 416 | OR | <input type="checkbox"/> Oconee County (M-F 8:30 am -5 pm) Emergency Management 9-864-638-4200, FAX: 9-864-638-4216 Selective Signaling 417 |
| <input type="checkbox"/> Pickens County (Staffed 24 hrs.) Law Enforcement Center 9-864-898-5500, FAX: 9-864-898-5531 Selective Signaling 410 | OR | <input type="checkbox"/> Pickens County (M-F 8:30 am.-5 pm) Emergency Management 9-864-898-5943, FAX: 9-864-898-5797 Selective Signaling 419 |
| <input type="checkbox"/> South Carolina State Warning Point (Staffed 24 hrs) 9-803-737-8500 FAX: 9-803-737-8575 Selective Signaling 518 | | |
| <p>NOTE: DHEC receives FAX, <u>NO</u> action required. DHEC may verify receipt of FAX with a call back.</p> | | |

- ☐ **IF** Required minimum agencies did not answer the phone
THEN Dial the absent agency selective signaling number. (get agency number from above table)
 - If agency does not answer, then go to next step.
- ☐ If requested, authenticate message. Write in number provided by agency on line 2 and provide corresponding code word from authentication list in yellow folder.

Guidelines For Manually Transmitting A Message

NOTE: For Follow-Up or Termination Messages, only verification that all agencies have received a fax is necessary.

- ☐ **IF** This is an initial notification and/or a change to Protective Action Recommendations

THEN Say "*This is the Oconee Nuclear Station Control Room. This is a Drill/Emergency (choose one). If you have not already received a fax or printed an electronic copy of the Emergency Notification Form, please obtain a blank copy of the form. I am going to read the entire form beginning with line 1. Please hold all questions until the entire form has been read.*"

Slowly read entire message line by line to the agencies allowing time for them to copy the information or to review fax/electronic copy of the ENF.

- ☐ After message has been delivered, say "*I need to verify the name of each agency representative. When I call out the agency, please give your name.*"
- ☐ Record notified time and date (from ENF Line 2) and document name of each person contacted

Initial Notification

| | |
|---------------------------------------|------------------------|
| Time/Date Notified: _____ | ____/____/____ |
| Eastern | MM DD YY |
| Oconee County Law Enforcement Center | Name: _____ Time _____ |
| Oconee County Emergency Management | Name: _____ Time _____ |
| Pickens County Law Enforcement Center | Name: _____ Time _____ |
| Pickens County Emergency Management | Name: _____ Time _____ |
| South Carolina State Warning Point | Name: _____ Time _____ |

Follow-Up Notification

| | |
|---------------------------------------|------------------------|
| Time/Date Notified: _____ | ____/____/____ |
| Eastern | MM DD YY |
| Oconee County Law Enforcement Center | Name: _____ Time _____ |
| Oconee County Emergency Management | Name: _____ Time _____ |
| Pickens County Law Enforcement Center | Name: _____ Time _____ |
| Pickens County Emergency Management | Name: _____ Time _____ |
| South Carolina State Warning Point | Name: _____ Time _____ |

Guidelines For Manually Transmitting A Message

Page 3 of 4

- THEN** FAX form using Speed Dial #27

- ☐ Once form is faxed, make phone calls to GEMA and National Weather Service using phone numbers in table below. GEMA will notify Hart and Elbert County.

| | |
|--|---|
| <input type="checkbox"/> | Georgia Emergency Management Agency (GEMA) (9-404-635-7000 or 7200) FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) |
| Name: _____ Time/Date: _____ / _____ / _____ Eastern MM DD YY | |
| <input type="checkbox"/> | National Weather Service (NWS) (9-864-879-1085) FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) |
| Name: _____ Time/Date: _____ / _____ / _____ Eastern MM DD YY | |
| <input type="checkbox"/> | Hart County Emergency Management Agency - Georgia (GEMA will notify) Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event) |
| <input type="checkbox"/> | Elbert County Emergency Management Agency - Georgia (GEMA will notify) Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event) |

- ☐ Begin call by saying "You should have received a fax indicating Keowee Hydro Dam/Dike is in condition "A" or "B" or an external flood condition exist for the site, do you have any questions?"
- ☐ Record any agency questions unrelated to message on Enclosure 4.11 (Response to Offsite Agency Questions) and inform agency that you will contact them with the answer.
- ☐ End call by saying, *"If you haven't already, you will be receiving a fax copy of this message shortly. Additional information will be provided as it becomes available. This concludes this message."*
- ☐ If one of the required agencies did not answer selective signaling, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method and Sequence to Contact Offsite Agencies) and the Emergency Telephone Directory for guidance as needed. Once agency contacted, read message and then record agency name, time, and date contacted in space above.
- ☐ Retrieve Confirmation Report from fax and verify all required agencies received the message.

**Guidelines For Manually
Transmitting A Message**

- ☐ If questions were asked by an offsite agency complete all sections on Enclosure 4.11 (Response to Offsite Agency Questions). Fax the form to all agencies and follow-up with a verbal call to ensure receipt of the form and that there are no additional questions. Attach applicable message sheet to this form.
- ☐ Provide OSM/Emergency Coordinator with completed notification form.
- ☐ Provide the OSM/Emergency Coordinator with a status of offsite notifications:
 - Agencies notified/not notified
 - Any communications equipment problems:

NOTE: The following step is **NOT** applicable for termination message.

- ☐ If meteorological data was not provided on the previous message, then initiate a follow-up message and include the met data.
- ☐ Attach ALL completed enclosures to the applicable message sheet.

NOTE: The following step is **NOT** applicable for termination message.

- ☐ Initiate turnover to the TSC Offsite Communicator by completing Enclosure 4.10 (Turnover Checklist)

- _____ 1. The Control Room Offsite Communicator will fax turnover sheet to the TSC
 - _____ 2. Review the form with the TSC Offsite Communicator

- ☐ **IF** Turnover has been completed, or event is terminated

THEN go to Step 3.4 of Subsequent Actions.

- ☐ **IF** Turnover has **NOT** been initiated

THEN GO to Subsequent Actions 3.1

NOTE: This enclosure provides basic operating instructions for the primary faxes in the TSC, U-1/2 Control Room and OSC.

1. TSC/Control Room/OSC/EOF

NOTE: The "STOP" button is used to cancel sending, receiving, registering data or cancel any other operation. Transmission of the notification form will start automatically after the dialing operation is completed. Since this is a send operation to multiple faxes, the Fax scans the document(s) prior to automatic dialing.

- ☐ 1.1 FAX the notification form using the following method:
 - A. Insert notification form. Adjust document guide if needed
 - B. Determine which Speed Dial Code number to use
 - C. Press the Speed Dial Code number
 - D. Press the START button

- ☐ 1.2 Copy the notification form using the following method:
 - A. Insert notification form. Adjust document guide if needed
 - B. Press copy button
 - C. Press START button

COPY/FAX Operation

The following Speed Dial Codes have been programmed into the fax in the TSC/Unit 1&2 Control Room/OSC:

| Speed Dial Code | Agency/Location Sent To | |
|-----------------|---------------------------|--|
| 01 | NRC | |
| 02 | Pickens County EMA | |
| 03 | Oconee County EMA | |
| 04 | SC State Warning Point | |
| 05 | SEOC | |
| 06 | DHEC-BSHWM | |
| 07 | EOF | |
| 08 | OSC | |
| 09 | World Of Energy | |
| 10 | Alternate TSC | |
| 11 | Oconee Complex | |
| 12 | SSG & NSC | |
| 13 | JIC | |
| 14 | Dial Group: | Pickens County EMA Oconee County EMA SC State Warning Point Oconee County LEC Pickens County LEC EOF World Of Energy GO JIC |
| 15 | Dial Group: | Pickens County EMA Oconee County EMA |
| 16 | FEOC | |
| 17 | Dial Group: | Pickens County EMA Oconee County EMA SC State Warning Point EOF World Of Energy GO JIC |
| 18 | Oconee County LEC | |
| 19 | Safety Assurance | |
| 20 | GO JIC | |
| 21 | Security | |
| 25 | National Weather Service | |
| 26 | GEMA | |
| 27 | Dial Group: | National Weather Service GEMA Hart Co. EMA Elbert Co. EMA |
| 29 | Dial Group: EOF; OSC | |
| 30 | ONS SRG/RC/EC | |
| 31 | Dial Group: OSC; Security | |

**ALTERNATE METHOD AND SEQUENCE
TO CONTACT AGENCIES**

NOTE: Phone numbers and radio operating instructions are included in the Emergency Telephone Directory.

- ☐ Plant phone system(direct outside line)
- ☐ Portable phone system (direct outside line)
- ☐ Offsite Base Radio from the Control Room

Push SEL on WQC699 frequency panel.

Adjust volume control knob to a high setting.

Enter the group call radio code 30* using the numeric key pad, OR enter the applicable radio code for the offsite agency.

Oconee County LEC 32*

Pickens County LEC 35*

Pickens County EMA 31*

NOTE: Pickens County EMA is not staffed after 1700 hours Monday - Friday or on weekends and holidays.

Press MONITOR button to determine if the selected frequency is in use.

Depress FOOT PEDAL or XMIT button AND keep engaged while talking.

Call the offsite agency being contacted by using applicable Identifier. For Example - "Oconee Control Room to Oconee LEC".

Oconee County LEC Oconee LEC

Pickens County LEC Pickens LEC

Pickens County EMA Pickens EOC

U 1&2 Control Room Oconee Control Room

Release FOOT PEDAL or XMIT button to receive incoming response from offsite agency.

Record Time/Call Letters of agency/agencies receiving notification on the Emergency Notification Form.

Oconee County LEC KNBE-488

Pickens County LEC KNBZ-965

Pickens County EMA KNBE-480

- ☐ End radio transmission using Call Letters WQC699.
- ☐ Satellite telephones located in U1&2 OSM office and U/3 procedure room in Control Room.

Turnover Checklist

Date: _____

Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

| Indicate which agencies have been contacted: | <u>YES</u> | <u>NO</u> |
|--|-------------------|------------------|
| Oconee County Law Enforcement Center | | |
| Oconee County Emergency Management Agency | | |
| Pickens County Law Enforcement Center | | |
| Pickens County Emergency Management Agency | | |
| State Warning Point - (South Carolina Highway Dept. is a backup should the State Warning Point loose communications) | | |
| DHEC (BSHWM) | | |

Communications Problems Experienced: _____

Site Evacuation: Yes _____ No _____

Time Evacuation Initiated _____

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes _____ No _____

Site Relocation: Yes _____ No _____

Assembly Location _____

Alternate Facility Activated: TSC: Yes _____ No _____ OSC: Yes _____ No _____

Other Pertinent Information (Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response):

Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

Response To Offsite Agency Questions

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

ENTER EMERGENCY COORDINATOR ANSWER: _____

Approved by Emergency Coordinator: _____

Response Provided To (Name): _____ Date _____ Time _____

Enclosure 4.12
ACRONYM LISTING

RP/0/A/1000/015A
Page 1 of 1

| | |
|--------------|--|
| CAN | Community Alert Network |
| CDEP | County Director of Emergency Preparedness |
| DHEC (BSHWM) | Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management) |
| EAL | Emergency Action Level |
| EC | Emergency Coordinator |
| EMA | Emergency Management Agency |
| ENS | Emergency Notification System |
| EOC | Emergency Operating Center |
| EOF | Emergency Operations Facility |
| EOFD | Emergency Operations Facility Director |
| ERO | Emergency Response Organization |
| FAX | Facsimile |
| FEOC | Forward Emergency Operations Center |
| FMT | Field Monitoring Team |
| GEMA | Georgia Emergency Management Agency |
| HPN | Health Physics Network |
| IAAT | If At Any Time |
| JIC | Joint Information Center |
| LEC | Law Enforcement Center |
| NEP | Nuclear Emergency Planning |
| NRC DSO | Nuclear Regulatory Commission, Director of Site Operations |
| NRC EOC | Nuclear Regulatory Commission, Emergency Operations Center |
| NSC | Nuclear Supply Chain |
| NWS | National Weather Service |
| OSC | Operational Support Center |
| OSM | Operations Shift Manager |
| PAR | Protective Action Recommendation |
| SCEHD | South Carolina Highway Department |
| SDEM | State Director of Emergency Management |
| SEOC | State Emergency Operations Center |
| SRG | Safety Review Group |
| SSG | Site Services Group |
| SS | Selective Signaling |
| SWP | State Warning Point |
| TS | Technical Specifications |
| TSC | Technical Support Center |

Enclosure
References

RP/0/A/1000/015A
Page 1 of 1

1. PIP - G-07-0127
2. PIP O-11-9459
3. PIP O-12-1590

§50.54(q) Screening Evaluation Form

Activity Description and References: Offsite Communications From the Control Room,
RP/0/A/1000/015A rev 0 (Screening #1)

BLOCK 1

Activity Description;

- 1) Procedure body, page 2 of 5, step 2.2, put in bullet form with check boxes the material needed for this step. Laying it out in bullet form makes it easier for procedure user to read and check off
- 2) Enclosure 4.7, page 1 of 4, after deleting 1st bullet move 3rd bullet (Fax Form.....) to 1st bullet. (see Screening form #2 for reason for deleting copying process)
- 3) Enclosure 4.7, page 1 of 4, next to last bullet to bottom of page. This bullet is indented, needs to align with other bullets on page.
- 4) Enclosure 4.7, Page 3 of 4, 2nd bullet is indented needs to be aligned with other bullets. ~~Deleted.~~

Reason for Change:

- 1) Editorial change to provide ease of acquiring material needed to perform offsite communications. No information was removed in this reformatting process.
- 2) Clarification. This give direct guidance to fax form ensuring procedure user puts form in machine prior to using speed dial 14 to fax to the multiple agencies. Pushing speed dial 14 will not work if form is not already in machine.
- 3) Editorial change
- 4) Editorial change

Activity Scope:

BLOCK 2

- ☒ The activity is a change to the emergency plan
- ☐ The activity is not a change to the emergency plan

Change Type:

BLOCK 3

Change Type:

BLOCK 4

- ☒ The change is editorial or typographical
- ☐ The change is not editorial or typographical
- ☐ The change does conform to an activity that has prior approval
- ☐ The change does not conform to an activity that has prior approval

Planning Standard Impact Determination:**BLOCK 5**

- ☐ §50.47(b)(1) – Assignment of Responsibility (Organization Control)
- ☐ §50.47(b)(2) – Onsite Emergency Organization
- ☐ §50.47(b)(3) – Emergency Response Support and Resources
- ☐ §50.47(b)(4) – Emergency Classification System*
- ☐ §50.47(b)(5) – Notification Methods and Procedures*
- ☐ §50.47(b)(6) – Emergency Communications
- ☐ §50.47(b)(7) – Public Education and Information
- ☐ §50.47(b)(8) – Emergency Facility and Equipment
- ☐ §50.47(b)(9) – Accident Assessment*
- ☐ §50.47(b)(10) – Protective Response*
- ☐ §50.47(b)(11) – Radiological Exposure Control
- ☐ §50.47(b)(12) – Medical and Public Health Support
- ☐ §50.47(b)(13) – Recovery Planning and Post-accident Operations
- ☐ §50.47(b)(14) – Drills and Exercises
- ☐ §50.47(b)(15) – Emergency Responder Training
- ☐ §50.47(b)(16) – Emergency Plan Maintenance

***Risk Significant Planning Standards**

- ☐ The proposed activity does not impact a Planning Standard

Commitment Impact Determination:**BLOCK 6**

- ☐ The activity does involve a site specific EP commitment
Record the commitment or commitment reference: _____
- ☐ The activity does not involve a site specific EP commitment

Results:**BLOCK 7**

- ☒ The activity can be implemented without performing a §50.54(q) effectiveness evaluation
- ☐ The activity cannot be implemented without performing a §50.54(q) effectiveness evaluation

Preparer Name:

Ray Waterman

Preparer Signature

Ray Waterman

Date:

11-26-12

Reviewer Name:

Robert Taylor

Reviewer Signature

Robert Taylor

Date:

1/8/13

Screening Evaluation Form

Attachment 3.10.7.2§50.54(q)

Activity Description and References: Offsite Communications

BLOCK 1

From the Control Room, RP/0/A/1000/015A rev 0 (screening #2)

Activity Description;

- 1) Enclosure 4.7, Page 1 of 4, deleted first check off box and guidance. This guidance was a holdover from older fax machine technology where the form was slowly pulled through the faxing process while the form was being telecopied. In the past this process has resulted in some forms being destroyed by the fax machine. The existing fax machines have not had any issues of the form being ripped or eaten by the fax machine. The new fax machines process/transmit the form after the form has passed through the fax machine. The process of making a copy also takes a couple of minutes that the control room personnel do not have when making notification to the offsite agencies.
- 2) Enclosure 4.7, page 4 of 4, Making a copy of the notification form is not necessary here due to the original being available for the OSM. The step will be reworded to say: Provide OSM/Emergency Coordinator with completed notification form.
- 3) Enclosure 4.8, added guidance on how to make copy from new fax machine. Copies may still be needed but not as initial step for transmitting a notification form.

Reason for Change:

- 1) The fax process with the new fax machines has been proven effective through multiple testing opportunities and was determined to be an unnecessary time consuming step. With new fax machine technology the process does not require a copy to be made plus eliminating the making of a copy saves the Control Room Offsite Communicator a minute or two that can be allocated towards the actual delivery of the message to the offsite agencies via phone call. To make a copy at an actual copy machine could also result in that machine eating the notification form, removing this guidance will eliminate that opportunity. As requested by Operations and TSC Off-site Communicators the Copy operations has been removed from the procedure for transmitting a notification form since this no longer applies to the faxing process as it did when the fax machines were less reliable. But since a copy for distribution may still be desired guidance for making copies has been added to enclosure 4.8.
- 2) For the Control Room copies of the notification form are not needed for distribution. The OSM/Emergency coordinator will be provided with original.
- 3) Copying notification form will no longer be required as a step for transmitting a notification form. This is due to improved technology in fax machines. But copies of the notification form may be needed at some time or another so guidance on how to make copies using the new fax machine was added to enclosure 4.8.

Activity Scope:

BLOCK 2

- ☒ The activity is a change to the emergency plan
- ☐ The activity is not a change to the emergency plan

| | | | |
|--|----------------|--|----------------|
| Change Type: <input type="checkbox"/> The change <u>is</u> editorial or typographical <input checked="" type="checkbox"/> The change <u>is not</u> editorial or typographical | BLOCK 3 | Change Type: <input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input checked="" type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval | BLOCK 4 |
|--|----------------|--|----------------|

| | |
|---|----------------|
| Planning Standard Impact Determination: <input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures* <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – Accident Assessment* <input type="checkbox"/> §50.47(b)(10) – Protective Response* <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance *Risk Significant Planning Standards <p>The editorial changes and the removal of the "make a copy before faxing" does not affect the notification methods outlined in Planning Standard 50.47 (b) (5). The notification process still supports getting the notification form to the offsite agencies in a timely manner. The new fax technology supports sending the fax immediately without taking the time to make a copy. This revision/change will not reduce the effectiveness of the E-Plan and can be implemented without a 5054Q evaluation.</p> <input checked="" type="checkbox"/> The proposed activity does not impact a Planning Standard | BLOCK 5 |
|---|----------------|

| | |
|--|----------------|
| Commitment Impact Determination: <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input checked="" type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment | BLOCK 6 |
|--|----------------|

| | |
|---|----------------|
| Results: <input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation | BLOCK 7 |
|---|----------------|

| | | |
|--|--|-------------------|
| Preparer Name: Ray Waterman | Preparer Signature <i>Ray Waterman</i> | Date: 11-26-12 |
| Reviewer Name: <i>Robert Taylor</i> | Reviewer Signature <i>Robert Taylor</i> | Date: 1/8/13 |

50.54(q) Screening Evaluation Form

Attachment 3.10.7.2§

| | | |
|--|----------------|--|
| Activity Description and References: Offsite Communications From the Control Room, RP/0/A/1000/015A rev 0 (screening #3) Activity Description: 1) Page 2 of 5, 3rd NOTE, removed reference "per RP/0/B/1000/002." Reason for Change: 1) The OSM knows what procedure he needs to initiate when an emergency event takes place. Removing this reference will avoid future revisions should a procedure number change as it did going from safety classification "B" to "A". Training will reinforce the proper procedure usage for the OSM also. | | BLOCK 1 |
| Activity Scope: <input checked="" type="checkbox"/> The activity <u>is</u> a <i>change</i> to the <i>emergency plan</i> <input type="checkbox"/> The activity <u>is not</u> a <i>change</i> to the <i>emergency plan</i> | | BLOCK 2 |
| Change Type: <input type="checkbox"/> The change <u>is</u> editorial or typographical <input checked="" type="checkbox"/> The change <u>is not</u> editorial or typographical | BLOCK 3 | Change Type: <input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input checked="" type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval |
| Planning Standard Impact Determination: <input checked="" type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures* <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – Accident Assessment* <input type="checkbox"/> §50.47(b)(10) – Protective Response* <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance *Risk Significant Planning Standards <input checked="" type="checkbox"/> The proposed activity does not impact a Planning Standard | | BLOCK 5 |
| Commitment Impact Determination: <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input checked="" type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment | | BLOCK 6 |

Results:**BLOCK 7**

- ☒ The activity can be implemented without performing a §50.54(q) effectiveness evaluation
☐ The activity cannot be implemented without performing a §50.54(q) effectiveness evaluation

Preparer Name:

Ray Waterman

Preparer Signature

Ray Waterman

Date:

11-26-12

Reviewer Name:

Robert Taylor

Reviewer Signature

Robert Taylor

Date:

1/8/13

Revision 12

Duke Energy
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/B/1000/015ARevision No. 15**SUPERSEDED****PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Offsite Communications From The Control Room
- (4) Prepared By* Ray Waterman (Signature) Ray Waterman Date 11-26-12
- (5) Requires NSD 228 Applicability Determination?
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.
☒ No (Revision with minor changes)
- (6) Reviewed By* Robert Taylor (QR)(KI) Date 1/8/13
 Cross-Disciplinary Review By* _____ (QR)(KI) NA 1/8/13 Date 1/8/13
 Reactivity Mgmt Review By* _____ (QR) NA 1/8/13 Date 1/8/13
 Mgmt Involvement Review By* _____ (Ops. Supt.) NA 1/8/13 Date 1/8/13
- (7) Additional Reviews
 Reviewed By* _____ Date _____
 Reviewed By* _____ Date _____
- (8) Approved By* Patricia M. Sargent Robert Taylor Date 1/18/13

PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)

- (9) Compared with Control Copy* _____ Date _____
 Compared with Control Copy* _____ Date _____
 Compared with Control Copy* _____ Date _____
- (10) Date(s) Performed _____
 Work Order Number (WO#) _____

COMPLETION

- (11) Procedure Completion Verification:

☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Charts, graphs, data sheets, etc. attached, dated, identified, and marked?☐ Yes ☐ NA Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?☐ Yes ☐ NA Procedure requirements met?

Verified By* _____ Date _____

- (12) Procedure Completion Approved _____ Date _____

- (13) Remarks (Attach additional pages, if necessary)

* Printed Name and Signature

§50.54(q) Screening Evaluation Form

| | | |
|---|----------------|---|
| Activity Description and References: Offsite Communications From the Control Room, RP/0/B/1000/015A rev 15 Superseded Activity Description; | | BLOCK 1 |
| <p>1) To align our E-Plan Implementing Procedures with NSD703 permanent technical procedure requirements as determined by PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" instead of "B".</p> <p>Reason for Change:</p> <p>1 NSD 703.5.1, Permanent technical procedures are used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of a repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs. Permanent technical procedures are designated in the procedure number as follows:</p> <p>Procedure Type Abbreviation</p> <p>Emergency Response Procedures - RP</p> <p>RP/0/B/1000/015A revision 15 will be superseded and replaced with RP/0/A/1000/015A rev 0 This will not reduce the effectiveness of the E-Plan.</p> | | |
| Activity Scope: | | BLOCK 2 |
| <p><input checked="" type="checkbox"/> The activity <u>is</u> a <i>change</i> to the <i>emergency plan</i></p> <p><input type="checkbox"/> The activity <u>is not</u> a <i>change</i> to the <i>emergency plan</i></p> | | |
| Change Type: | BLOCK 3 | Change Type: |
| <p><input checked="" type="checkbox"/> The change <u>is</u> editorial or typographical</p> <p><input type="checkbox"/> The change <u>is not</u> editorial or typographical</p> | | <p><input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval</p> <p><input type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval</p> |

Planning Standard Impact Determination:**BLOCK 5**

- ☐ §50.47(b)(1) – Assignment of Responsibility (Organization Control)
- ☐ §50.47(b)(2) – Onsite Emergency Organization
- ☐ §50.47(b)(3) – Emergency Response Support and Resources
- ☐ §50.47(b)(4) – Emergency Classification System*
- ☐ §50.47(b)(5) – Notification Methods and Procedures*
- ☐ §50.47(b)(6) – Emergency Communications
- ☐ §50.47(b)(7) – Public Education and Information
- ☐ §50.47(b)(8) – Emergency Facility and Equipment
- ☐ §50.47(b)(9) – Accident Assessment*
- ☐ §50.47(b)(10) – Protective Response*
- ☐ §50.47(b)(11) – Radiological Exposure Control
- ☐ §50.47(b)(12) – Medical and Public Health Support
- ☐ §50.47(b)(13) – Recovery Planning and Post-accident Operations
- ☐ §50.47(b)(14) – Drills and Exercises
- ☐ §50.47(b)(15) – Emergency Responder Training
- ☐ §50.47(b)(16) – Emergency Plan Maintenance

***Risk Significant Planning Standards**

- ☐ The proposed activity does not impact a Planning Standard

Commitment Impact Determination:**BLOCK 6**

- ☐ The activity does involve a site specific EP commitment

Record the commitment or commitment reference: _____

- ☐ The activity does not involve a site specific EP commitment

Results:

This title change is a result of an INOS PIP O-12-1590 making the determination that NSD 703 section 5.1 requires all Emergency Response Procedures to be permanent technical procedure thus resulting in all ONS E-Plan Implementing Procedure having a Safety Classification designation letter of "A" and not "B" in the ID number of that procedure. This title revision in no way compromises the contents of the procedure or its effectiveness of use during an emergency event. Nor does this title ID change affect the required review period for this procedure of every 6 years. It has been determined that this revision will not reduce the effectiveness of this emergency response procedure. The revision to the step number as indicated in change #1 is a editorial change because the procedure user knows this procedure contents and the guidance through multiple uses it was evident that the procedure step number referenced was not accurate and did not affect the direction the user would have taken. This revision was also determined to not require a 5054Q effectiveness evaluation due to a reduction in the effectiveness of the E-Plan.

BLOCK 7

- ☒ The activity can be implemented without performing a §50.54(q) effectiveness evaluation
- ☐ The activity cannot be implemented without performing a §50.54(q) effectiveness evaluation

Preparer Name:

Ray Waterman

Preparer Signature

Ray Waterman

Date:

11-26-12

Reviewer Name:

Robert Taylor

Reviewer Signature

Robert Taylor

Date:

1/8/13

Duke Energy
Oconee Nuclear Station
Offsite Communications From The Technical Support
Center

Procedure No.

RP/0/A/1000/015 B

Revision No.

000

Electronic Reference No.

OP009A67

Reference Use

PERFORMANCE

PDF Format

Compare with Control Copy every 14 calendar days while work is being performed.

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Date(s) Performed

Work Order/Task Number (WO#)

COMPLETION

- ☐ Yes ☐ NA Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Charts, graphs, data sheets, etc. attached, dated, identified, and marked?
☐ Yes ☐ NA Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?
☐ Yes ☐ NA Procedure requirements met?

Verified By*

Date

Procedure Completion Approved*

Date

**Printed Name and Signature*

Remarks (attach additional pages, if necessary)

IMPORTANT: Do **NOT** mark on barcodes.

Printed Date: *01/21/2013*

Enclosure No.: *FULL*



Revision No.: *000*



Procedure No.: *RP/0/A/1000/015 B*



Duke Energy

(1) ID No. RP/0/A/1000/015B

PROCEDURE PROCESS RECORD

Revision No. 000

PREPARATION

(2) Station OCONEE NUCLEAR STATION(3) Procedure Title Offsite Communications From The Technical Support Center(4) Prepared By* Ray Waterman (Signature) Ray Waterman Date 11-26-12

(5) Requires NSD 228 Applicability Determination?

☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.☒ No (Revision with minor changes)(6) Reviewed By* Robert Taylor (QR)(KI) Date 1/8/13Cross-Disciplinary Review By* _____ (QR)(KI) NA 1/2 Date 1/8/13Reactivity Mgmt Review By* _____ (QR) NA 1/2 Date 1/8/13Mgmt Involvement Review By* _____ (Ops. Supt.) NA 1/2 Date 1/8/13

(7) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(8) Approved By* PATRICK M STREGE Patrick M Strega Date 1/10/13

PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)

(9) Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

(10) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(11) Procedure Completion Verification:

☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Charts, graphs, data sheets, etc. attached, dated, identified, and marked?☐ Yes ☐ NA Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?☐ Yes ☐ NA Procedure requirements met?

Verified By* _____ Date _____

(12) Procedure Completion Approved _____ Date _____

(13) Remarks (Attach additional pages, if necessary)

Offsite Communications From The Technical Support Center

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

1. Symptoms

- 1.1 Events are in progress or have occurred which require activation of the Oconee Nuclear Site Emergency Plan and notification of offsite agencies.

NOTE: Actions within the body of this procedure are NOT required to be performed in sequence.

2. Immediate Actions

- ☐ 2.1 Sign in on board and wear position badge.
- ☐ 2.2 Obtain the following items from the Emergency Procedures Cart.
- _____ Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms
 - _____ Emergency Action Level Guideline Manual
 - _____ RP/1000/009 (Procedure for Site Assembly Accountability)
 - _____ RP/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel)
 - _____ RP/1000/017 (Spill Response)
- ☐ 2.3 Acquire and maintain the Emergency Drill/Event Time Log.

☐ 2.4 Contact the Control Room Offsite Communicator

- Assist as needed with completing the next message to offsite agencies
- Obtain, review, and distribute the last completed Emergency Notification Form to:

_____ TSC Emergency Coordinator

_____ Assistant Emergency Coordinator

_____ Emergency Planner

_____ Operations Superintendent

_____ Engineering Manager

_____ TSC/OSC Liaison Assistant

_____ NRC Communicator

_____ NRC Inspector(s).

- Prepare and receive turnover by completing Enclosure 4.10 (Turnover Checklist)

☐ 2.5 Report to the TSC Emergency Coordinator that turnover has been completed.☐ 2.6 For WebEOC use:

- ☐ 2.6.1 Ensure your computer profile is set for 'print background color and images'. To achieve this go to Internet Explorer, tools, internet options, click on advanced, scroll down and insert check in box beside 'print background color and images' click apply. {1}

- ☐ 2.6.2 Ensure your computer profile for page set-up is .25 for margins. To achieve this go to Internet Explorer, file, page set up and change all the .75's to .25. {1}

NOTE: INITIAL/UPGRADE notifications **MUST** be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time on Line 10 of the Emergency Notification Form.

IF an upgrade in classification occurs prior to or while transmitting the initial message.

- Make the notification for the lesser emergency classification within 15 minutes.
- Inform the agencies that an upgrade in classification will be coming.
- Begin a new initial message for the higher classification and complete within 15 minutes of its declaration.

PROTECTIVE ACTION RECOMMENDATION (PAR) changes must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the TSC Emergency Coordinator/Dose Assessor.

FOLLOW -UP FOR AN UNUSUAL EVENT - A Follow-Up notification is **NOT** required for an Unusual Event unless requested.

FOLLOW-UP notifications are required at least every **sixty (60) minutes** from the notification time on Line 2 for an **Alert, Site Area Emergency, or General Emergency Classification**. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency may be changed at the request of offsite agencies.

If a **FOLLOW-UP** is due and an upgrade to a higher classification is declared there is no need to complete the follow-up ENF. In this case the offsite agencies must be notified that the pending follow-up is being superseded by an upgrade to a higher classification and information will be provided.

FOLLOW-UP Notifications - Do not delay sending a Follow-Up notification if all information is not available. Use the same information from the previous message sheet.

Do **NOT** use acronyms. Do not add or change information on the form after it has been approved by the TSC Emergency Coordinator.

- ☐ 2.7 Review plant conditions with the TSC Emergency Coordinator and complete an Emergency Notification Form (ENF) as applicable.

NOTE: The first message sheet in any classification is an INITIAL notification. The very first message for any drill/emergency will be numbered one (1).

ALL other messages will be sequentially numbered until the event is terminated.

VERIFY correct Enclosure below is selected for the applicable classification.

- ☐ 2.7.1 If electronically completing a form, use information in enclosures 4.1 - 4.6 or go to Enclosure 4.13.
- ☐ 2.7.2 If manually completing a form, go to the next step.
- ☐ 2.7.3 If a **GENERAL EMERGENCY** initial or upgrade exists, complete Enclosure 4.1. (Guidelines for Completing an Initial Message for a General Emergency Event).
- ☐ 2.7.4 If a **SITE AREA EMERGENCY** initial or upgrade exists, complete Enclosure 4.2 (Guidelines for Completing an Initial Message for a Site Area Emergency Event).
- ☐ 2.7.5 If an **ALERT** initial or upgrade exists, complete Enclosure 4.3 (Guidelines for Completing an Initial Message for an Alert Event).
- ☐ 2.7.6 If an **UNUSUAL EVENT** initial or upgrade exists, complete Enclosure 4.4 (Guidelines for Completing an Initial Message for an Unusual Event).

NOTE: If changes in **Protective Action Recommendations** are made, complete an Emergency Notification Form using the guidance in Enclosure 4.5 (Guidelines for Completing a Follow-up Message).

- ☐ 2.7.7 If a **FOLLOW-UP** notification is required complete Enclosure 4.5 (Guidelines for Completing a Follow-Up Message).
- ☐ 2.7.8 If a **TERMINATION** notification is required complete Enclosure 4.6 (Guidelines for Completing a Termination Message).

3. Subsequent Actions

- ☐ 3.1 **IAAT** An emergency classification is being **UPGRADED**, or a **FOLLOW-UP** message is due, or a change in PROTECTIVE ACTION RECOMMENDATIONS (PARs) occurs, or an event is TERMINATED

THEN Go to Immediate Actions, Step 2.7 to complete an Emergency Notification Form.
- ☐ 3.2 **IAAT** The EOF Offsite Agency Communicator is available, and additional notification is **NOT** immediately required and an upgrade in classification is **NOT** imminent,

THEN Conduct turnover with the EOF Offsite Agency Communicator.
- ☐ 3.3 Contact the OSC RP Manager Assistant to determine if evacuation/relocation of site personnel is being recommended. Request the OSC to fax the plan to the TSC for review/approval by the Emergency Coordinator. This plan is also available from the DAE.
- ☐ 3.4 Prepare for turnover with the EOF Offsite Agency Communicator by updating Enclosure 4.10 (Turnover Checklist) with any new or additional information.
- ☐ 3.5 Using Speed Dial 07, **OR** dialing 9-704-382-0722, fax completed Enclosure 4.10 (Turnover Checklist) to the EOF and review form with the EOF Offsite Agency Communicator.
- ☐ 3.6 Report to the TSC Emergency Coordinator that turnover has been completed.
- ☐ 3.7 Provide the TSC Emergency Coordinator with a status of offsite notifications.
- ☐ 3.8 Verify site assembly accountability and record information as required by RP/1000/009 (Procedure for Site Assembly).
 - ☐ 3.8.1 Verify OSC Security Liaison has dispatched MERT for missing personnel.
 - ☐ 3.8.2 Report site assembly accountability status to the TSC Emergency Coordinator.
- ☐ 3.9 Complete applicable sections of RP/1000/010 (Procedure for Evacuation/Relocation of Site Personnel) as requested by the TSC Emergency Coordinator.

NOTE: EH&S will perform procedure guidance in RP/1000/017 but may ask TSC Offsite Communicator to make appropriate notifications to offsite agencies if necessary.

- ☐ 3.10 Complete notification to off-site agencies per RP/1000/017 (Spill Response) as directed by EH&S.
- ☐ 3.11 Retrieve all FAX copies and distribute to applicable TSC personnel.
- ☐ 3.12 During back shift and weekends, retrieve the Nuclear Call-out System report. Use Speed Dial 29 to fax report to the OSC and the EOF. Provide the original to the TSC Emergency Coordinator.
- ☐ 3.13 Keep the EOF updated on changes in plant conditions (fires, spills, injuries, etc.) by contacting the EOF State/County Offsite Communicator.
- ☐ 3.14 Provide this completed procedure to the TSC Emergency Planner at end of event.

4. Enclosures

- 4.1 Guidelines for Completing an Initial Message for a General Emergency Event
- 4.2 Guidelines for Completing an Initial Message for a Site Area Emergency Event
- 4.3 Guidelines for Completing an Initial Message for an Alert Event
- 4.4 Guidelines for Completing an Initial Message for an Unusual Event
- 4.5 Guidelines for Completing a Follow-up Message
- 4.6 Guidelines for Completing a Termination Message
- 4.7 Guidelines for Transmitting a Message
- 4.8 Copy/FAX Operation
- 4.9 Alternate Method and Sequence to Contact Agencies
- 4.10 Turnover Checklist
- 4.11 Response to Offsite Agency Questions
- 4.12 Acronym Listing
- 4.13 WEB EOC - Notification Form Quick Reference
- 4.14 References

Guidelines for Completing an INITIAL
Message for a GENERAL EMERGENCY
EVENT

NOTE: The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.

- ☐ Obtain Enclosure 4.1.A (Nuclear Power Plant Emergency Notification Form) for a GENERAL EMERGENCY EVENT and complete the form as follows or use Enclosure 4.13:
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication completed after line 17.
- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Verify with Operations Support which EAL# to use and enter the number on the form.
Copy exact EAL Description from the EAL manual.
 - _____ 1. Obtain information from the TSC Dose Assessor to complete lines 5, 6, 7, and line 9. Line 9 does not have to be completed for an initial notification.
 - _____ 2. Contact the OSC Chemistry Manager, (ext. 3495) to verify the status of any liquid releases.
 - _____ 3. If a liquid release is occurring then complete lines 6 and 7 as directed by the OSC Chemistry Manager.
- ☐ **Line 5** Mark applicable sectors by each county as directed by the Dose Assessor and the TSC/EC.
If KI has been recommended, mark Box D
If a Keowee Hydro Dam/Dike Condition "A" exists:
 - Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
 - AND mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*
- ☐ **Line 6** Mark Box A, B, or C as directed by the TSC Dose Assessor.

Guidelines for Completing an INITIAL
Message for a GENERAL EMERGENCY
EVENT

- ☐ **Line 7** Mark Box A, B, C, or D as directed by the TSC Dose Assessor.
- ☐ **Line 8** Mark Box A, B, or C as directed by TSC/EC.
- ☐ **Line 9** Enter the meteorological data if available from the TSC Dose Assessor.
- ☐ **Line 10** Enter Time in military units and Date the Emergency Coordinator officially declares a GENERAL EMERGENCY EVENT.

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

- ☐ **Line 11** Mark or select All if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification.

NOTE: Unaffected unit status is not required for initial notification. Unit status is required for all three units for follow-up notifications.

- ☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

- ☐ **Line 13** Add any remarks as requested by the Emergency Coordinator. If there are no remarks write "None".

Guidelines for Completing an INITIAL
Message for a GENERAL EMERGENCY
EVENT

NOTE: Lines 14, 15, & 16 - These lines are NOT required to be completed for an initial notification.

DO NOT add or change information on the form after it has been approved by the TSC Emergency Coordinator.

- ☐ **Line 17** Obtain the Emergency Coordinator signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.
- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Transmitting A Message).

Nuclear Power Plant Emergency Notification Form
GENERAL EMERGENCY
Enclosure 4.1.A

RP/0/A/1000/015 B

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT

MESSAGE # _____

2. ☒ INITIAL ☐ FOLLOW-UP

NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____

3. SITE: Oconee Nuclear Site

Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE

☒ EVACUATE PICKENS CO.: A0, A1, B1, C1, A2, B2, C2 OCONEE CO.: A0, D1, E1, F1, D2, E2, F2

☒ SHELTER PICKENS CO.: A0, A1, B1, C1, A2, B2, C2 OCONEE CO.: A0, D1, E1, F1, D2, E2, F2

☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.

☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph
(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☐ 1 ☐ 2 ☐ 3 ☒ All

UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____

(Unaffected Unit(s) Status Not Required for Initial Notifications) ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____

☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

Enclosure 4.2
Guidelines for Completing an INITIAL
Message for a
SITE AREA EMERGENCY EVENT

RP/0/A/1000/015 B

Page 1 of 3

NOTE: The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.

- Pre-printed Emergency Notification forms containing specific EAL number and EAL description may be used in lieu of Enclosure 4.2.A or WebEOC.

- ☐ Obtain Enclosure 4.2.A (Nuclear Power Plant Emergency Notification Form) for a SITE AREA EMERGENCY EVENT and complete the form as follows or use Enclosure 4.13:
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication completed after line 17.
- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Verify with Operations Support which EAL# to use and enter the number on the form.
Copy exact EAL Description from the EAL manual.
 - _____ 1. Obtain information from the TSC Dose Assessor to complete lines 5, 6, 7, and line 9. Line 9 does not have to be completed for an initial notification.
 - _____ 2. Contact the OSC Chemistry Manager (ext. 3495) to verify the status of any liquid releases.
 - _____ 3. If a liquid release is occurring then complete lines 6 and 7 as directed by the OSC Chemistry Manager.
- ☐ **Line 5** If a Keowee Hydro Dam/Dike Condition "A" **DOES NOT** exist, then mark Box A NONE.
If a Keowee Hydro Dam/Dike Condition "A" exists:
 - Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
 - **AND** mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*
- ☐ **Line 6** Mark Box A, B, or C as directed by the TSC Dose Assessor.
- ☐ **Line 7** Mark Box A, B, C, or D as directed by the TSC Dose Assessor.
- ☐ **Line 8** Mark Box A, B, or C as directed by TSC/EC.

Guidelines for Completing an INITIAL
Message for a
SITE AREA EMERGENCY EVENT

- ☐ **Line 9** Enter the meteorological data if available from the TSC Dose Assessor.
- ☐ **Line 10** Enter Time in military units and Date the Emergency Coordinator officially declares a SITE AREA EMERGENCY EVENT.

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

- ☐ **Line 11** Mark or select All if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification

NOTE: Unaffected unit status is not required for initial notification. Unit status is required for all three units for follow-up notifications.

- ☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

- ☐ **Line 13** Add any remarks as requested by the Emergency Coordinator. If there are no remarks write "None".

If upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {2}

Guidelines for Completing an INITIAL
Message for a
SITE AREA EMERGENCY EVENT

NOTE: Lines 14, 15, & 16 - These lines are **NOT** required to be completed for an initial notification.

DO **NOT** add or change information on the form after it has been approved by the TSC Emergency Coordinator.

- ☐ **Line 17** Obtain the Emergency Coordinator signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.
- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Transmitting A Message).

Nuclear Power Plant Emergency Notification Form
SITE AREA EMERGENCY
Enclosure 4.2.A

RP/0/A/1000/015 B

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT

MESSAGE # _____

☐ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____

2. SITE: Oconee Nuclear Site

Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☒ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY
BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE

☐ EVACUATE

☐ SHELTER

☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.

☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph
(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☒ All

UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____

(Unaffected Unit(s) Status Not Required for Initial Notifications) ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____

☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

| | | |
|---------------|-------|-------|
| Site boundary | _____ | _____ |
| 2 Miles | _____ | _____ |
| 5 Miles | _____ | _____ |
| 10 Miles | _____ | _____ |

17. APPROVED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED BY: _____ RECEIVED BY: _____ Time _____ Date ____/____/____

Guidelines for Completing an INITIAL
Message for an ALERT EVENT

NOTE: The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.

- Pre-printed Emergency Notification forms containing specific EAL number and EAL description may be used in lieu of Enclosure 4.3.A or WebEOC.

- ☐ Obtain Enclosure 4.3.A (Nuclear Power Plant Emergency Notification Form) for an ALERT EVENT and complete the form as follows or use Enclosure 4.13:

- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication completed after line 17.

- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.

- ☐ **Line 4** Verify with Operations Support which EAL# to use and enter the number on the form.

Copy exact EAL Description from the EAL manual.

- _____ 1. Obtain information from the TSC Dose Assessor to complete lines 5, 6, 7, and line 9. Line 9 does not have to be completed for an initial notification.
- _____ 2. Contact the OSC Chemistry Manager (ext. 3495) to verify the status of any liquid releases
- _____ 3. If a liquid release is occurring then complete lines 6 and 7 as directed by the OSC Chemistry Manager.

- ☐ **Line 5** Verify that Protective Action Recommendation is marked as none.

- ☐ **Line 6** Mark Box A, B, or C as directed by the TSC Dose Assessor.

- ☐ **Line 7** Mark Box A, B, C, or D as directed by the TSC Dose Assessor.

- ☐ **Line 8** Mark Box A, B, or C as directed by TSC/EC.

- ☐ **Line 9** Enter the meteorological data if available from the TSC Dose Assessor.

Guidelines for Completing an INITIAL
Message for an ALERT EVENT

- ☐ **Line 10** Enter Time in military units and Date the Emergency Coordinator officially declares an ALERT event.

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

- ☐ **Line 11** Mark or select All if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification

NOTE: Unaffected unit status is not required for an initial notification. Unit status is required for all three units for follow-up notifications.

- ☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

- ☐ **Line 13** Add any remarks as requested by the Emergency Coordinator. If there are no remarks write "None".

If upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {2}

NOTE: Lines 14, 15, & 16 - These lines are NOT required to be completed for an initial notification.

DO NOT add or change information on the form after it has been approved by the TSC Emergency Coordinator.

- ☐ **Line 17** Obtain the Emergency Coordinator signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.

- ☐ To transmit this message, go to Enclosure 4.7 (Guidelines for Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015 B

ALERT EVENT

Enclosure 4.3.A

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT MESSAGE # _____
2. ☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
3. SITE: Oconee Nuclear Site Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE

☐ EVACUATE _____

☐ SHELTER _____

☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.

☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☒ All

UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____

(Unaffected Unit(s) Status Not Required for Initial Notifications)

☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____

☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

Guidelines for Completing an INITIAL
Message for an UNUSUAL EVENT

- NOTE:** (1) The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
- (2) The Emergency Coordinator can terminate an Unusual Event on the same notification message sheet that an Initial Unusual Event was declared on.
- Pre-printed Emergency Notification forms containing specific EAL number and EAL description may be used in lieu of Enclosure 4.4.A or WebEOC.

- ☐ Obtain Enclosure 4.4.A (Nuclear Power Plant Emergency Notification Form) for an UNUSUAL EVENT and complete the form as follows or use Enclosure 4.13:
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
- Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication completed after line 17.
- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Verify with Operations Support which EAL# to use and enter the number on the form.
- Copy exact EAL Description from the EAL manual.
- _____ 1. Obtain information from the TSC Dose Assessor to complete lines 5, 6, 7, and line 9. Line 9 does not have to be completed for an initial notification.
- _____ 2. Contact the OSC Chemistry Manager (ext. 3495) to verify the status of any liquid releases.
- _____ 3. If a liquid release is occurring then complete lines 6 and 7 as directed by the OSC Chemistry Manager.
- ☐ **Line 5** Verify that Protective Action Recommendation is marked as none.
- ☐ **Line 6** Mark Box A, B, or C as directed by the TSC Dose Assessor.
- ☐ **Line 7** Mark Box A, B, C, or D as directed by the TSC Dose Assessor.
- ☐ **Line 8** Mark Box A, B, or C as directed by TSC/EC.
- ☐ **Line 9** Enter the meteorological data if available from the TSC Dose Assessor.
- ☐ **Line 10** Enter Time in military units and Date the Emergency Coordinator officially declares an UNUSUAL EVENT.

Guidelines for Completing an INITIAL
Message for an UNUSUAL EVENT

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

- ☐ **Line 11** Mark or select All if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification

NOTE: Unaffected unit status is not required for initial notification. Unit status is required for all three units for follow-up notifications.

- ☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

If affected unit is shutdown, then enter the shutdown time and date.

- ☐ **Line 13** Add any remarks as requested by the Emergency Coordinator. If there are no remarks write "None".

If upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {2}

NOTE: Lines 14, 15 & 16 - These lines are NOT required to be completed for an initial notification.

DO NOT add or change information on the form after it has been approved by the TSC Emergency Coordinator.

- ☐ **Line 17** Obtain the Emergency Coordinator signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.

- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Transmitting A Message).

Nuclear Power Plant Emergency Notification Form
UNUSUAL EVENT
Enclosure 4.4.A

RP/0/A/1000/015 B

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT

MESSAGE # _____

2. ☒ INITIAL ☐ FOLLOW-UP

NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____

3. ☒ E: Oconee Nuclear Site

Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE

☐ EVACUATE _____

☐ SHELTER _____

☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.

☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☐ 1 ☐ 2 ☐ 3 ☒ All

12. UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____

(Unaffected Unit(s) Status Not Required for Initial Notifications)

☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____

☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

Enclosure 4.5
Guidelines for Completing a
FOLLOW-UP Message

RP/0/A/1000/015 B
Page 1 of 3

- NOTE:**
- Follow-up notifications are NOT required to be verbally transmitted. Follow up messages may be faxed with phone verification of receipt. This applies only if the message does not involve a change in the classification or the Protective Action Recommendation or a termination of this Drill/Emergency.
 - Follow-up message is due 60 minutes from the notification time on line 2 of the previous message sheet.
 - A change in Protective Action Recommendations (PARs) is due within 15 minutes from the time they are determined by the TSC Emergency Coordinator/Dose Assessor.
 - Pre-printed Emergency Notification forms containing specific EAL number and EAL description may be used in lieu of Enclosure 4.5.A or WebEOC.

- ☐ Obtain Enclosure 4.5.A (Nuclear Power Plant Emergency Notification Form, FollowUp) and complete as directed below for a FOLLOW-UP message or use Enclosure 4.13:
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Verify Box B is marked as a Follow-Up. Notification time and date will be completed after line 17.
- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Copy the Emergency Classification from the previous message sheet.
Copy the same EAL # from the previous message sheet.
Copy the same EAL Description from previous message sheet.
 - Verify with the TSC Dose Assessor that information for lines 5, 6, 7, 9, 14, 15, and 16 have not changed since the last message sheet.
 - If changes have not occurred since the previous message, then copy the same information from the last message sheet.
 - If changes have occurred, then mark applicable boxes and add new information as directed by the TSC Dose Assessor and the OSC Chemistry Manager.

Enclosure 4.5
Guidelines for Completing a
FOLLOW-UP Message

RP/0/A/1000/015 B
Page 2 of 3

- ☐ **Line 5** Mark applicable sectors by each county as directed by the TSC/EC.

If KI has been recommended, mark Box D

If a Keowee Hydro Dam/Dike Condition "A" exists:

- Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
- AND mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

- ☐ **Line 6** Mark the same box from the previous message sheet unless changes have occurred.

- ☐ **Line 7** Mark the same box from the previous message sheet unless changes have occurred.

- ☐ **Line 8** Verify plant conditions with Operations Support. If plant conditions have not changed since the previous message sheet, repeat the same information.

If plant conditions have changed since the previous message sheet, then mark Box A, B, or C as directed by Operations Support.

- ☐ **Line 9** Copy the same information from the previous message sheet unless changes have occurred.

- ☐ **Line 10** Mark Box A and copy the same Time/Date from the previous message sheet.

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

- ☐ **Line 11** Mark or select All if event affects the emergency classification on more than one unit.

Mark or select one (1) unit if event affects one unit or one (1) unit has a higher emergency classification

NOTE: Unit status is REQUIRED for all three units for a FOLLOW-UP notification.

- ☐ **Line 12** Mark boxes A, B, and C.

Enter the percent power and/or shutdown time/date for all three units.

Enclosure 4.5
Guidelines for Completing a
FOLLOW-UP Message

RP/0/A/1000/015 B
Page 3 of 3

NOTE: Examples of new information include: Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for a Keowee Hydro Project Dam/Dikes; or any event that would cause or require offsite agency response.

- ☐ **Line 13** Add any remarks or new information as requested by the Emergency Coordinator.

Write "None" if there are no additional remarks.

If upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {2}

- ☐ **Line 14** Mark the same box and copy the same information from the previous message sheet. If changes have occurred, see TSC Dose Assessor for this information.
- ☐ **Line 15** Copy the same information from the previous message sheet. If changes have occurred see TSC Dose Assessor for this information.
- ☐ **Line 16** Copy the same information from the previous message sheet. If changes have occurred see TSC Dose Assessor for this information.

NOTE: Do NOT add or change information on the form after it has been approved by the TSC Emergency Coordinator

- ☐ **Line 17** Obtain the TSC/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.
- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015 B

FOLLOW-UP
Enclosure 4.5.A

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT

MESSAGE # _____

2. ☐ INITIAL ☒ FOLLOW-UP

NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____

3. ☒ Oconee Nuclear Site

Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE☐ EVACUATE _____☐ SHELTER _____☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.☐ OTHER _____6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____11. AFFECTED UNIT(S): ☐ 1 ☐ 2 ☐ 3 ☒ All12. UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____

(Unaffected Unit(s) Status Not Required for Initial Notifications)

☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)**EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.**14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)

Site boundary _____

2 Miles _____

5 Miles _____

10 Miles _____

17. APPROVED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED

RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

Enclosure 4.6
Guidelines for Completing a
TERMINATION Message

RP/0/A/1000/015 B
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NOTE: Only required to complete lines 1, 3, 10, and 17. All other lines are left BLANK.

- ☐ Obtain Enclosure 4.6.A (Nuclear Power Plant Emergency Notification Form) and complete as follows for a TERMINATION message or use Enclosure 4.13.
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT":
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 10** Mark Box B and enter the time in military units and date Emergency Coordinator terminated the event.

NOTE: Do NOT add or change information on the form after it has been approved by the TSC Emergency Coordinator.

- ☐ **Line 17** Obtain the Emergency Coordinator signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

- ☐ **Line 17** Notified By: Print your name.
- ☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Transmitting A Message).

Nuclear Power Plant Emergency Notification Form
TERMINATION
Enclosure 4.6.A

RP/0/A/1000/015 B
Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT MESSAGE # _____
2. ☐ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
3. SITE: Oconee Nuclear Site Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY
BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE

☐ EVACUATE _____
☐ SHELTER _____
☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph
(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☐ All

12. UNIT STATUS: ☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____
(Unaffected Unit(s) Status Not Required for Initial Notifications) ☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____
☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec
MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____
☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)
Site boundary _____
2 Miles _____
5 Miles _____
10 Miles _____

17. APPROVED BY: _____ Title Emergency Coordinator Time _____ Date ____/____/____

NOTIFIED

RECEIVED

BY: _____ BY: _____ Time _____ Date ____/____/____

Enclosure 4.7
Guidelines For
Transmitting A Message

RP/0/A/1000/015 B
Page 1 of 4

Message Transmittal

- ☐ Fax Form - For guidance see Enclosure 4.8 (Copy/Fax Operation)
- ☐ Use Speed Dial 14 (Speed dial 17 can be used as backup).
- ☐ Dial *4 on selective signaling phone
- ☐ As each agency answers, say "*This is the Oconee Nuclear Station, please hold.*"
- ☐ Document on Line 2 of the ENF, the time/date when the first agency answers the Selective Signaling phone.

Check off the following MINIMUM required agencies as they answer the phone and record time.

| | | |
|--|----|--|
| <input type="checkbox"/> Oconee County (Staffed 24 hrs.) Law Enforcement Center 9-864-638-4111 FAX: 9-864-638-4434 Selective Signaling 416 | OR | <input type="checkbox"/> Oconee County (M-F 8:30 am -5 pm) Emergency Management 9-864-638-4200 FAX: 9-864-638-4216 Selective Signaling 417 |
| <input type="checkbox"/> Pickens County (Staffed 24 hrs.) Law Enforcement Center 9-864-898-5500 FAX: 9-864-898-5531 Selective Signaling 410 | OR | <input type="checkbox"/> Pickens County (M-F 8:30 am.-5 pm) Emergency Management 9-864-898-5943 FAX: 9-864-898-5797 Selective Signaling 419 |
| <input type="checkbox"/> South Carolina State Warning Point (Staffed 24 hrs) 9-803-737-8500 FAX: 9-803-737-8575 Selective Signaling 518 | | |
| <p>NOTE: DHEC receives FAX, NO action required. DHEC may verify receipt of FAX with a call back.</p> | | |

- ☐ **IF** Required minimum agencies did not answer the phone see agency numbers in table above to call.
THEN Dial the absent agency selective signaling number.
 - If agency does not answer, then go to next step.
- ☐ If requested, authenticate message. Write in number provided by agency on line 2 and provide corresponding code word from authentication list in yellow folder.

Enclosure 4.7
Guidelines For
Transmitting A Message

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Page 2 of 4

NOTE: For Follow-Up or Termination Messages, only verification that all agencies have received a fax is necessary. Do **NOT** read form.

☐ **IF** This is an initial notification and/or a change to Protected Action Recommendations

THEN Say "*This is the Oconee Nuclear Station TSC. This is a Drill/Emergency (choose one). If you have not already received a fax or printed an electronic copy of the Emergency Notification Form, please obtain a blank copy of the form. I am going to read the entire form beginning with line 1. Please hold all questions until the entire form has been read.*"

Slowly read entire message line by line to the agencies allowing time for them to copy the information or to review fax/electronic copy of the ENF.

☐ After message has been delivered, say "*I need to verify the name of each agency representative. When I call out the agency, please give your name.*"

☐ Obtain and record time, date and name of person contacted.

Initial Notification

| | |
|---------------------------------------|------------------------|
| Time/Date Notified: _____ | ____/____/____ |
| Eastern | MM DD YY |
| Oconee County Law Enforcement Center | Name: _____ Time _____ |
| Oconee County Emergency Management | Name: _____ Time _____ |
| Pickens County Law Enforcement Center | Name: _____ Time _____ |
| Pickens County Emergency Management | Name: _____ Time _____ |
| South Carolina State Warning Point | Name: _____ Time _____ |

Follow-Up Notification

| | |
|---------------------------------------|------------------------|
| Time/Date Notified: _____ | ____/____/____ |
| Eastern | MM DD YY |
| Oconee County Law Enforcement Center | Name: _____ Time _____ |
| Oconee County Emergency Management | Name: _____ Time _____ |
| Pickens County Law Enforcement Center | Name: _____ Time _____ |
| Pickens County Emergency Management | Name: _____ Time _____ |
| South Carolina State Warning Point | Name: _____ Time _____ |

Enclosure 4.7
Guidelines For
Transmitting A Message

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- ☐ **IF** A Keowee dam/dike condition "A" or "B" or external flood condition exist for the site
THEN Fax form using Speed Dial #27

Once form is faxed, make phone calls to GEMA and National Weather Service using phone numbers in table below. GEMA will notify Hart and Elbert County.

| |
|---|
| <input type="checkbox"/> Georgia Emergency Management Agency (GEMA) (9-404-635-7000 or 7200) FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) Name: _____ Time/Date: _____ / _____ / _____ Eastern MM DD YY |
| <input type="checkbox"/> National Weather Service (NWS) (9-864-879-1085) FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) Name: _____ Time/Date: _____ / _____ / _____ Eastern MM DD YY |
| <input type="checkbox"/> Hart County Emergency Management Agency - Georgia (GEMA will notify) Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event) |
| <input type="checkbox"/> Elbert County Emergency Management Agency - Georgia (GEMA will notify) Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event) |

- ☐ Begin call by saying "You should have received a fax indicating Keowee Hydro Dam/Dike is in condition A or B, or an external flood condition exist for the site, do you have any questions?"
- ☐ Record any agency questions unrelated to message on Enclosure 4.11 (Response to Offsite Agency Questions) and inform agency that you will contact them with the answer.
- ☐ End call by saying, *"If you haven't already, you will be receiving a fax copy of this message shortly. Additional information will be provided as it becomes available. This concludes this message."*
- ☐ If one of the required agencies did not answer selective signaling, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method and Sequence to Contact Offsite Agencies) and the Emergency Telephone Directory for guidance as needed. Once agency contacted, read message and then record agency name, time, and date contacted in space above.
- ☐ Retrieve Confirmation Report from fax and verify all required agencies received the message.

Enclosure 4.7
Guidelines For
Transmitting A Message

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- ☐ If questions were asked by an offsite agency complete all sections on Enclosure 4.11 (Response to Offsite Agency Questions). Fax the form to all agencies and follow-up with a verbal call to ensure receipt of the form and that there are no additional questions. Attach applicable message sheet to this form.
- ☐ Copy Emergency Notification Form and distribute to all TSC primary positions.
- ☐ Provide Emergency Coordinator with a status of offsite notifications:
 - Agencies notified/not notified
 - Any communications equipment problems:

NOTE: The following step is NOT applicable for termination message.

- ☐ If meteorological data was not provided on the previous message, then initiate a Follow-up message and include the met data.
- ☐ Attach ALL completed enclosures to the applicable message sheet.

NOTE: The following step is NOT applicable for termination message.

- ☐ Initiate turnover to the EOF Offsite Agency Communicator by completing Enclosure 4.10 (Turnover Checklist)
 - _____ 1. The TSC Offsite Communicator will fax turnover sheet to the EOF.
 - _____ 2. Review the form with the EOF Offsite Agency Communicator.
- ☐ IF Turnover has been completed,
THEN Go to Step 3.6 of Subsequent Actions.
- ☐ IF Turnover has NOT been initiated
THEN GO to Immediate Actions Step 2.7.
- ☐ IF Termination message has been sent to end event
THEN Go to Step 3.14 of Subsequent Actions.

NOTE: This enclosure provides basic operating instructions for the primary faxes in the TSC, U-1/2 Control Room and OSC.

1. TSC/Control Room/OSC/EOF

NOTE: The "STOP" button is used to cancel sending, receiving, registering data or cancel any other operation.

Transmission of the notification form will start automatically after the dialing operation is completed. Since this is a send operation to multiple faxes, the Fax scans the document(s) prior to automatic dialing

- ☐ 1.1 FAX the notification form using the following method:
 - A. Insert notification form, adjust document guide if needed.
 - B. Determine which Speed Dial Code number to use
 - C. Press the Speed Dial Code number
 - D. Press the START button
- ☐ 1.2 COPY the notification form using the following method:
 - A. Insert notification form, adjust document guide if needed.
 - B. Press copy button
 - C. Press the START button

COPY/FAX Operation

The following Speed Dial Codes have been programmed into the fax in the TSC/Unit 1&2 Control Room/OSC/EOF:

| Speed Dial Code | Agency/Location Sent To | |
|-----------------|--|---|
| 01 | NRC | |
| 02 | Pickens County EMA | |
| 03 | Oconee County EMA | |
| 04 | SC State Warning Point | |
| 05 | SEOC | |
| 06 | DHEC-BSHWM | |
| 07 | EOF | |
| 08 | OSC | |
| 09 | World Of Energy | |
| 10 | Alternate TSC | |
| 11 | Oconee Complex | |
| 12 | SSG & NSC | |
| 13 | Clemson JIC | |
| 14 | Dial Group: | Pickens County EMA Oconee County EMA SC State Warning Point Oconee County LEC Pickens County LEC EOF World Of Energy GO JIC Clemson JIC |
| 15 | Dial Group: | Pickens County EMA Oconee County EMA |
| 16 | FEOC | |
| 17 | Dial Group: | Pickens County EMA Oconee County EMA SEOC EOF World Of Energy GO JIC |
| 18 | Oconee County LEC | |
| 19 | Safety Assurance | |
| 20 | GO JIC | |
| 21 | Security | |
| 25 | National Weather Service | |
| 26 | GEMA | |
| 27 | Dial Group: National Weather Service GEMA Hart Co. EMA Elbert Co. EMA | |
| 29 | Dial Group: EOF; OSC | |
| 30 | ONS SRG/RC/EC | |
| 31 | Dial Group: OSC; Security | |

Alternate Method And Sequence To Contact
Agencies

NOTE: Phone numbers and radio operating instructions are included in the Emergency Telephone Directory.

☐ PLANT phone system (direct outside line)

☐ Portable phone system (direct outside line)

☐ Offsite Base Radio from the Control Room

Push SEL on WQC699 frequency panel.

Adjust volume control knob to a high setting.

Enter the group call radio code 30* using the numeric key pad, OR enter the applicable radio code for the offsite agency.

Oconee County LEC 32*

Pickens County LEC 35*

Pickens County EMA 31*

NOTE: Pickens County EMA is not staffed after 1700 hours Monday - Friday or on weekends and holidays.

Press MONITOR button to determine if the selected frequency is in use.

Depress FOOT PEDAL or XMIT button AND keep engaged while talking.

Call the offsite agency being contacted by using applicable Identifier. For Example - "Oconee Control Room to Oconee LEC".

Oconee County LEC Oconee LEC

Pickens County LEC Pickens LEC

Pickens County EMA Pickens EOC

U1&2 Control Room Oconee Control Room

Release FOOT PEDAL or XMIT button to receive incoming response from offsite agency.

Record Time/Call Letters of agency/agencies receiving notification on the Emergency Notification Form.

Oconee County LEC KNBE-488

Pickens County LEC KNBZ-965

Pickens County EMA KNBE-480

☐ End radio transmission using Call Letters WQC699.

☐ Satellite phone located in U-1&2 OSM's office.

Enclosure 4.10
Turnover Checklist

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Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

COMMUNICATIONS STATUS

| Indicate which agencies have been contacted: | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| Oconee County Law Enforcement Center | | |
| Oconee County Emergency Management Agency | | |
| Pickens County Law Enforcement Center | | |
| Pickens County Emergency Management Agency | | |
| State Warning Point - (South Carolina Highway Dept. is a backup should the State Warning Point loose communications) | | |
| DHEC (BSHWM) | | |

Communications Problems Experienced: _____

Site Evacuation: Yes _____ No _____ Time Evacuation Initiated _____

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes _____ No _____

Site Relocation: Yes _____ No _____ Assembly Location _____

Alternate Facility Activated: TSC: Yes _____ No _____ OSC: Yes _____ No _____

Other Pertinent Information (Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response):

TSC Offsite Communicators Name

Time/Date of Turnover

FAX this form to the Charlotte EOF at the following number 9-704-382-0722.

Enclosure 4.11
Response to Offsite Agency Questions

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QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

ENTER EMERGENCY COORDINATOR ANSWER: _____

Approved by Emergency Coordinator: _____

Response Provided To (Name): _____ Date: _____ Time: _____

Enclosure 4.12
Acronym Listing

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| | |
|--------------|--|
| CDEP | County Director of Emergency Preparedness |
| DHEC (BSHWM) | Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management) |
| EAL | Emergency Action Level |
| EC | Emergency Coordinator |
| EMA | Emergency Management Agency |
| ENS | Emergency Notification System |
| EOC | Emergency Operating Center |
| EOF | Emergency Operations Facility |
| EOFD | Emergency Operations Facility Director |
| ERO | Emergency Response Organization |
| FAX | Facsimile |
| FEOC | Forward Emergency Operations Center |
| FMT | Field Monitoring Team |
| GEMA | Georgia Emergency Management Agency |
| HPN | Health Physics Network |
| IAAT | If At Any Time |
| JIC | Joint Information Center |
| LEC | Law Enforcement Center |
| NEP | Nuclear Emergency Planning |
| NRC DSO | Nuclear Regulatory Commission, Director of Site Operations |
| NRC EOC | Nuclear Regulatory Commission, Emergency Operations Center |
| NSC | Nuclear Supply Chain |
| NWS | National Weather Service |
| OSC | Operational Support Center |
| OSM | Operations Shift Manager |
| PAR | Protective Action Recommendation |
| SCEHD | South Carolina Highway Department |
| SDEM | State Director of Emergency Management |
| SEOC | State Emergency Operations Center |
| SRG | Safety Review Group |
| SSG | Site Services Group |
| SS | Selective Signaling |
| SWP | State Warning Point |
| TS | Technical Specifications |
| TSC | Technical Support Center |

Notification Form Quick Reference

Log onto LAN with your ID and Password. Select DAE; Search DAE for WebEOC. Click WebEOC. On Login Screen for Jurisdiction, select Oconee; for Position, select ONS TSC Off-site Communicator; for Incident: select appropriate incident and click OK. Enter name in same block of Additional Login Information screen and click OK. Click EN Form. Click Create Draft.

| Line | Description | Source |
|--------|--|------------------------------------|
| 1 | <ul style="list-style-type: none"> Select A for Drill or B for Actual Event. Ensure or Record Message Number (sequentially number messages until event is terminated). | Comm. |
| 2 | Select A for Initial or B for Follow-up NOTE: Notification Time/Date and Authentication will be completed during message transmission. | Comm. |
| 3 | <ul style="list-style-type: none"> Ensure or record appropriate Site (i.e., Oconee) Ensure, Record, or Select appropriate Confirmation Phone Number | Comm. |
| 4 | Select/Ensure correct Event Classification: Select/Ensure correct EAL #: (Select/Ensure EAL Description matches EAL Number) Contact the OSC Chemistry Manager to verify status of liquid release(s), if release(s) is occurring complete Lines 6 & 7 as directed by Chemistry Mgr. | Ops |
| 5 | Protective Action Recommendations <ul style="list-style-type: none"> IF Unusual Event, Alert, or Site Area Emergency, Select A None (Except for dam failure, see 3rd. bullet) IF General Emergency, Verify Raddose run has been completed, THEN select Import Raddose button at bottom screen. If Raddose is NOT run, select B Evacuate and C Shelter then select appropriate zones. If circumstances warrant, Select D KI and/or E Other as appropriate If Condition A/B dam failure exists, select info in pull down menu by B Evacuate and click on E Other for traffic instructions. | Facility Mgr (FM) /Rad Dose |
| 6 | Emergency Release Verify/Select as appropriate: A - None B - Is Occurring C - Has Occurred | Rad Dose |
| 7 | Release Significant: Verify/Select box A, B, C or D as directed by the facility Dose Assessor. | Rad Dose |
| 8 | Event Prognosis: Select A Improving, B Stable, or C Degrading as directed by facility mgr. | FM |
| 9 | Meteorological Data: Not required on initial notifications but if available and time allows, import Met data by one of the following methods: <ul style="list-style-type: none"> Verify Raddose run has been completed, THEN select Import Raddose button at bottom screen. Import Wind Direction and Wind Speed along with Precipitation and Stability Class | Rad Dose |
| 10 | Select A for Declaration or B for Termination as appropriate and enter the time as follows: (Note: For Termination message only lines 1, 3, 10 and 17 need to be completed.) <ul style="list-style-type: none"> Select the Get Time/Date button to acquire the current time and date, THEN, adjust as needed. | FM / Ops |
| 11 | Affected Units - IF the classification affects more than one unit select or check All. IF the classification only affects one unit, select or check appropriate unit. | Ops |
| 12 | Unit Status - IF the Unit is Shutdown, record 0% power, THEN record the Shutdown Time/Date. IF the Unit is NOT Shutdown, record % power. Enter status for all 3 units. | Ops |
| 13 | Remarks: Record any additional information. If no remarks then type 'None.' If upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. | FM |
| 14 -16 | Release Data: Not required on initial notification but if available and time allows enter information: <ul style="list-style-type: none"> Verify Raddose run has been completed, THEN select Import Raddose button at bottom screen. If raddose data changes THEN review <u>entire</u> form. (3) | Rad Dose |
| 17 | Approved By: Assure all sections are complete by clicking the Validate button at bottom of screen. <ul style="list-style-type: none"> Enter the Approver's name (Emergency Coordinator) in the Approved by block on the screen. Select appropriate title from the pull down menu & then click Get Time/Date button. Record the name of the Communicator making the call on the Notified by line. Select the Approval button at the bottom of the form. Ensure correct time when approved. Approval will take you to message list, click on latest number to view form. Hit "Control R" to refresh form for others to view latest information. Fax the form by selecting the Fax button at the bottom of the screen. Select AT&T sender in display box. Click on Print. Type ~oconee on name line, click on green check mark, then click on send button. (For Dam Failure events fax hard copy to NWS, Georgia agencies using Fax Speed Dial 27). Print the form and have the Emergency Coordinator review and sign. | Comm. |
| | Dial Selective Signaling *4, if an agency does not answer, call that number twice if no response move to next step. For non-answering Agencies go to enclosure 4.9 for alternate means of contact. | Comm. |
| | Go to EN Form screen & select notification button for this message & enter notification time/date, enter name of each agency contacted. Authenticate message if requested. Click on save button at bottom of screen. | Comm. |
| | Read information on the form to the agencies and ask if there are any questions. If questions, record. | Comm. |

Lines 1,3,4,5,6,9,10,11 are required to be correct for Performance Indicator credit.

1. PIP - O-06-6511
2. PIP - G-07-0127
3. PIP G-09-1159
4. PIP O-11-9459

§50.54(q) Screening Evaluation Form

Activity Description and References: Offsite Communications From the Technical Support Center, RP/0/A/1000/015B rev 0 (Screening #1)

BLOCK 1

Activity Description;

- 1) Enclosure 4.7, page 1 of 4, after deleting 1st bullet move 3rd bullet (Fax Form.....) to 1st bullet. (see Screening form #2 for reason for deleting copying process prior to form transmittal)
- 2) Enclosure 4.7, page 1 of 4, next to last bullet to bottom of page. This bullet is indented, needs to align with other bullets on page.
- 3) Enclosure 4.7, Page 2 of 4 and 3 of 4, 2nd bullet on each page ~~is indented needs to be aligned with other bullets.~~ *deleted. RP 0-13*
- 4) Enclosures 4.1 to 4.6, page 1 of each enclosure, 1st bullet under note. Add " or Use Enclosure 4.13" to the end of each guidance statement. These enclosures are used by the TSC Off-Site Communicator and its use is provided in training for both manual and electronic (WebEOC) means of filling out the notification form. To add this step is merely an enhancement to the guidance and not additional information needing to be trained on. Provides another option for filling form out that they already use now.
- 5) Body of procedure, Page 3 of 7, step 2.6.1 and 2.6.2 need to be reversed. Also, step 2.6.1, remove "page set up on" and add ", file, page set up" after Internet Explorer.
- 6) Review entire procedure and make appropriate Procedure ID number changes from a safety classification "B" to an "A"

Reason for Change:

- 1) Clarification. This gives direct guidance to fax form ensuring procedure user puts form in machine prior to using speed dial 14 to fax to the multiple agencies.
- 2) Editorial change
- 3) Editorial change
- 4) To add this step is merely an enhancement to the guidance and not additional information needing to be trained on. Provides another option for filling form out that they already use now.
- 5) This was determined by the procedure users during a training class and was deemed to be more beneficial to the user since the flow is more realistic to the actual actions necessary to set up ones profile prior to WebEOC use.
- 6) The procedures referenced in this procedure (RP/0/B/1000/009, 010, 017) are due for revision at the same time so those procedure Id numbers will be revised to reflect and "A" as the safety classification.

Activity Scope:

BLOCK 2

- ☒ The activity is a *change* to the *emergency plan*
- ☐ The activity is not a *change* to the *emergency plan*

Change Type:

BLOCK 3

Change Type:

BLOCK 4

- ☒ The change is editorial or typographical
- ☐ The change is not editorial or typographical

- ☐ The change does conform to an activity that has prior approval
- ☐ The change does not conform to an activity that has prior approval

Planning Standard Impact Determination:**BLOCK 5**

- ☐ §50.47(b)(1) – Assignment of Responsibility (Organization Control)
- ☐ §50.47(b)(2) – Onsite Emergency Organization
- ☐ §50.47(b)(3) – Emergency Response Support and Resources
- ☒ §50.47(b)(4) – **Emergency Classification System***
- ☐ §50.47(b)(5) – **Notification Methods and Procedures***
- ☐ §50.47(b)(6) – Emergency Communications
- ☐ §50.47(b)(7) – Public Education and Information
- ☐ §50.47(b)(8) – Emergency Facility and Equipment
- ☐ §50.47(b)(9) – **Accident Assessment***
- ☐ §50.47(b)(10) – **Protective Response***
- ☐ §50.47(b)(11) – Radiological Exposure Control
- ☐ §50.47(b)(12) – Medical and Public Health Support
- ☐ §50.47(b)(13) – Recovery Planning and Post-accident Operations
- ☐ §50.47(b)(14) – Drills and Exercises
- ☐ §50.47(b)(15) – Emergency Responder Training
- ☐ §50.47(b)(16) – Emergency Plan Maintenance

***Risk Significant Planning Standards**

- ☐ The proposed activity does not impact a Planning Standard

Commitment Impact Determination:**BLOCK 6**

- ☐ The activity does involve a site specific EP commitment
Record the commitment or commitment reference: _____
- ☐ The activity does not involve a site specific EP commitment

Results:**BLOCK 7**

- ☒ The activity can be implemented without performing a §50.54(q) effectiveness evaluation
- ☐ The activity cannot be implemented without performing a §50.54(q) effectiveness evaluation

Preparer Name:
Ray Waterman

Preparer Signature
Ray Waterman

Date:
11-26-12

Reviewer Name:
Robert Taylor

Reviewer Signature
Robert Taylor

Date:
1/8/13

§50.54(q) Screening Evaluation Form

Activity Description and References: Offsite Communications From the Technical Support Center, RP/0/A/1000/015B rev 0 (screening #2)

BLOCK 1**Activity Description;**

- 1) Enclosure 4.7, Page 1 of 4, deleted first check of box and guidance. This guidance was a holdover from older fax machine technology where the form was slowly pulled through the faxing process while the form was being telecopied. This process has resulted in some forms being destroyed by the fax machine. The existing fax machines have not had any issues of the form being ripped or eaten by the fax machine. The new fax machines process/transmit the form after the form has passed through the fax machine. The process of making a copy also takes a couple of minutes that the control room personnel do not have when making notification to the offsite agencies.
- 2) Enclosure 4.8, added guidance on how to make copy from new fax machine. Copies may still be needed but not as initial step for transmitting a notification form.
- 3) Enclosure 4.13, Line #17, 7th bullet, add "Click on Print" to line 17 guidance.

Reason for Change:

- 1) The fax process with the new fax machines has been proven effective through multiple testing opportunities and was determined to be an unnecessary time consuming step. With new fax machine technology the process does not require a copy to be made plus eliminating the making of a copy saves the Control Room Offsite Communicator a minute or two that can be allocated towards the actual delivery of the message to the offsite agencies via phone call. To make a copy at an actual copy machine could also result in that machine eating the notification form, removing this guidance will eliminate that opportunity. As requested by Operations and TSC Off-site Communicators the Copy operations has been removed from the procedure for transmitting a notification form since this no longer applies to the faxing process as it did when the fax machines were less reliable. But since a copy for distribution may still be desired guidance for making copies has been added to enclosure 4.8.
- 2) Enclosure 4.7 page 4 of 4, states copies of notification form will be distributed throughout the TSC. Guidance on how to make copy
- 3) During the faxing process once "Select AT & T" is performed you must click on the print button to activate the send display box. This has been trained on and all communicators are aware of this process but adding it to procedure will accommodate new communicators in the future. this is an enhancement to the procedure by adding this additional information.

Activity Scope:**BLOCK 2**

- ☒ The activity is a change to the emergency plan
- ☐ The activity is not a change to the emergency plan

Change Type:**BLOCK 3**

- ☐ The change is editorial or typographical
☒ The change is not editorial or typographical

Change Type:**BLOCK 4**

- ☐ The change does conform to an activity that has prior approval
☒ The change does not conform to an activity that has prior approval

Planning Standard Impact Determination:**BLOCK 5**

- ☐ §50.47(b)(1) – Assignment of Responsibility (Organization Control)
☐ §50.47(b)(2) – Onsite Emergency Organization
☐ §50.47(b)(3) – Emergency Response Support and Resources
☐ §50.47(b)(4) – **Emergency Classification System***
☐ §50.47(b)(5) – **Notification Methods and Procedures***
☐ §50.47(b)(6) – Emergency Communications
☐ §50.47(b)(7) – Public Education and Information
☐ §50.47(b)(8) – Emergency Facility and Equipment
☐ §50.47(b)(9) – **Accident Assessment***
☐ §50.47(b)(10) – **Protective Response***
☐ §50.47(b)(11) – Radiological Exposure Control
☐ §50.47(b)(12) – Medical and Public Health Support
☐ §50.47(b)(13) – Recovery Planning and Post-accident Operations
☐ §50.47(b)(14) – Drills and Exercises
☐ §50.47(b)(15) – Emergency Responder Training
☐ §50.47(b)(16) – Emergency Plan Maintenance

***Risk Significant Planning Standards**

The editorial changes and the removal of the "make a copy before faxing" does not affect the notification methods outlined in Planning Standard 50.47 (b) (5). The notification process still supports getting the notification form to the offsite agencies in a timely manner. The new fax technology supports sending the fax immediately without taking the time to make a copy. This revision/change will not reduce the effectiveness of the E-Plan and can be implemented without a 5054Q evaluation.

- ☒ The proposed activity does not impact a Planning Standard

Commitment Impact Determination:**BLOCK 6**

- ☐ The activity does involve a site specific EP commitment

Record the commitment or commitment reference: _____

- ☒ The activity does not involve a site specific EP commitment

Results:**BLOCK 7**

- ☒ The activity can be implemented without performing a §50.54(q) effectiveness evaluation
☐ The activity cannot be implemented without performing a §50.54(q) effectiveness evaluation

Preparer Name:

Ray Waterman

Preparer Signature

Ray Waterman

Date:

11-26-12

Reviewer Name:

Robert Taylor

Reviewer Signature

Robert Taylor

Date:

1/8/13

Duke Energy
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/B/1000/015BRevision No. 017**SUPERSEDED****PREPARATION**(2) Station OCONEE NUCLEAR STATION(3) Procedure Title Offsite Communications From The Technical Support Center(4) Prepared By* Ray Waterman (Signature) *Ray Waterman* Date 11-26-12

(5) Requires NSD 228 Applicability Determination?

☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.☒ No (Revision with minor changes)(6) Reviewed By* *Robert Taylor* (QR)(KI) Date 1/8/13Cross-Disciplinary Review By* _____ (QR)(KI) NA AG Date 1/8/13Reactivity Mgmt Review By* _____ (QR) NA AG Date 1/8/13Mgmt Involvement Review By* _____ (Ops. Supt.) NA AG Date 1/8/13

(7) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(8) Approved By* *Patricia M. Steen* / *Patricia M. Steen* Date 1/18/13**PERFORMANCE** (Compare with control copy every 14 calendar days while work is being performed.)

(9) Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

(10) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(11) Procedure Completion Verification:

☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Charts, graphs, data sheets, etc. attached, dated, identified, and marked?☐ Yes ☐ NA Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?☐ Yes ☐ NA Procedure requirements met?

Verified By* _____ Date _____

(12) Procedure Completion Approved _____ Date _____

(13) Remarks (Attach additional pages, if necessary)

* Printed Name and Signature

§50.54(q) Screening Evaluation Form

Activity Description and References: Offsite Communications From the Technical Support Center, RP/0/B/1000/015B rev 17 Superseded
Activity Description;

BLOCK 1
17 Sept

- 1) To align our E-Plan Implementing Procedures with NSD703 permanent technical procedure requirements as determined by PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" instead of "B".

Reason for Change:

- 1) NSD 703.5.1, Permanent technical procedures are used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of a repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs. Permanent technical procedures are designated in the procedure number as follows:

Procedure Type Abbreviation

Emergency Response Procedures RP

RP/0/B/1000/015B revision 16 will be superseded and replaced with RP/0/A/1000/015B rev 0 This will not reduce the effectiveness of the E-Plan.

Activity Scope:

BLOCK 2

- ☒ The activity is a change to the emergency plan
☐ The activity is not a change to the emergency plan

Change Type:

BLOCK 3

- ☒ The change is editorial or typographical
☐ The change is not editorial or typographical

Change Type:

BLOCK 4

- ☐ The change does conform to an activity that has prior approval
☐ The change does not conform to an activity that has prior approval

Planning Standard Impact Determination:**BLOCK 5**

- ☐ §50.47(b)(1) – Assignment of Responsibility (Organization Control)
- ☐ §50.47(b)(2) – Onsite Emergency Organization
- ☐ §50.47(b)(3) – Emergency Response Support and Resources
- ☐ §50.47(b)(4) – Emergency Classification System*
- ☐ §50.47(b)(5) – Notification Methods and Procedures*
- ☐ §50.47(b)(6) – Emergency Communications
- ☐ §50.47(b)(7) – Public Education and Information
- ☐ §50.47(b)(8) – Emergency Facility and Equipment
- ☐ §50.47(b)(9) – Accident Assessment*
- ☐ §50.47(b)(10) – Protective Response*
- ☐ §50.47(b)(11) – Radiological Exposure Control
- ☐ §50.47(b)(12) – Medical and Public Health Support
- ☐ §50.47(b)(13) – Recovery Planning and Post-accident Operations
- ☐ §50.47(b)(14) – Drills and Exercises
- ☐ §50.47(b)(15) – Emergency Responder Training
- ☐ §50.47(b)(16) – Emergency Plan Maintenance

***Risk Significant Planning Standards**

- ☐ The proposed activity does not impact a Planning Standard

Commitment Impact Determination:**BLOCK 6**

- ☐ The activity does involve a site specific EP commitment

Record the commitment or commitment reference: _____

- ☐ The activity does not involve a site specific EP commitment

Results:

This title change is a result of an INOS PIP O-12-1590 making the determination that NSD 703 section 5.1 requires all Emergency Response Procedures to be permanent technical procedure thus resulting in all ONS E-Plan Implementing Procedure having a Safety Classification designation letter of "A" and not "B" in the ID number of that procedure. This title revision in no way compromises the contents of the procedure or its effectiveness of use during an emergency event. Nor does this title ID change affect the required review period for this procedure of every 6 years. It has been determined that this revision will not reduce the effectiveness of this emergency response procedure. The revision to the step number as indicated in change #1 is a editorial change because the procedure user knows this procedure contents and the guidance through multiple uses it was evident that the procedure step number referenced was not accurate and did not affect the direction the user would have taken. This revision was also determined to not require a 5054Q effectiveness evaluation due to a reduction in the effectiveness of the E-Plan.

BLOCK 7

- ☒ The activity can be implemented without performing a §50.54(q) effectiveness evaluation
- ☐ The activity cannot be implemented without performing a §50.54(q) effectiveness evaluation

Preparer Name:

Ray Waterman

Preparer Signature

Ray Waterman

Date:

11-26-12

Reviewer Name:

Robert Taylor

Reviewer Signature

Robert Taylor

Date:

1/8/13

Duke Energy
Standard Procedure for CNS, MNS & ONS
Activation of the Emergency Operations Facility

Procedure No.

SR/0/A/2000/003

Revision No.

000

Electronic Reference No.

SHR0005P

Reference Use

PERFORMANCE

This Procedure was printed on 01/28/13 at 10:49:19 from the electronic library as:

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Compare with Control Copy every 14 calendar days while work is being performed.

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Compared with Control Copy* _____ Date _____

Date(s) Performed

Work Order/Task Number (WO#)

COMPLETION

- ☐ Yes ☐ NA Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Charts, graphs, data sheets, etc. attached, dated, identified, and marked?
☐ Yes ☐ NA Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?
☐ Yes ☐ NA Procedure requirements met?

Verified By*

Date

Procedure Completion Approved*

Date

**Printed Name and Signature*

Remarks (attach additional pages, if necessary)

IMPORTANT: Do NOT mark on barcodes.

Printed Date: *01/28/2013*

Enclosure No.: *FULL*



Revision No.: *000*



Procedure No.: *SR/0/A/2000/003*



Activation of the Emergency Operations Facility

1. PURPOSE

- 1.1 This procedure describes the emergency responsibilities and duties of the Emergency Operations Facility Emergency Response Organization (ERO) members.

2. DEFINITIONS

NOTE: The EOF must be operational using 75 minutes as a goal for the minimum staff to be in place following declaration of an Alert or higher classification. Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the offsite agencies.

- 2.1 Operational: The Emergency Response Facility (e.g., Technical Support Center, Operations Support Center, Emergency Operations Facility) is staffed, ready to receive turnover and ready to perform assigned emergency response functions.
- 2.2 Activated: The Emergency Response Facility (e.g., Technical Support Center, Operations Support Center, Emergency Operations Facility) has accepted turnover and has direction and control of assigned emergency response functions.

NOTE: The following definition is applicable to the Emergency Notification Form Line 6.

- 2.3 Emergency Release: An unplanned, quantifiable radiological release to the environment during an emergency event. The release does not have to be related to the declared emergency. {EP FAM 3.7} Refer to procedure SH/0/B/2005/001 for specific indications of an emergency release.

NOTE: The following definitions are applicable to the Emergency Notification Form, Line 8.

- 2.4 Degrading: Plant conditions involve at least one of the following:

Plant parameters (e.g., temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values AND plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

Site conditions (e.g., wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire, security event) impacting plant operations or personnel safety are worsening AND plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

2.5 Improving: Plant conditions involve at least one of the following:

Plant parameters (e.g., temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

Site conditions (e.g., wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire, security events) have become less of a threat to plant operations or personnel safety **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

2.6 Stable: Plant conditions are neither degrading nor improving.

3. PROCEDURE

- NOTES:**
- This procedure and the position specific enclosures are not intended to be followed in a serial step-by-step sequence.
 - Instructions and guidance steps are to be implemented as applicable for the specific needs of the event.
 - Use hard copy (paper) forms or electronic equivalents to complete all forms.
 - References to "Status Boards" may refer to physical displays mounted in the facility or electronic displays either projected, displayed on large monitors or on personal computer monitors.

3.1 General instructions for all ERO members.

- 3.1.1 Ensure appropriate checklist, logs and forms are completed.
- 3.1.2 Provide critical information to appropriate personnel upon receipt rather than waiting for a time out or roundtable discussion.
- 3.1.3 Use "Attention in the EOF" to announce critical information in the facility.
- 3.1.4 **IF** additional personnel are needed to support the emergency or for 24-hour coverage, refer to the following for telephone numbers:
 - ERO Member Contact Information notebook on the EOF Director's Area bookshelf (home, office and pager numbers).
 - Duke Energy Enterprise Phone Book (office and pager numbers).

- Emergency Response Organization (ERO) database by contacting the EOF Emergency Planner.

3.1.5 **IF** equipment problems occur, contact the following:

- Computer – EOF Data Coordinator
- Communications systems and other facility equipment – EOF Services Manager

NOTE: When using the OAC to trend plant data for decision purposes, please note that reducing the trend screen overall size can cause the plotted data to be suspect upon restoration to full size. It is recommended that trend plots be minimized using the standard windows button (the button in the top right that has the underbar). The software code is designed to refresh the trend screens upon restoration to full size from a minimized state. A second method is to have the OAC redraw the trend after restoring the trend screen to full size.

3.2 **IF** access to SDS data is desired, login to system as follows:

- 3.2.1 From DAE main screen, select Search DAE tab.
- 3.2.2 Type SDS in Search box and press Enter.
- 3.2.3 Select **Catawba OAC SDS**, **McGuire OAC SDS**, or **Oconee OAC SDS** as applicable.
- 3.2.4 Select Run Application.
- 3.2.5 Logon with LAN ID and Password as follows:

NAM\UserID
Password

- 3.2.6 Select the desired OAC to access by checking the box and then clicking the Start button. You can start multiple sessions if desired.

CNS

- **C1 RT SVR (Unit 1 - SDS)**
- **C2 RT SVR (Unit 2 - SDS)**
- **Simulator**
- **Spare Sim**

MNS

- **MNS1 RT (Unit 1 - SDS)**
- **MNS2 RT (Unit 2 - SDS)**
- **Simulator**

- **Sim Bkup**

ONS

- **U1 RTS (Unit 1 - SDS)**
- **U2 RTS (Unit 2 - SDS)**
- **U3 RTS (Unit 3 - SDS)**
- **Simulator A**
- **Simulator B**

3.2.7 Access emergency response displays as follows:

Catawba/McGuire

Enter GD (space)"Group Display Name" in the white box at the upper right portion of the screen.

Catawba Specific

| <u>Group Display Name</u> | <u>Group Display Description</u> |
|---------------------------|--|
| ERDS1 | ERDS Group 1 |
| ERDS2 | ERDS Group 2 |
| EROCONT | Selected values associated with containment. |
| EROCORE1 | Incore temperature values |
| EROCORE2 | Additional incore temperature values |
| EROCORE3 | Additional incore temperature values |
| EROINJCT | Selected letdown/charging values |
| EROPLEAK | Selected primary to containment leakage values |
| EROSLEAK | Selected primary to secondary leakage values |
| EROPRIM | Selected primary system values |
| ERORD5 | Selected Raddose V Assessment Points |
| ERORXG | Selected Value for Reactor Engineer |
| EROSAMG | Selected SAMG Values |
| EROSSECND | Selected secondary system values |
| MET | Met Tower Points |

McGuire Specific

| <u>Group Display Name</u> | <u>Group Display Description</u> |
|---------------------------|---|
| ERO-1 | Selected plant parameters |
| EROCONT | Emergency Response Containment |
| EROCORE | Emergency Response Incore |
| EROINJCT | Emergency Response Injection |
| EROPRIM | Emergency Response Primary |
| ERORD5 | Selected Raddose V Assessment Points |
| EROSecND | Emergency Response Secondary. {9} {10} |
| WEATHER | Weather Data |

Oconee

Enter applicable Turn On code in the white box at the upper right portion of the screen.

Oconee Specific

| <u>Turn On Code Name</u> | <u>Turn On Code Description</u> |
|--------------------------|--|
| EROMENU | Menu Access for Oconee Data Screens |
| EROPRI | Selected Primary System values |
| EROSec | Selected Secondary System values |
| EROCONT | Selected Containment Condition values |
| EROAUX | Selected Radiation Monitor values |
| EROAREA | Selected Area Radiation Monitor values |
| EROPROC | Selected Process Radiation Monitor values |
| EROENV | Selected values for Dose Assessment and Field Monitoring use |
| EROECCS | Selected ECCS values |
| ERDSMENU | Menu Access for Oconee ERDS Data |

3.3 The Emergency Plant Status application has also been established for Oconee emergency response use. This application is available from DAE.

3.3.1 To launch the Emergency Plant Status application, from DAE select *Search DAE* and type in *Emergency Plant Status*.

3.3.2 Select the *Emergency Plant Status - ONS*

3.3.3 Select Run Application

3.3.4 Enter your password and verify domain as NAM.

3.4 **IF** EOF facility in Energy Center is unavailable, establish Alternate EOF at designated alternate location:

- Catawba Nuclear Station event - McGuire Administration Building per Enclosure 6.25
- McGuire Nuclear Station event - Catawba Administration Building per Enclosure 6.26
- Oconee Nuclear Station event - Catawba Administration Building per Enclosure 6.26

3.5 Perform the applicable actions for the event using instructions and guidance in the following enclosures:

| ERO Position Title | Enclosure |
|-------------------------------------|---|
| EOF Director/Assistant EOF Director | 6.1 EOF Director/Assistant EOF Director Checklist |
| Radiological Assessment Manager | 6.6 Radiological Assessment Manager Checklist |
| EOF Dose Assessor | 6.7 EOF Dose Assessor Checklist |
| Field Monitoring Coordinator | 6.8 Field Monitoring Coordinator Checklist |
| Radio Operator | 6.9 Radio Operator Checklist |
| EOF Offsite Agency Communicator | 6.10 EOF Offsite Agency Communicator Checklist |
| Accident Assessment Manager | 6.12 Accident Assessment Manager Checklist |
| Accident Assessment Interface | 6.13 Accident Assessment Interface Checklist |
| Operations Interface Checklist | 6.14 Operations Interface Checklist {44} |
| Reactor Physics | 6.15 Reactor Physics Checklist |
| EOF Emergency Planner | 6.16 EOF Emergency Planner Checklist |
| EOF Log Recorder | 6.17 EOF Log Recorder Checklist |
| EOF Data Coordinator | 6.18 EOF Data Coordinator Checklist |
| EOF Services Manager | 6.19 EOF Services Manager Checklist |

4. REFERENCES

- 4.1 Catawba Nuclear Station (CNS) Emergency Plan
- 4.2 McGuire Nuclear Station (MNS) Emergency Plan
- 4.3 Oconee Nuclear Station (ONS) Emergency Plan

5. RECORDS

- 5.1 All logs, forms and records completed as the result of implementing this procedure during an actual declared event shall be retained as permanent plant records. Nuclear Generation Record Retention Rule Number 421734, "Procedures-Technical Completed."
- 5.2 All checklists, logs and forms completed as the result of implementing this procedure shall be collected at the end of the event and provided to the site Emergency Planning Manager.

6. Enclosures

- 6.1 EOF Director/Assistant EOF Director Checklist
- 6.2 Catawba Offsite Protective Actions
- 6.3 McGuire Offsite Protective Actions
- 6.4 Oconee Offsite Protective Actions
- 6.5 Emergency Classification Downgrade/Termination
- 6.6 Radiological Assessment Manager Checklist
- 6.7 EOF Dose Assessor Checklist
- 6.8 Field Monitoring Coordinator Checklist
- 6.9 Radio Operator Checklist
- 6.10 EOF Offsite Agency Communicator Checklist
- 6.11 Deleted {61}
- 6.12 Accident Assessment Manager Checklist
- 6.13 Accident Assessment Interface Checklist
- 6.14 Operations Interface Checklist {44}
- 6.15 Reactor Physics Checklist
- 6.16 EOF Emergency Planner Checklist
- 6.17 EOF Log Recorder Checklist
- 6.18 EOF Data Coordinator Checklist
- 6.19 EOF Services Manager Checklist
- 6.20 Establishing Communications Links Between McGuire SAMG Evaluators {11}
- 6.21 Oconee Recovery Guidelines
- 6.22 Keowee Hydro Dam/Dikes - Condition A/B Descriptions
- 6.23 EOF Evacuation Checklist
- 6.24 EOF Briefing Guideline
- 6.25 Setup of Catawba Alternate EOF in McGuire Admin Bldg. {66, 67, 68}

- 6.26 Setup of McGuire or Oconee Alternate EOF in Catawba Admin Bldg. {66, 67, 68}
- 6.27 NRC Response Team Briefing
- 6.28 Commitments for SR/0/B/2000/003

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

_____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.

_____ Don position badge.

_____ Sign in on EOF staffing board.

NOTE: The EOF Log Recorder will maintain the official log for the EOF Director/Assistant EOF Director. The EOF Director/Assistant EOF Director may maintain an additional log if desired.

_____ Establish log of activities sufficient to conduct turnover for on-coming shift.

_____ Establish communications with Emergency Coordinator or Assistant Emergency Coordinator in affected site's TSC:

- Use affected site's EOF Director to Emergency Coordinator Ringdown phone (Catawba and McGuire only)
OR
- Catawba TSC, 9-803-701-5870
OR
- McGuire TSC, 9-980-875-4950
OR
- Oconee TSC, 9-864-873-3921.

INITIALS _____ PRINTED NAME _____ (EOF Director)

INITIALS _____ PRINTED NAME _____ (Asst. EOF Director)

- NOTE:**
1. **IF** the emergency situation prevents activating the TSC within 75 minutes of declaration, Control Room will:
 - turn over responsibility for classification and state and county notification to EOF.
 - maintain responsibility for NRC Event Notification until released by NRC **Communicator in TSC.**
 - maintain responsibility for continuous phone communications to the NRC until relieved by the NRC Communicator in TSC.
 2. **IF** TSC remains unavailable and EOF cannot take responsibility for classification and state and county notification, Control Room will maintain these responsibilities until one of the facilities is capable of turnover.

IF emergency situation prevents activating TSC within 75 minutes of declaration, contact affected Site's Control Room:

Person Notified/Date/Time

- ☐ Catawba Control Room, 9-803-701-5164 _____ / _____
- ☐ McGuire Control Room, 9-980-875-4138 _____ / _____
- ☐ Oconee Unit 1 and 2 Control Room, 9-864-873-2159 _____ / _____
- ☐ Oconee Unit 3 Control Room, 9-864-873-2160 _____ / _____

Verify EOF minimum staffing positions are prepared to assume their EOF duties prior to declaring the EOF operational:

- ____ EOF Director
- ____ Accident Assessment Manager
- ____ Radiological Assessment Manager
- ____ Off-Site Agency Communicator
- ____ Off-Site Agency Communicator.

OR

IF Less than the above listed minimum EOF positions are filled,

AND

The 75-minute EOF operational time requirement is near,

AND

An extra person(s) is available whom the EOF Director believes is capable of filling a missing position(s) based on the training, experience and skills required by the ERO training program - ETQS 7111.0, Emergency Response Training

AND

An appropriate log entry is made. {64}

Request Offsite Agency Communicator monitor EOF Fax 704-382-1825. {13}

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

____ Announce over EOF public address system:

"Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours or believes their work quality may be compromised due to fatigue {69}, notify either the EOF Director, Assistant EOF Director, or the appropriate lead in each functional area."

____ Declare EOF operational. EOF operational time: _____.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

____ Announce over EOF public address system:

"Attention all EOF personnel. This is _____ and as of _____ hours,
(EOF Director's Name)
the EOF is operational."

____ Notify Emergency Coordinator or Assistant Emergency Coordinator that the EOF is:

- Operational
- Gathering plant status information
- Ready to receive turnover at the Emergency Coordinator's convenience.

____ Review definitions in Section 2 of this procedure.

NOTE: The following step may be accomplished by conducting a Time Out or by verifying the level of readiness with the individuals in the positions.

____ Verify the following positions, at a minimum, are ready to activate and prepared to perform the next offsite agency notification.

- ____ Accident Assessment Manager
- ____ Radiological Assessment Manager
- ____ Lead Off-Site Agency Communicator

NOTE: The Emergency Coordinator or Assistant Emergency Coordinator should fax the Emergency Coordinator Turnover Checklist to the EOF. The "Emergency Coordinator Turnover Checklist" is provided on page 13 of this enclosure.

____ **IF** a classification change occurs during turnover, suspend turnover until CR OR TSC declares and transmits notification to offsite agencies. {12}

EOF Director/Assistant EOF Director Checklist Page 4 of 14

____ Receive turnover from Emergency Coordinator or Assistant Emergency Coordinator utilizing the "Emergency Coordinator Turnover Checklist" or equivalent.

____ Prepare or delegate to Assistant EOF Director preparations for briefing NRC by completing job aide in Enclosure 6.27 {8}

NOTE: The EOF Director is responsible for determining Emergency Classifications, approving Protective Action Recommendations, and approving Offsite Agency Emergency Notification Forms after the EOF is activated. These responsibilities remain with the EOF Director and shall not be delegated.

____ Inform Emergency Coordinator that EOF is ready to activate.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

____ Announce over the EOF public address system:

"Attention all EOF personnel. The EOF was activated at _____ hours. This is _____ I am the EOF Director and have taken responsibility for emergency management from the Emergency Coordinator in the Technical Support Center. At this time, the EOF has command and control for emergency classification, offsite notifications, protective action recommendations, field monitoring, and offsite agency interface. The current emergency classification is _____. The following is a summary of the plant status _____

Additional information will be provided to you as conditions change. The next offsite agency notification shall be transmitted by _____ hours. The EOF staff shall prepare for a time-out and a roundtable discussion at _____ hours."

____ Review current emergency classification with EOF staff and verify it meets criteria in:

- Catawba RP/0/A/5000/001
- OR**
- McGuire RP/0/A/5700/000
- OR**
- Oconee RP/0/B/1000/001.

____ Obtain from RAM expected time frames that dose assessment runs will be available to be included on emergency notification forms. {31}

NOTE:

1. The first message from the EOF should include EOF activation time on Line 13.
2. **IF** data changes during review of the emergency notification form, it is a good practice to require the EOF staff to do a "clean sweep" through the form prior to approval. {52}

____ Notify Offsite Agency Communicator to make emergency notifications according to the following schedule:

Initial Notifications {39}

1. Initial notifications to the State(s) and counties must be made within 15 minutes of the event declaration time using the Emergency Notification form (ENF).
2. For an upgrade in classification prior to or while transmitting an initial message:
 - The notification for the lesser emergency classification must be made within 15 minutes of the lesser classification declaration time.
 - The agencies must be informed that an upgrade in classification will be coming.
 - The upgraded classification message must be transmitted within 15 minutes of the upgraded classification declaration time.

Follow-up Notifications

1. Follow-up notifications to the State(s) and Counties must be made according to the following schedule:

| | | |
|---|--|--|
| <u>Catawba</u> -For NOUE, ALERT, SAE, or GE, every hour until the emergency is terminated. | <u>McGuire</u> -For NOUE, every 4 hours until the emergency is terminated. -For ALERT, SAE, or GE, every hour until the emergency is terminated. | <u>Oconee</u> -For NOUE, a follow-up is not required. -For ALERT, SAE, or GE, every 60 minutes until the emergency is terminated. |
| OR | | |
| <u>Catawba</u> -If there is any significant change to the situation (make notification as soon as possible). | <u>McGuire</u> -If there is any significant change to the situation (make notification as soon as possible). | <u>Oconee</u> -If there is any significant change to the situation (make notification as the change occurs). See NOTE* below for examples of changes. |
| OR | | |
| <u>Catawba</u> -As agreed upon with an Emergency Management official from <u>each</u> individual agency. Documentation shall be maintained for any agreed upon schedule change. -The interval <u>shall not</u> be greater than 4 hours to any agency. | <u>McGuire</u> -As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change. -The interval for ALERT, SAE, or GE <u>shall not</u> be greater than 2 hours to any agency. | <u>Oconee</u> -Required every 60 minutes from the notification time on Line 2 for ALERT, SAE, or GE. -This frequency <u>may be</u> changed at the request of offsite agencies. |

*NOTE (Oconee): Examples of significant plant changes include: evacuation/relocation of site personnel, fires onsite, MERT activation and/or injured personnel transported offsite, chemical spills, explosions, Condition "A" or "B" for Keowee Hydro Project Dams/Dikes, or any event that would cause or require offsite agency response.

2. If a follow-up is due and an upgrade to a higher classification is declared, there is no need to complete the follow-up ENF. In this case, the offsite agencies must be notified that the pending follow-up is being superseded by an upgrade to a higher classification and information will be provided.

3. Follow-up messages in the General Emergency classification that involve an upgrade in PARs must be communicated to the offsite agencies as soon as possible and within 15 minutes.

____ **IF AT ANY TIME** Site Area Emergency is declared, consult Accident Assessment Manager and Radiological Assessment Manager to determine potential zones for protective action recommendations.

____ **IF AT ANY TIME** General Emergency is declared, EOF Director shall IMMEDIATELY (within 15 minutes) make Protective Action Recommendations to offsite agencies on Emergency Notification Form (ENF) using: {57}

- ☐ Enclosure 6.2 - Catawba Offsite Protective Actions
- ☐ Enclosure 6.3 - McGuire Offsite Protective Actions
- ☐ Enclosure 6.4 - Oconee Offsite Protective Action

____ **IF** changes to Protective Action Recommendations are approved by the EOF Director, ensure changes are transmitted to offsite agencies within 15 minutes.

CAUTION: If a zone has been accurately selected for evacuation, it shall remain selected. {27} {30}

____ Evaluate specific plant conditions, offsite dose projections, field monitoring team data, and determine need to update Protective Action Recommendations.

____ Review dose projections with Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.

____ **IF** Protective Action Recommendations are required beyond 10 miles, notify the states and counties to consider sheltering/evacuation of general population beyond 10-mile EPZ.

NOTE: Descriptions of Keowee Hydro Dam/Dike Condition A and B are provided in Enclosure 6.22.

____ **IF** Condition A, Dam Failure (Keowee or Jocassee) exists, make Protective Action Recommendations to Oconee County and Pickens County for imminent/actual dam failure on Emergency Notification Form Line 5B (Evacuate) and Line 5E (Other):

Line 5B *Move residents living downstream of the Keowee Hydro Project dams to higher ground.*

Line 5E *Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.*

____ Communicate, or delegate to the Assistant EOF Director the responsibility to communicate, plant status to County Directors of Emergency Preparedness (CDEP), State Liaisons or State Directors of Emergency Preparedness (SDEP):

- EOF State Liaisons communicate information from EOF Director to County/State representatives using Decision Line.

NOTE: If using the EOF/Assistant EOF Director telephone, individual State and/or County numbers can be obtained from the appropriate site's Emergency Telephone Directory.

- Use Decision Line or EOF/Assistant EOF Director telephone to contact appropriate states/counties. Obtain Decision Line Dial Codes or phone numbers from the appropriate Emergency Telephone Directory. {7}

Catawba Site Specific

____ York CDEP _____

____ Mecklenburg CDEP _____

____ Gaston CDEP _____

____ NC SDEP _____

____ SC SDEP _____

McGuire Site Specific

____ Mecklenburg CDEP _____

____ Gaston CDEP _____

____ Lincoln CDEP _____

____ Iredell CDEP _____

____ Catawba CDEP _____

____ Cabarrus CDEP _____

____ NC SDEP _____

Oconee Site Specific

____ Oconee County CDEM _____

____ Pickens County CDEM _____

____ SC SDEM _____

_____ **IF** Protective Action Recommendations have been provided to the States and Counties, request protective action decision information from the SDEPs **AND** CDEPs:

Zones Evacuated: _____

Zones Sheltered: _____

Information Received from: _____

_____ Inform Emergency Coordinator **OR** Assistant Emergency Coordinator of SDEPs and CDEPs protective action decisions and other offsite conditions.

| |
|--|
| NOTE: Wireless mikes are available for use during round tables/timeouts. {38} |
|--|

_____ Perform the following steps as needed throughout the event:

- Conduct a time-out and hold a roundtable discussion approximately every hour, coordinated with the TSC, with the EOF staff using Enclosure 6.24 to discuss:
 - Emergency Classification
 - Protective Action Recommendations
 - Emergency Notification Form status
 - Offsite dose projections
 - Mitigation strategies
 - Termination criteria as defined in Enclosure 6.5.
- Ensure roundtables/time-outs enable EOF members to know what is going on, what to anticipate, and understand focus and priorities.
- Announce to the EOF the emergency classification, plant status, and priorities via the EOF public address system following EOF time-outs.
- Emergency Coordinator or Assistant Emergency Coordinator updates may be broadcast on EOF public address system.
- Advise Emergency Coordinator or Assistant Emergency Coordinator of:
 - All aspects of the emergency situation, including alternate strategies outside of procedures as plant conditions dictate
 - Emergency Classification changes
 - Protective Action Recommendations changes
 - Mitigation strategies
 - Contingency plans.

- NOTE:**
1. 10CFR50.54(x) states that a licensee may take reasonable action that departs from a license condition or technical specification in an emergency, when this action is immediately needed to protect the health and safety of the public and no action consistent with license conditions or technical specifications that can provide adequate or equivalent protection is immediately apparent. Ultimate responsibility for plant response in an emergency resides in the highest authority in the chain of command of the facility licensee available to make a decision about the response. The on duty OSM should be consulted and his concurrence obtained before invoking 10CFR50.54(x). {48}
 2. Examples of potential 10CFR50.54(x) action items include: {40}
 - Deviation from an Emergency Procedure.
 - Rerouting system piping to temporarily restore system flow.
 - Re-alignment of electrical power systems outside of procedural guidance.
 - Using mitigation strategies not established by the SAMG guidelines.
 3. **IF** the TSC is activated, the TSC Emergency Coordinator makes the decision to invoke 10CFR50.54(x). {48}

- **WHEN** restoring power in a LOOP event, have the risk significance of power restoration assessed for risk potential by Accident Assessment personnel. {42}
- Authorize emergency worker extensions if the radiation exposure doses are expected to exceed the blanket dose extension limits authorized by the Radiation Protection Manager using:
 - Catawba RP/0/A/5000/018
 - McGuire RP/0/A/5700/020
 - Oconee RP/0/B/1000/011.

NOTE: The Emergency Action Level descriptions on Line 4 of the Emergency Notification Form have been pre-screened.

- **IF** the event involves a security threat, consult the job aid, "Nuclear Security Approved Messages for Security Related Events/Issues," in the EOF Director's notebook for guidance in developing remarks for Line 13 of the Emergency Notification Form. {47}

NOTE: Personnel without badge access will need to be escorted into the EOF by the Assistant EOF Director, EOF Emergency Planner, EOF Services Manager, or their Mentor. {61}

- Approve personnel with training deficiencies prior to their participation as EOF staff members. This approval shall be documented in the EOF Log.
- Turn over EOF Director duties to the Assistant EOF Director prior to leaving the EOF Director's Area.

- **IF** necessary to relieve Duke personnel, request environmental surveillance support personnel from DOE Radiological Assessment Plan by contacting DOE - Savannah River Site. {53}
- Periodically review the staffing levels in the EOF to ensure adequate resources are in place to deal with response/recovery. {25}
- **IF** events affect more than one nuclear site, refer to the multi-site event staffing chart in the Oconee Emergency Plan, Figure B-11.

NOTE: The job aid, "Questions Corporate Communications may ask (based on initiating event)," is available in the EOF Director's notebook for guidance.

- Provide information to Corporate Communications for news releases.
- **IF** EOF needs to be evacuated, refer to EOF Evacuation Checklist in Enclosure 6.23. {54}

____ Verify EOF Emergency Planner completes "EOF 24-Hour Staffing Log" in Enclosure 6.17.

____ **IF** needed, conduct turnover for on-coming shift.

____ Assist TSC Emergency Coordinator or Assistant TSC Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG). (Catawba and McGuire) {11}

____ Refer to Enclosure 6.5 (Emergency Classification Downgrade/Termination Criteria) for guidance to downgrade or terminate an emergency event.

NOTE: The offsite Recovery Organization will stay at the EOF and work with the counties and states if radiological conditions exist beyond the site boundary. The On-Site Recovery Organization will be established by the Emergency Coordinator.

____ **IF** needed, establish Recovery Organization:

- ☐ Catawba RP/0/A/5000/025
- ☐ McGuire RP/0/A/5700/024
- ☐ Oconee RP/0/B/1000/027 and guidance in Enclosure 6.21.

Terminate the emergency event in accordance with applicable procedure:

____ Notification of Unusual Event
Catawba - RP/0/A/5000/002
McGuire - RP/0/A/5700/001

____ Alert
Catawba - RP/0/A/5000/003
McGuire - RP/0/A/5700/002

____ Site Area Emergency
 Catawba - RP/0/A/5000/004
 McGuire - RP/0/A/5700/003

____ General Emergency
 Catawba - RP/0/A/5000/005
 McGuire - RP/0/A/5700/004.

NOTE: During declared emergencies, Duke Energy does not need to meet Fatigue Rule Work Hour Controls. Once the declared emergency or the unannounced drill has been terminated, **ALL HOURS worked during the declared emergency will be included in future work hour calculations, including the determination of minimum breaks between shifts.**
 {69}

____ Announce the following:

"Covered Workers need to ensure that all hours worked during an augmentation drill or a declared emergency are entered into EMPCenter prior to leaving the site. Supervisors should consider the need for to initiate a waiver in EmpCenter per NSD-200 Section 200.8." {69}

____ Conduct a critique following termination of drill or actual event.

____ Provide all completed paperwork to Emergency Planning following termination of a drill or actual event.

Close out an Oconee emergency event as listed below:

____ **IF** an event meets termination criteria for General Emergency in Enclosure 6.5, Emergency Classification Downgrade/Termination, inform NRC Site Team Director (STD) and SDEM that termination criteria have been met.

- Secure agreement from the two directors to terminate the event.
- Document names and time decision made below.

| | <u>Name</u> | <u>Telephone Number</u> | <u>Time</u> |
|--------|-------------|-------------------------|-------------|
| SDEM | _____ | 9-803-737-8500 | _____ |
| NRCSTD | _____ | (In person in EOF) | _____ |

- Request lead Offsite Agency Communicator to complete Termination Message and transmit it in accordance with SR/0/B/2000/004 (Notification to State and Counties from the Emergency Operations Facility) and terminate the emergency.

_____ **IF** terminating from an Unusual Event, Alert, or Site Area Emergency,

- Request lead Offsite Agency Communicator to complete Termination Message and transmit it in accordance with SR/0/B/2000/004 (Notification to State and Counties from the Emergency Operations Facility) and terminate the emergency.
- Notify the following agencies:

| | <u>Name</u> | <u>Telephone Number</u> |
|------|-------------|-------------------------|
| SDEM | _____ | <u>9-803-737-8500</u> |

OR, IF the SEOC has not been activated, the County Emergency Management Directors (CEMD)

| | <u>Name</u> | <u>Telephone Number</u> |
|--------------|-------------|-------------------------|
| Oconee CDEM | _____ | <u>9-864-638-4200</u> |
| Pickens CDEM | _____ | <u>9-864-898-5943</u> |

_____ **IF** terminating from an emergency involving dam failure (Keowee or Jocassee),

- Discuss termination with Hydro Central (Refer to Section 6 of the Oconee Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification).

_____ Request Oconee Emergency Planning to provide a copy of the Licensee Event Report (LER) to state and county agencies at the time it is sent to the NRC.

EOF Director/Assistant EOF Director Checklist Page 13 of 14

() CATAWBA

() MCGUIRE

() OCONEE

UNIT(S) AFFECTED: {8}

() Unit 1

() Unit 2

() Unit 3

| | | | | | |
|--|----------------------------------|---------------------|-----------------------------|-------|--------------------------|
| GENERAL | DATE: _____ | POWER LEVEL | REACTOR COOLANT TEMPERATURE | | REACTOR COOLANT PRESSURE |
| | TIME: _____ | U-1 _____ | _____ | | _____ |
| | | U-2 _____ | _____ | | _____ |
| | | U-3 _____ | _____ | | _____ |
| EMERGENCY CLASSIFICATION | NOUE DECLARED AT: _____ | | TSC ACTIVATED AT: _____ | | |
| | ALERT DECLARED AT: _____ | | EOF ACTIVATED AT: _____ | | |
| | SAE DECLARED AT: _____ | | | | |
| | G.E. DECLARED AT: _____ | | | | |
| | REASON FOR EMER CLASS: _____ | | | | |
| SITE ASSEMBLY SITE EVACUATION | | YES | NO | TIME | LOCATION OR COMMENTS |
| | SITE ASSEMBLY | _____ | _____ | _____ | _____ |
| | SITE EVAC. (NON-ESSEN.) | _____ | _____ | _____ | _____ |
| | SITE EVAC. (ESSENTIAL) | _____ | _____ | _____ | _____ |
| | OTHER OFFSITE AGENCY INVOLVEMENT | _____ | _____ | _____ | _____ |
| | MEDICAL | _____ | _____ | _____ | _____ |
| | FIRE | _____ | _____ | _____ | _____ |
| | POLICE/SHERIFF | _____ | _____ | _____ | _____ |
| RADIOLOGICAL | FIELD MON. TEAMS | NUMBER ASSEM. _____ | NUMBER DEPLOYED _____ | | |
| | | ZONES EVACUATED | ZONES SHELTERED | | KI (General Public) |
| | OFFSITE PARS | _____ | _____ | | Yes () No () |
| | RELEASE IN PROGRESS | YES () | NO () | | |
| | RELEASE PATHWAY | _____ | | | |
| | CONTAINMENT PRESSURE | _____ PSIG | | | |
| | WIND DIRECTION | _____ | WIND SPEED _____ | | |
| OFFSITE COMMUNICATIONS | NUMBER | | TIME | | |
| | LAST MESSAGE SENT: _____ | | _____ | | |
| | NEXT MESSAGE DUE: _____ | | _____ | | |
| NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF. | | | | | |
| OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

EOF Director/Assistant EOF Director Checklist Page 14 of 14

Job Aid {8}

| | CATAWBA/McGUIRE | OCONEE | AVAILABLE | NOT AVAILABLE | COMMENTS |
|-----------------|---------------------------------|-----------------|-----------|---------------|----------|
| SG HEAT REMOVAL | AFW (CA) TRAIN A | EFDW TRAIN A | | | |
| | AFW (CA) TRAIN B | EFDW TRAIN B | | | |
| | TD AFW TRAIN | TDEFDW | | | |
| | | | | | |
| ECCS | NV TRAIN A | HPI TRAIN A | | | |
| | NV TRAIN B | HPI TRAIN B | | | |
| | NI TRAIN A | | | | |
| | NI TRAIN B | | | | |
| | ND TRAIN A | LPIP TRAIN A | | | |
| | ND TRAIN B | LPIP TRAIN B | | | |
| | STANDBY MU WATER PMP | | | | |
| COOLING WATER | KC TRAIN A | UNIT 1 CC | | | |
| | KC TRAIN B | UNIT 2 CC | | | |
| | | UNIT 3 CC | | | |
| | RN TRAIN A | UNIT 1 & 2 LPSW | | | |
| | RN TRAIN B | UNIT 3 LPSW | | | |
| POWER SYSTEMS | BUSLINE A | MAIN FEEDER BUS | | | |
| | BUSLINE B | STANDBY BUS | | | |
| | DG A | KEOWEE 1 | | | |
| | DG B | KEOWEE 2 | | | |
| | SATA | CT4 | | | |
| | SATB | CT5 | | | |
| | TRAIN A DC POWER | DC POWER | | | |
| | TRAIN B DC POWER | | | | |
| | SSF DG | SSF DG | | | |
| CONTAINMENT | CONT. SPRAY TRAIN A | RBS TRAIN A | | | |
| | CONT. SPRAY TRAIN B | RBS TRAIN B | | | |
| | H ² IGNITERS TRAIN A | | | | |
| | H ² IGNITERS TRAIN B | | | | |
| | CONT. AIR RETURN FANS TRAIN A | A RBCU | | | |
| | CONT. AIR RETURN FANS TRAIN B | B RBCU | | | |
| | | C RBCU | | | |
| | CONT. ISOL. TRAIN A | ES 1&2 | | | |
| | CONT. ISOL. TRAIN B | ES 5&6 | | | |

Note: This form is not required for TSC/EOF Turnover. It is made available as a job aid only and can be used for other activities (e.g., Briefing the NRC).

Enclosure 6.2
Catawba Offsite Protective Actions

SR/0/A/2000/003

Page 1 of 8

{20}

NOTE: 1. Protective Action Recommendations (PARs) for the public apply during a General Emergency, and include sheltering, evacuation and consideration of KI use. PARs are based on plant conditions independent of projected dose, and can also be based on projected dose. Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The projected dose PARs specified in this enclosure are based on the PAGs listed below. The PAG for KI is taken from Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001 and Guidance for Industry, KI in Radiation Emergencies, Questions and Answers, FDA, December 2002. {23}

PROTECTIVE ACTION GUIDES (PAGs)

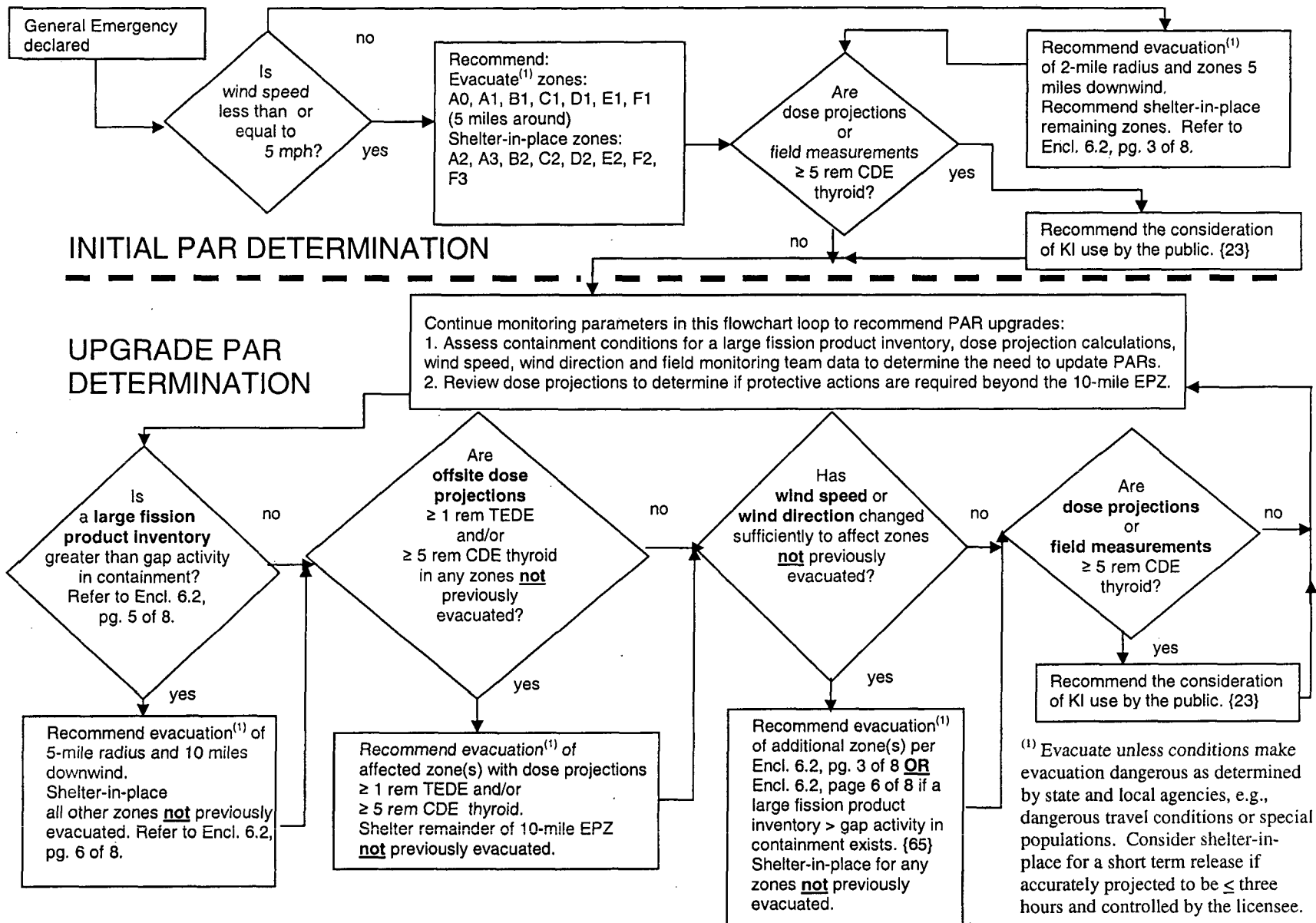
Projected Dose

| Total Effective Dose Equivalent (TEDE) | Committed Dose Equivalent (CDE) Thyroid | Recommendation |
|--|---|--|
| < 1 rem | < 5 rem | No Protective Action is required based on projected dose. |
| ≥ 1 rem | ≥ 5 rem | Evacuate affected zones and shelter the remainder of the 10-mile EPZ not evacuated. |
| N/A | ≥5 rem | Consider the use of KI (potassium iodide) in accordance with State Plans and Policy. |

2. **IF** desired, you may refer to the flow chart on page 2 of this enclosure. {43}

INITIALS _____ PRINTED NAME _____

Catawba Offsite Protective Actions Flowchart



**Catawba Offsite Protective Actions
Immediate Protective Action Recommendations Steps**

INITIAL

CAUTION: A short term release is any release that can be projected to be 3 hours or less in duration. An example would be a "puff release". A controlled release is one that can be started and stopped at the licensee's discretion, such as the venting of Containment for pressure control. **IF** a release is short term **AND** controlled, sheltering in lieu of evacuation should be considered. {36}

NOTE:{5} If necessary, obtain needed data from one of the following sources in order of sequence:

- A. Catawba SDS (Group Display "ERORD5")
- B. Duke Meteorologist (2-0139, 3-7896, **OR** 2-4316)
- C. National Weather Service in Greer, S.C. (9-864-879-1085 9-800-268-7785 **OR** Decision Line 15) {55}

— **IF AT ANY TIME** a General Emergency is declared, make immediate PROTECTIVE ACTION RECOMMENDATIONS (PARs) within 15 minutes to be entered on Line 5 of the Emergency Notification Form (ENF). Determine the PARs based on the 15-minute average lower wind speed (OAC point C1P0253) and the 15-minute average upper wind direction (OAC point C1P0250) as below:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

Evacuate zones: A0, A1, B1, C1, D1, E1, F1 (5-Mile Radius)

AND

Shelter-in-place zones: A2, A3, B2, C2, D2, E2, F2, F3

OR

WIND SPEED GREATER THAN 5 MPH

| Wind Direction (Degrees from North) | Evacuate* 2-Mile Radius and 5 Miles Downwind | Shelter Remaining Sectors |
|--|---|--|
| 348.75 - 11.25 | A0, B1, C1, D1 | A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3 |
| 11.26 - 33.75 | A0, C1, D1 | A1, A2, A3, B1, B2, C2, D2, E1, E2, F1, F2, F3 |
| 33.76 - 56.25 | A0, C1, D1, E1 | A1, A2, A3, B1, B2, C2, D2, E2, F1, F2, F3 |
| 56.26 - 78.75 | A0, C1, D1, E1, F1 | A1, A2, A3, B1, B2, C2, D2, E2, F2, F3 |
| 78.76 - 101.25 | A0, C1, D1, E1, F1 | A1, A2, A3, B1, B2, C2, D2, E2, F2, F3 |
| 101.26 - 123.75 | A0, D1, E1, F1 | A1, A2, A3, B1, B2, C1, C2, D2, E2, F2, F3 |
| 123.76 - 146.25 | A0, E1, F1 | A1, A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3 |
| 146.26 - 168.75 | A0, A1, E1, F1 | A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3 |
| 168.76 - 191.25 | A0, A1, E1, F1 | A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3 |
| 191.26 - 213.75 | A0, A1, B1, E1, F1 | A2, A3, B2, C1, C2, D1, D2, E2, F2, F3 |
| 213.76 - 236.25 | A0, A1, B1, F1 | A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3 |
| 236.26 - 258.75 | A0, A1, B1, F1 | A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3 |
| 258.76 - 281.25 | A0, A1, B1, C1 | A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3 |
| 281.26 - 303.75 | A0, A1, B1, C1 | A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3 |
| 303.76 - 326.25 | A0, B1, C1 | A1, A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3 |
| 326.26 - 348.74 | A0, B1, C1, D1 | A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3 |

* See Caution above.

Catawba Offsite Protective Actions
Immediate Protective Action Recommendations Steps

_____ **IF** dose projections indicate that CDE Thyroid dose will be ≥ 5 Rem, recommend KI use by the General Public in accordance with State Plans and Policy. {23}

**Catawba Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

- NOTE:**
1. **IF** changes to the initial Protective Action Recommendations are recommended, these changes must be transmitted to the offsite agencies within 15 minutes.
 2. **IF** the containment radiation level exceeds the levels in the EMF Containment Monitor Reading Table below, fission product inventory inside containment is greater than gap activity.

CAUTION: **IF** a zone has been accurately selected for evacuation, it shall remain selected. {27}, {30}

_____ Check for large fission product inventory in Containment:

EMF Containment Monitor Reading Table

| Time After Shutdown (Hours) | EMF Containment Monitor Reading (R/HR) EMF53A and/or 53B (100% gap activity release) |
|--------------------------------|---|
| >0-2 | 864 |
| >2-4 | 624 |
| >4-8 | 450 |
| >8 | 265 |

- ☐ **IF** SDS is available, enter Group Display "ERORD5" to determine EMF53A and/or 53B readings.
- ☐ **IF** SDS is unavailable, request EOF Data Coordinator to call up computer points.

| Unit 1 OAC | Unit 2 OAC |
|-----------------------|-----------------------|
| C1A1308 ----- 1EMF53A | C2A1308 ----- 2EMF53A |
| C1A1314 ----- 1EMF53B | C2A1314 ----- 2EMF53B |

- ☐ **IF** SDS and OAC are unavailable, obtain EMF containment monitor readings from control room.

Catawba Offsite Protective Actions
Subsequent Protective Action Recommendations Steps

- CAUTION:** 1. A short term release is any release that can be projected to be 3 hours or less in duration. An example would be a "puff release". A controlled release is one that can be started and stopped at the licensee's discretion, such as the venting of Containment for pressure control. **IF** a release is short term **AND** controlled, sheltering in lieu of evacuation should be considered. {36}
2. **IF** a zone has been accurately selected for evacuation, it should remain selected. {27}, {30}

IF containment radiation levels exceed levels in EMF Containment Monitor Reading Table, make Protective Action Recommendations to be entered on Line 5 of the Emergency Notification Form.

Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the Protective Action Zones Determination Table below, using wind direction.

AND

Shelter remaining zones as shown in the Protective Action Zones Determination Table, using wind direction.

Protective Action Zones Determination Table

| For Containment Radiation Levels Exceeding GAP Activity (For Any Wind Speed) | | |
|---|--|------------------------------|
| Wind Direction (Degrees from North) | Evacuate* 5-Mile Radius and 10 Miles Downwind | Shelter Remaining Sectors |
| 348.75 - 11.25 | A0, A1, B1, B2, C1, C2, D1, D2, E1, F1 | A2, A3, E2, F2, F3 |
| 11.26 - 33.75 | A0, A1, B1, C1, C2, D1, D2, E1, F1 | A2, A3, B2, E2, F2, F3 |
| 33.76 - 56.25 | A0, A1, B1, C1, C2, D1, D2, E1, E2, F1 | A2, A3, B2, F2, F3 |
| 56.26 - 78.75 | A0, A1, B1, C1, C2, D1, D2, E1, E2, F1, F2 | A2, A3, B2, F3 |
| 78.76 - 101.25 | A0, A1, B1, C1, D1, D2, E1, E2, F1, F2 | A2, A3, B2, C2, F3 |
| 101.26 - 123.75 | A0, A1, B1, C1, D1, D2, E1, E2, F1, F2, F3 | A2, A3, B2, C2 |
| 123.76 - 146.25 | A0, A1, B1, C1, D1, E1, E2, F1, F2, F3 | A2, A3, B2, C2, D2 |
| 146.26 - 168.75 | A0, A1, A2, B1, C1, D1, E1, E2, F1, F2, F3 | A3, B2, C2, D2 |
| 168.76 - 191.25 | A0, A1, A2, B1, C1, D1, E1, F1, F2, F3 | A3, B2, C2, D2, E2 |
| 191.26 - 213.75 | A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3 | C2, D2, E2 |
| 213.76 - 236.25 | A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3 | C2, D2, E2 |
| 236.26 - 258.75 | A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3 | C2, D2, E2, F2 |
| 258.76 - 281.25 | A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1 | D2, E2, F2, F3 |
| 281.26 - 303.75 | A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1 | D2, E2, F2, F3 |
| 303.76 - 326.25 | A0, A1, A3, B1, B2, C1, C2, D1, E1, F1 | A2, D3, E2, F2, F3 |
| 326.26 - 348.74 | A0, A1, B1, B2, C1, C2, D1, D2, E1, F1 | A2, A3, E2, F2, F3 |

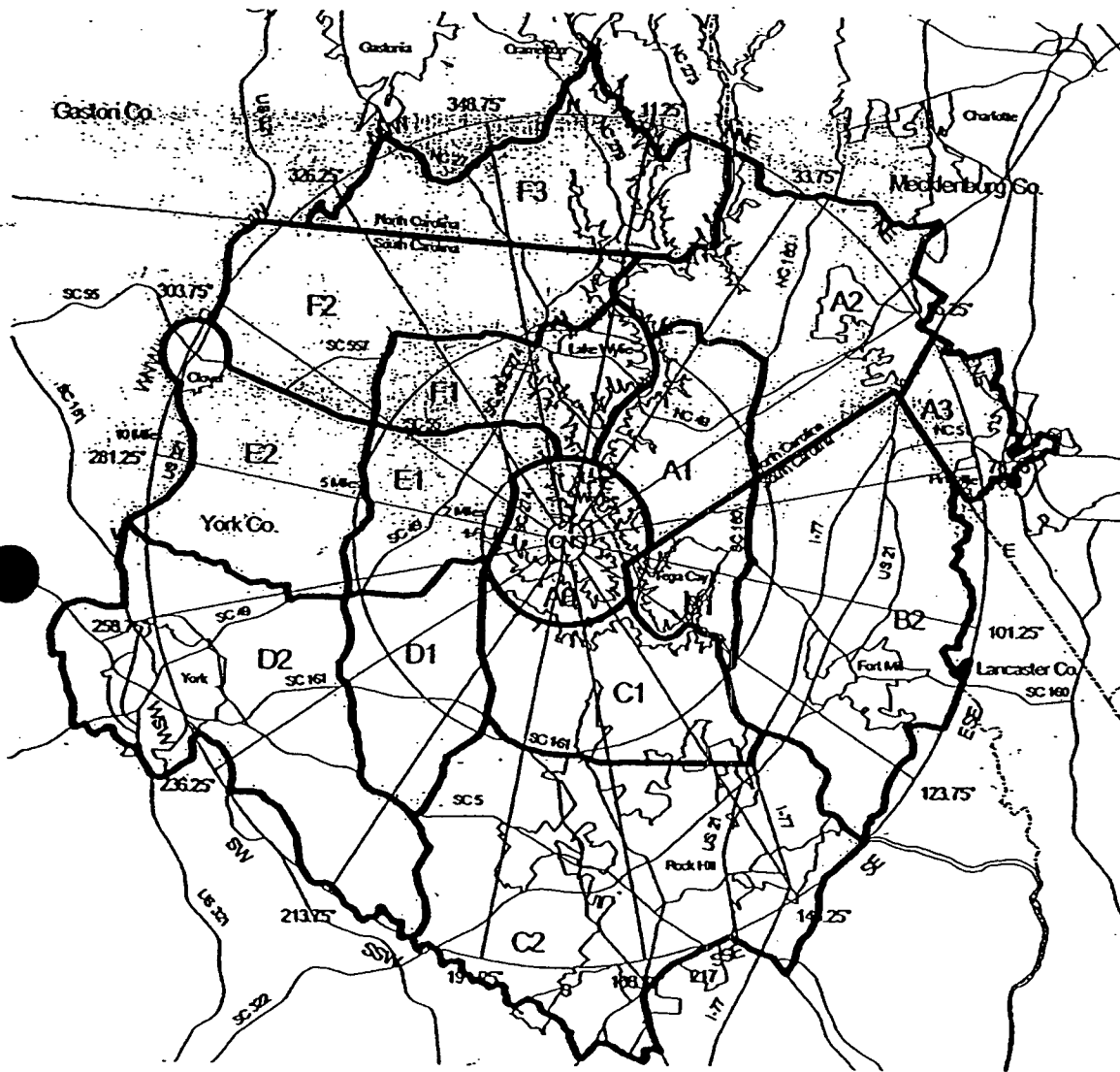
* See Cautions above.

Catawba Offsite Protective Actions

Subsequent Protective Action Recommendations Steps

- _____ **IF** dose projections indicate that CDE Thyroid dose will be ≥ 5 Rem, recommend KI use by the General Public in accordance with State Plans and Policy. {23}
- _____ Evaluate specific plant conditions (including large fission product inventory in containment), offsite dose projections, wind speed and wind direction, field monitoring team data, and assess the need to update Protective Action Recommendations made to the states and counties in the previous notification throughout the event.
- _____ Review dose projections with the Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.
- _____ **IF** Protective Action Recommendations are required beyond 10 miles, notify states and counties to consider sheltering/evacuating general population located beyond the affected 10-mile EPZ.

Catawba Protective Action Zones - 10-mile EPZ
(2 and 5-mile Radius, inner circles)



Enclosure 6.3
McGuire Offsite Protective Actions

SR/0/A/2000/003
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{20}

NOTE: 1. Protective Action Recommendations (PARs) for the public apply during a General Emergency, and include sheltering, evacuation and consideration of KI use. PARs are based on plant conditions independent of projected dose, and can also be based on projected dose. Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The projected dose PARs specified in this enclosure are based on the PAGs listed below. The PAG for KI is taken from Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001 and Guidance for Industry, KI in Radiation Emergencies, Questions and Answers, FDA, December 2002. {23}

PROTECTIVE ACTION GUIDES (PAGs)

Projected Dose

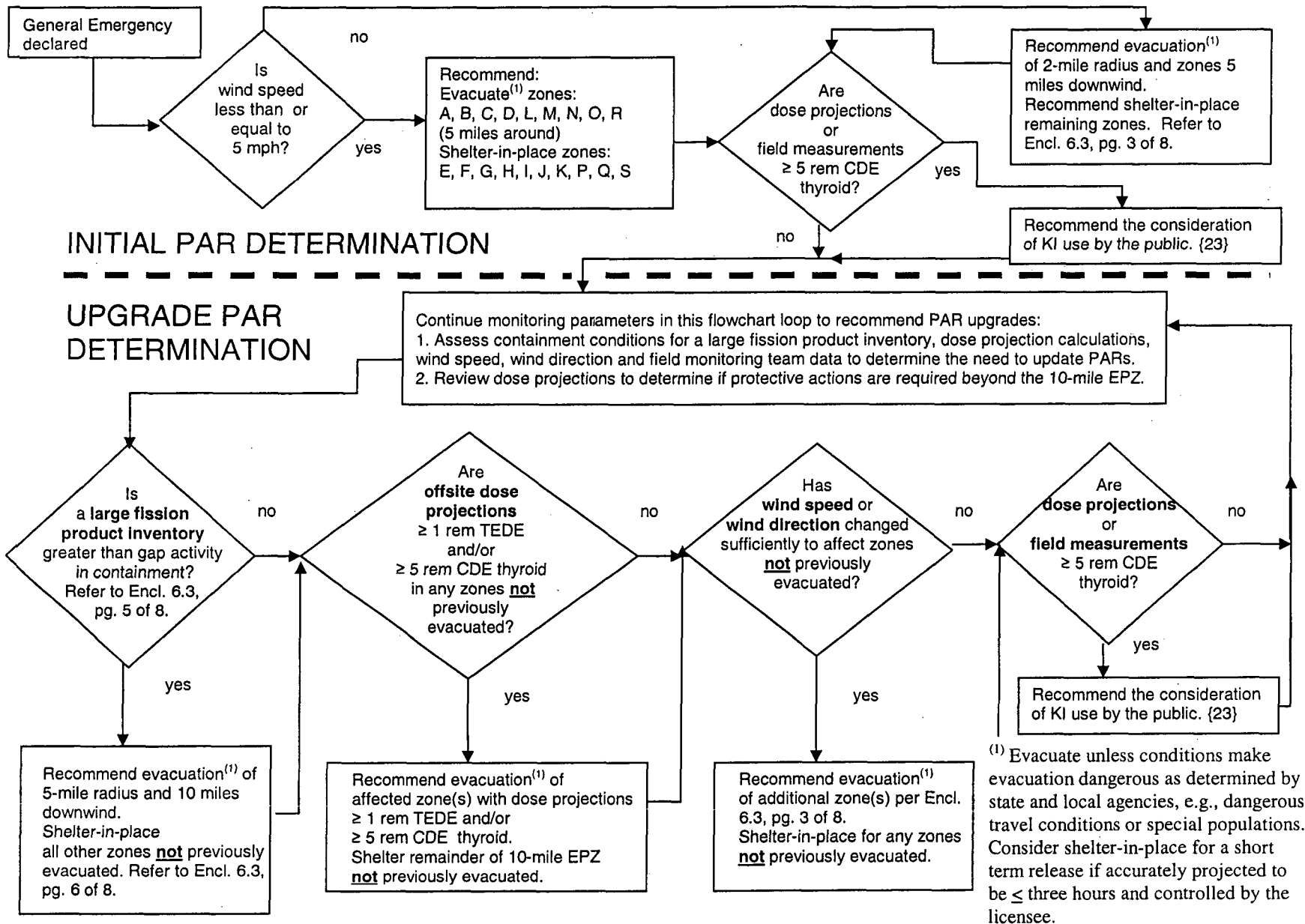
| Total Effective Dose Equivalent (TEDE) | Committed Dose Equivalent (CDE) Thyroid | Recommendation |
|--|---|--|
| < 1 rem | < 5 rem | No Protective Action is required based on projected dose. |
| ≥ 1 rem | ≥ 5 rem | Evacuate affected zones and shelter the remainder of the 10-mile EPZ not evacuated. |
| N/A | ≥ 5 rem | Consider the use of KI (potassium iodide) in accordance with State Plans and Policy. |

2. **IF** desired, you may refer to the flow chart on page 2 of this enclosure. {43}

INITIALS _____

PRINTED NAME _____

McGuire Offsite Protective Actions Flowchart



**McGuire Offsite Protective Actions
Immediate Protective Action Recommendations Steps**

INITIAL

CAUTION: A short term release is any release that can be projected to be 3 hours or less in duration. An example would be a "puff release". A controlled release is one that can be started and stopped at the licensee's discretion, such as the venting of Containment for pressure control. **IF** a release is short term **AND** controlled, sheltering in lieu of evacuation should be considered. {36}

NOTE:{5} If necessary, obtain needed data from one of the following sources in order of sequence:

- A. McGuire SDS (Group Display "ERORD5")
- B. Duke Meteorologist (2-0139, 3-7896, **OR** 2-4316)
- C. National Weather Service in Greer, S.C. (9-864-879-1085, 9-800-268-7785 **OR** Decision Line 15) {55}

— **IF AT ANY TIME** a General Emergency is declared, make immediate PROTECTIVE ACTION RECOMMENDATIONS (PARs) within 15 minutes to be entered on Line 5 of the Emergency Notification Form (ENF). Determine the PARs based on the 15-minute average lower wind speed (OAC point M1P0848) and the 15-minute average upper wind direction (OAC point M1P0847) as below:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

Evacuate zones: A, B, C, D, L, M, N, O, R (5-Mile Radius)

AND

Shelter-in-place zones: E, F, G, H, I, J, K, P, Q, S

OR

WIND SPEED GREATER THAN 5 MPH

| Wind Direction (Degrees from North) | Evacuate* 2-Mile Radius and 5 Miles Downwind | Shelter Remaining Sectors |
|--|---|------------------------------|
| 0.1 - 22.5 | B,C,D,L,M,O,R | A,E,F,G,H,I,J,K,N,P,Q,S |
| 22.6 - 45.0 | B,C,D,L,M,O,R | A,E,F,G,H,I,J,K,N,P,Q,S |
| 45.1 - 67.5 | B,C,D,L,M,O,R | A,E,F,G,H,I,J,K,N,P,Q,S |
| 67.6 - 90.0 | B,C,D,L,M,N,O,R | A,E,F,G,H,I,J,K,P,Q,S |
| 90.1 - 112.5 | B,C,L,M,N,O,R | A,D,E,F,G,H,I,J,K,P,Q,S |
| 112.6 - 135.0 | A,B,C,L,M,N,O,R | D,E,F,G,H,I,J,K,P,Q,S |
| 135.1 - 157.5 | A,B,C,L,M,N,O | D,E,F,G,H,I,J,K,P,Q,R,S |
| 157.6 - 180.0 | A,B,C,L,M,N | D,E,F,G,H,I,J,K,O,P,Q,R,S |
| 180.1 - 202.5 | A,B,C,L,M,N | D,E,F,G,H,I,J,K,O,P,Q,R,S |
| 202.6 - 225.0 | A,B,C,D,L,M,N | E,F,G,H,I,J,K,O,P,Q,R,S |
| 225.1 - 247.5 | A,B,C,D,L,M | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 247.6 - 270.0 | A,B,C,D,L,M | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 270.1 - 292.5 | A,B,C,D,L,M | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 292.6 - 315.0 | A,B,C,D,L,M | E,F,G,H,I,J,K,N,O,P,Q,R,S |
| 315.1 - 337.5 | B,C,D,L,M,R | A,E,F,G,H,I,J,K,N,O,P,Q,S |
| 337.6 - 360.0 | B,C,D,L,M,R | A,E,F,G,H,I,J,K,N,O,P,Q,S |

* See Caution above.

**McGuire Offsite Protective Actions
Immediate Protective Action Recommendations Steps**

_____ **IF** dose projections indicate that CDE Thyroid dose will be ≥ 5 Rem, recommend KI use by the General Public in accordance with State Plans and Policy. {23}

**McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

- NOTE:**
1. **IF** changes to the initial Protective Action Recommendations are recommended, these changes must be transmitted to the offsite agencies within 15 minutes.
 2. **IF** the containment radiation level exceeds the levels in the EMF Containment Monitor Reading Table below, fission product inventory inside containment is greater than gap activity.

CAUTION: **IF** a zone has been accurately selected for evacuation, it shall remain selected. {27}, {30}

_____ Check for large fission product inventory in Containment.

EMF Containment Monitor Reading Table

| Time After Shutdown (Hours) | EMF Containment Monitor Reading (R/HR) EMF51A and/or 51B (100% gap activity release) |
|--------------------------------|---|
| >0-2 | 864 |
| >2-4 | 624 |
| >4-8 | 450 |
| >8 | 265 |

- ☐ **IF** SDS is available, enter Group Display "ERORD5" to determine EMF51A and/or 51B readings.
- ☐ **IF** SDS is unavailable, request EOF Data Coordinator to call up computer points to determine containment radiation levels.

| Unit 1 OAC | Unit 2 OAC |
|-----------------------|-----------------------|
| M1A0829 ----- 1EMF51A | M2A0829 ----- 2EMF51A |
| M1A0835 ----- 1EMF51B | M2A0835 ----- 2EMF51B |

- ☐ **IF** SDS and OAC are unavailable, obtain EMF containment monitor readings from control room.

**McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

- CAUTION:** 1. A short term release is any release that can be projected to be 3 hours or less in duration. An example would be a "puff release". A controlled release is one that can be started and stopped at the licensee's discretion, such as the venting of Containment for pressure control. IF a release is short term AND controlled, sheltering in lieu of evacuation should be considered. {36}
2. IF a zone has been accurately selected for evacuation, it shall remain selected. {27}, {30}

IF containment radiation levels exceed the levels in the EMF Containment Monitor Reading Table, make Protective Action Recommendations to be entered on Line 5 of the Emergency Notification Form.

Evacuate the 5-mile radius AND 10 miles downwind as shown in the Protective Action Zones Determination Table, using wind direction.

AND

Shelter remaining zones as shown in the Protective Action Zones Determination Table, using wind direction.

Protective Action Zones Determination Table

**For Containment Radiation Levels Exceeding GAP Activity
(For Any Wind Speed)**

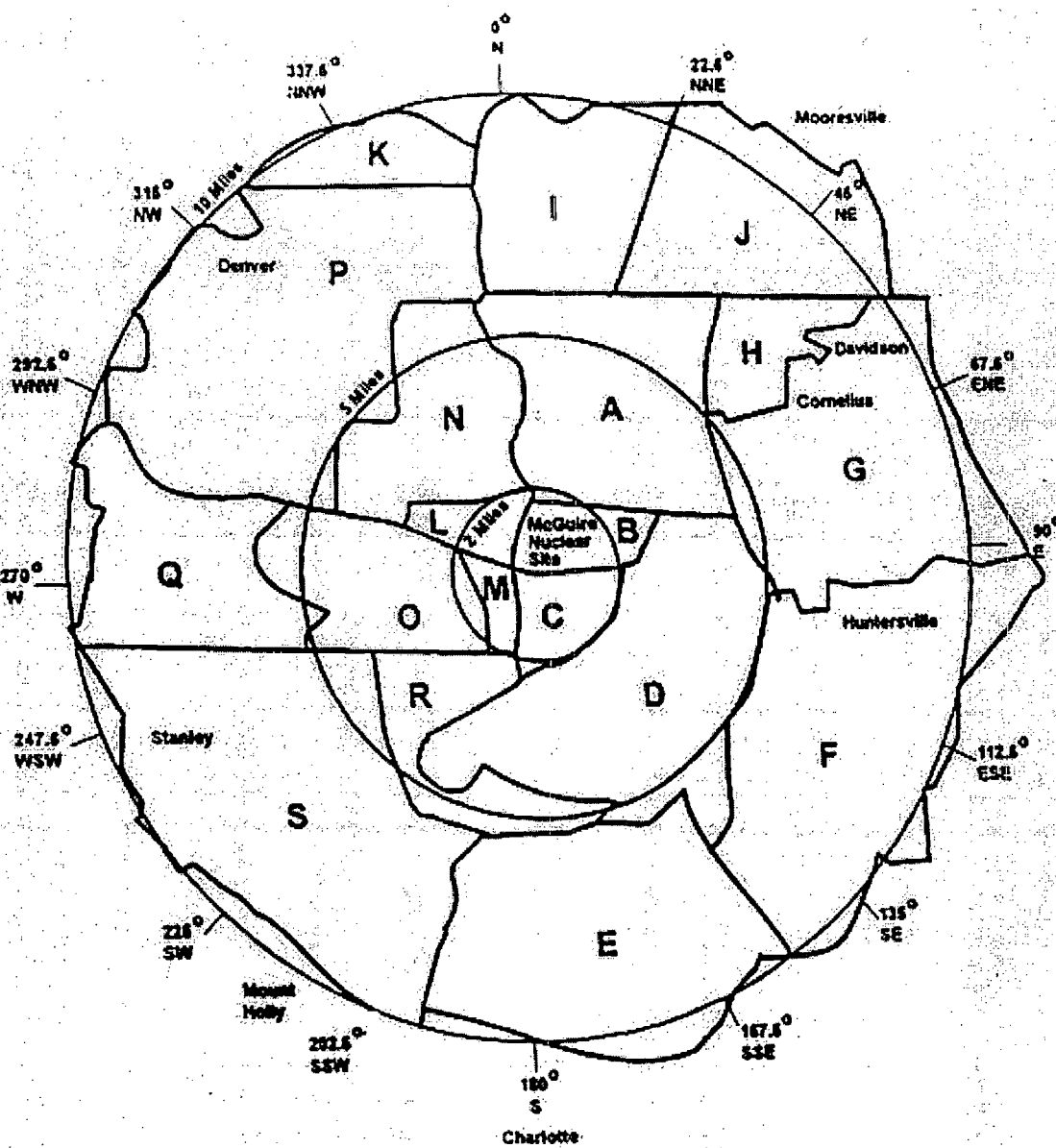
| Wind Direction (Degrees from North) | Evacuate* 5-Mile Radius and 10 Miles Downwind | Shelter Remaining Sectors |
|--|--|------------------------------|
| 0.1 - 22.5 | A,B,C,D,E,F,L,M,N,O,R,S | G,H,I,J,K,P,Q |
| 22.6 - 45.0 | A,B,C,D,E,L,M,N,O,Q,R,S | F,G,H,I,J,K,P |
| 45.1 - 67.5 | A,B,C,D,E,L,M,N,O,Q,R,S | F,G,H,I,J,K,P |
| 67.6 - 90.0 | A,B,C,D,L,M,N,O,P,Q,R,S | E,F,G,H,I,J,K |
| 90.1 - 112.5 | A,B,C,D,K,L,M,N,O,P,Q,R,S | E,F,G,H,I,J |
| 112.6 - 135.0 | A,B,C,D,I,K,L,M,N,O,P,Q,R,S | E,F,G,H,J |
| 135.1 - 157.5 | A,B,C,D,I,K,L,M,N,O,P,Q,R | E,F,G,H,J,S |
| 157.6 - 180.0 | A,B,C,D,I,J,K,L,M,N,O,P,R | E,F,G,H,Q,S |
| 180.1 - 202.5 | A,B,C,D,G,H,I,J,K,L,M,N,O,P,R | E,F,Q,S |
| 202.6 - 225.0 | A,B,C,D,G,H,I,J,K,L,M,N,O,P,R | E,F,Q,S |
| 225.1 - 247.5 | A,B,C,D,F,G,H,I,J,L,M,N,O,R | E,K,P,Q,S |
| 247.6 - 270.0 | A,B,C,D,F,G,H,I,J,L,M,N,O,R | E,K,P,Q,S |
| 270.1 - 292.5 | A,B,C,D,E,F,G,H,I,J,L,M,N,O,R | I,K,P,Q,S |
| 292.6 - 315.0 | A,B,C,D,E,F,G,L,M,N,O,R | H,I,J,K,P,Q,S |
| 315.1 - 337.5 | A,B,C,D,E,F,G,L,M,N,O,R | H,I,J,K,P,Q,S |
| 337.6 - 360.0 | A,B,C,D,E,F,L,M,N,O,R,S | G,H,I,J,K,P,Q |

* See Cautions above.

McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps

- _____ **IF** dose projections indicate that CDE Thyroid dose will be ≥ 5 Rem, recommend KI use by the General Public in accordance with State Plans and Policy. {23}
- _____ Evaluate specific plant conditions (including large fission product inventory in containment), offsite dose projections, wind speed and wind direction, field monitoring team data, and assess the need to update Protective Action Recommendations made to the states and counties in the previous notification throughout the event.
- _____ Review dose projections with the Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.
- _____ **IF** Protective Action Recommendations are required beyond 10 miles, notify states and counties to consider sheltering/evacuating the general population located beyond affected 10-mile EPZ.

McGuire Protective Action Zones - 10-mile EPZ
(2 and 5-mile radius, inner circles)



Enclosure 6.4
Oconee Offsite Protective Actions

SR/0/A/2000/003
Page 1 of 8

{20}

NOTE: 1. Protective Action Recommendations (PARs) for the public apply during a General Emergency, and include sheltering, evacuation and consideration of KI use. PARs are based on plant conditions independent of projected dose, and can also be based on projected dose. Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The projected dose PARs specified in this enclosure are based on the PAGs listed below. The PAG for KI is taken from Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001 and Guidance for Industry, KI in Radiation Emergencies, Questions and Answers, FDA, December 2002. {23}

PROTECTIVE ACTION GUIDES (PAGs)

Projected Dose

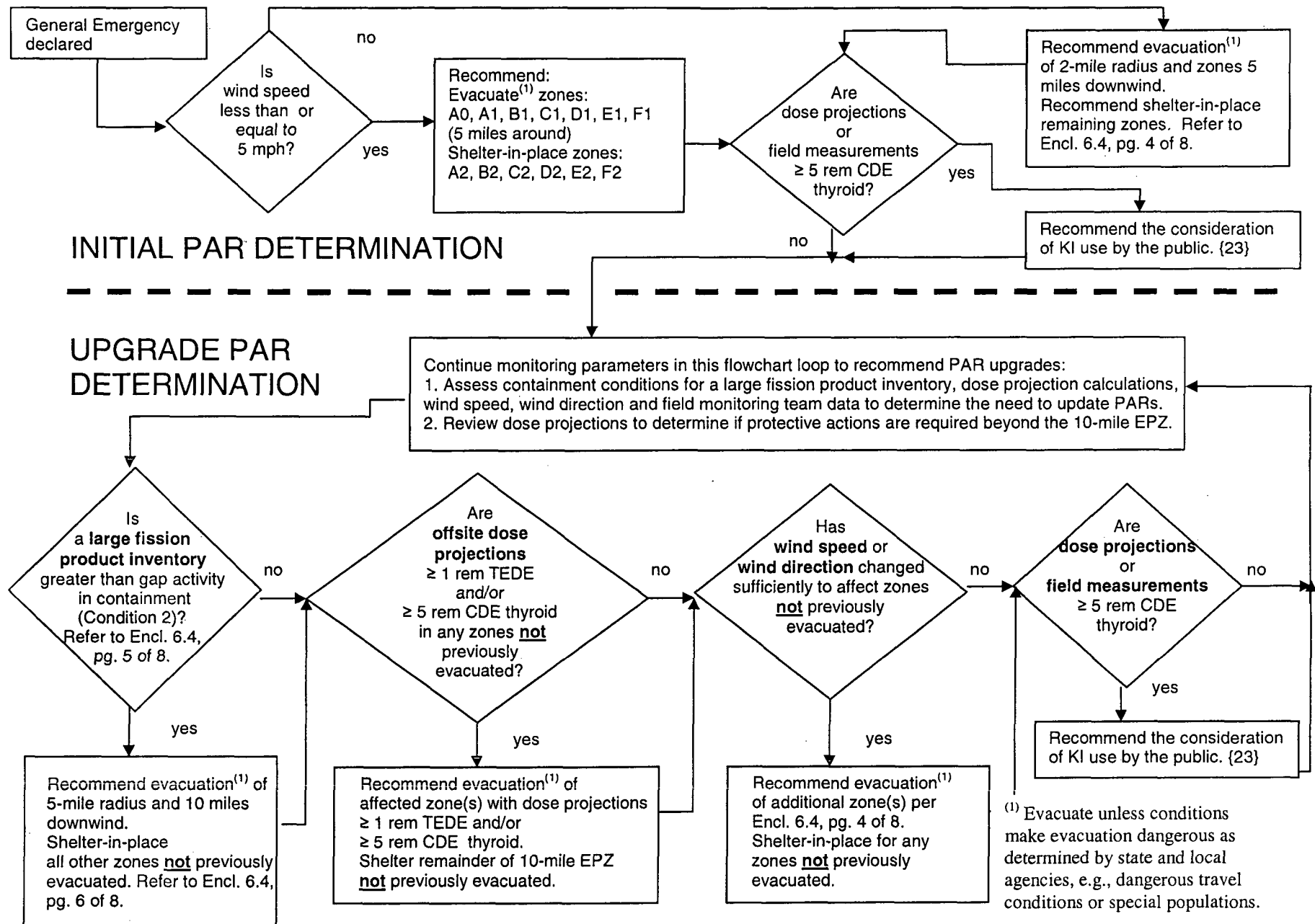
| Total Effective Dose Equivalent (TEDE) | Committed Dose Equivalent (CDE) Thyroid | Recommendation |
|--|---|--|
| < 1 rem | < 5 rem | No Protective Action is required based on projected dose. |
| ≥ 1 rem | ≥ 5 rem | Evacuate affected zones and shelter the remainder of the 10-mile EPZ not evacuated. |
| N/A | ≥5 rem | Consider the use of KI (potassium iodide) in accordance with State Plans and Policy. |

2. **IF** desired, you may refer to the flow chart on page 2 of this enclosure. {43}

INITIALS _____

PRINTED NAME _____

Ocone Offsite Protective Actions Flowchart



**Oconee Offsite Protective Actions
Immediate Protective Action Recommendations Steps**

INITIAL

NOTE:{5} If necessary, obtain needed data from one of the following sources in order of sequence:

- A. Oconee SDS (Turn On Code "EROENV")
- B. Duke Meteorologist (2-0139, 3-7896, **OR** 2-4316)
- C. National Weather Service in Greer, S.C. (9-864-879-1085 **OR** 9-800-268-7785)

IF AT ANY TIME a General Emergency is declared, make immediate PROTECTIVE ACTION RECOMMENDATIONS (PARs) within 15 minutes to be entered on Line 5 of the Emergency Notification Form (ENF). Determine the meteorological parameters to use based on the 15-minute average wind speed (SDS "EROENV" screen) and the 15-minute average wind direction (SDS "EROENV" screen) as determined from the following chart below:

| Time of Day Conditions | Met Parameter | First Priority | Second Priority | Third Priority | Fourth Priority |
|--|----------------|----------------|-----------------------|-----------------------|-----------------|
| 1000 - 1600 | Wind Speed | 10M reading | River Tower | 60M reading times 0.5 | NWS* times 0.5 |
| | Wind Direction | 60M reading | 10M reading | River Tower | NWS |
| 1600 – 1000 and River Wind between 210° and 360° or 0° and 70° | Wind Speed | 10M reading | 60M reading times 0.5 | River Tower | NWS* times 0.5 |
| | Wind Direction | 60M reading | 10M reading | River Tower | NWS |
| 1600 – 1000 and River Wind between 70° and 210° | Wind Speed | River Tower | 10M reading times 0.5 | NWS* times 0.5 | |
| | Wind Direction | River Tower | 60M reading | NWS | |

* Conversion factors for NWS data:

Mph= 1.15 knots

°C = .555(°F – 32)

Record Meteorological Parameters to be used to determine PARs:

Wind Speed _____

Wind Direction _____

**Oconee Offsite Protective Actions
Immediate Protective Action Recommendations Steps**

_____ Determine PARs based on the 15-minute average wind speed and 15-minute average wind direction as determined from the previous chart:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

Evacuate zones: A0, A1, B1, C1, D1, E1, F1 (5-Mile Radius)

AND

Shelter-in-place zones: A2, B2, C2, D2, E2, F2

OR

WIND SPEED GREATER THAN 5 MPH

| Wind Direction (Degrees from North) | Evacuate 2-Mile Radius and 5 Miles Downwind | Shelter Remaining Sectors |
|---|---|--|
| 14.1° - 27° | A0, C1,D1,E1 | A1, A2, B1,B2, C2, D2, E2, F1,F2 |
| 27.1° - 42° | A0, C1,D1,E1 | A1, A2, B1,B2, C2, D2, E2, F1,F2 |
| 42.1° - 66° | A0, D1, E1 | A1, A2, B1 B2, C1, C2, D2, E2, F1, F2 |
| 66.1° - 85° | A0, D1, E1 | A1, A2, B1 B2, C1, C2, D2, E2, F1, F2 |
| 85.1° - 104° | A0, D1, E1, F1 | A1, A2, B1, B2, C1, C2, D2, E2, F2 |
| 104.1° - 129° | A0, E1, F1 | A1, A2, B1, B2, C1, C2, D1, D2, E2, F2 |
| 129.1° - 156° | A0, A1, E1, F1 | A2, B1, B2, C1, C2, D1, D2, E2, F2 |
| 156.1° - 175° | A0, A1, E1, F1 | A2, B1, B2, C1, C2, D1, D2, E2, F2 |
| 175.1° - 181° | A0, A1, F1 | A2, B1, B2, C1, C2, D1, D2, E1, E2, F2 |
| 181.1° - 219° | A0, A1, B1, F1 | A2, B2, C1, C2, D1, D2, E1, E2, F2 |
| 219.1° - 255° | A0, A1, B1 | A2, B2, C1, C2, D1, D2, E1, E2, F1, F2 |
| 255.1° - 271° | A0, A1, B1, C1 | A2, B2, C2, D1, D2, E1, E2, F1, F2 |
| 271.1° - 297° | A0, B1, C1 | A1, A2, B2, C2, D1, D2, E1, E2, F1, F2 |
| 297.1° - 312° | A0, B1, C1 | A1, A2, B2, C2, D1, D2, E1, E2, F1, F2 |
| 312.1° - 345° | A0, B1, C1, D1 | A1,A2, B2, C2, D2, E1, E2, F1, F2 |
| 345.1° - 14° | A0, C1, D1 | A1, A2, B1, B2, C2, D2, E1, E2, F1, F2 |

_____ **IF** dose projections indicate that CDE Thyroid dose will be ≥ 5 Rem, recommend KI use by the General Public in accordance with State Plans and Policy. {23}

**Oconee Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

- NOTE:**
1. **IF** changes to the initial Protective Action Recommendations are recommended, these changes must be transmitted to the offsite agencies within 15 minutes.
 2. **IF** the containment radiation level exceeds the levels in the RIA Containment Monitor Reading Table below, fission product inventory inside containment is greater than gap activity.

CAUTION: **IF** a zone has been accurately selected for evacuation, it shall remain selected. {27}, {30}

____ Check for large fission product inventory (Condition 2 Failed Fuel) in Containment.

RIA Containment Monitor Reading Table

| Time After Shutdown (Hours) | RIA-57 Containment Monitor Reading (R/HR) (100% gap activity release) | RIA-58 Containment Monitor Reading (R/HR) (100% gap activity release) |
|--------------------------------|---|---|
| >0-2 | 2000 | 969 |
| >2-4 | 1500 | 650 |
| >4-8 | 750 | 370 |
| >8 | 275 | 125 |

☐ **IF** SDS is available, enter Turn On Code "EROCONT" or "EROAREA" to determine RIA-57 and/or RIA-58 readings.

☐ **IF** SDS is unavailable, request EOF Data Coordinator to call up computer points.

| Unit 1 OAC | Unit 2 OAC | Unit 3 OAC |
|----------------------|----------------------|----------------------|
| O1E3034 ----- 1RIA57 | O2E3054 ----- 2RIA57 | O3E3088 ----- 3RIA57 |
| O1E3035 ----- 1RIA58 | O2E3055 ----- 2RIA58 | O3E3089 ----- 3RIA58 |

☐ **IF** SDS and OAC are unavailable, obtain RIA containment monitor readings from control room.

**Oconee Offsite Protective Actions
Subsequent Protective Action Recommendation Steps**

IF containment radiation levels exceed levels in RIA Containment Monitor Reading Table, make Protective Action Recommendations to be entered on Line 5 of the Emergency Notification Form.

Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the Protective Action Zones Determination Table, using wind direction.

AND

Shelter remaining zones as shown in the Protective Action Zones Determination Table, using wind direction.

CAUTION: **IF** a zone has been accurately selected for evacuation, it shall remain selected. {27}, {30}

Protective Action Zones Determination Table

| For Containment Radiation Levels Exceeding GAP Activity (Condition 2 Failed Fuel) (For Any Wind Speed) | | |
|---|--|------------------------------|
| Wind Direction (Degrees from North) | Evacuate* 5-Mile Radius and 10 Miles Downwind | Shelter Remaining Sectors |
| 14.1° - 27° | A0, A1, B1, C1, C2, D1, D2, E1, E2, F1 | A2, B2, F2 |
| 27.1° - 42° | A0, A1, B1, C1, D1, D2, E1, E2, F1 | A2, B2, C2, F2 |
| 42.1° - 66° | A0, A1, B1, C1, D1, D2, E1, E2, F1 | A2, B2, C2, F2 |
| 66.1° - 85° | A0, A1, B1, C1, D1, D2, E1, E2, F1, F2 | A2, B2, C2 |
| 85.1° - 104° | A0, A1, B1, C1, D1, D2, E1, E2, F1, F2 | A2, B2, C2 |
| 104.1° - 129° | A0, A1, B1, C1, D1, E1, E2, F1, F2 | A2, B2, C2, D2 |
| 129.1° - 156° | A0, A1, A2, B1, C1, D1, E1, E2, F1, F2 | B2, C2, D2 |
| 156.1° - 175° | A0, A1, A2, B1, C1, D1, E1, F1, F2 | B2, C2, D2, E2 |
| 175.1° - 181° | A0, A1, A2, B1, C1, D1, E1, F1, F2 | B2, C2, D2, E2 |
| 181.1° - 219° | A0, A1, A2, B1, B2, C1, D1, E1, F1, F2 | C2, D2, E2 |
| 219.1° - 255° | A0, A1, A2, B1, B2, C1, D1, E1, F1 | C2, D2, E2, F2 |
| 255.1° - 271° | A0, A1, A2, B1, B2, C1, C2, D1, E1, F1 | D2, E2, F2 |
| 271.1° - 297° | A0, A1, B1, B2, C1, C2, D1, E1, F1 | A2, D2, E2, F2 |
| 297.1° - 312° | A0, A1, B1, B2, C1, C2, D1, D2, E1, F1 | A2, E2, F2 |
| 312.1° - 345° | A0, A1, B1, B2, C1, C2, D1, D2, E1, F1 | A2, E2, F2 |
| 345.1° - 14° | A0, A1, B1, C1, C2, D1, D2, E1, F1 | A2, B2, E2, F2 |

* See Caution above.

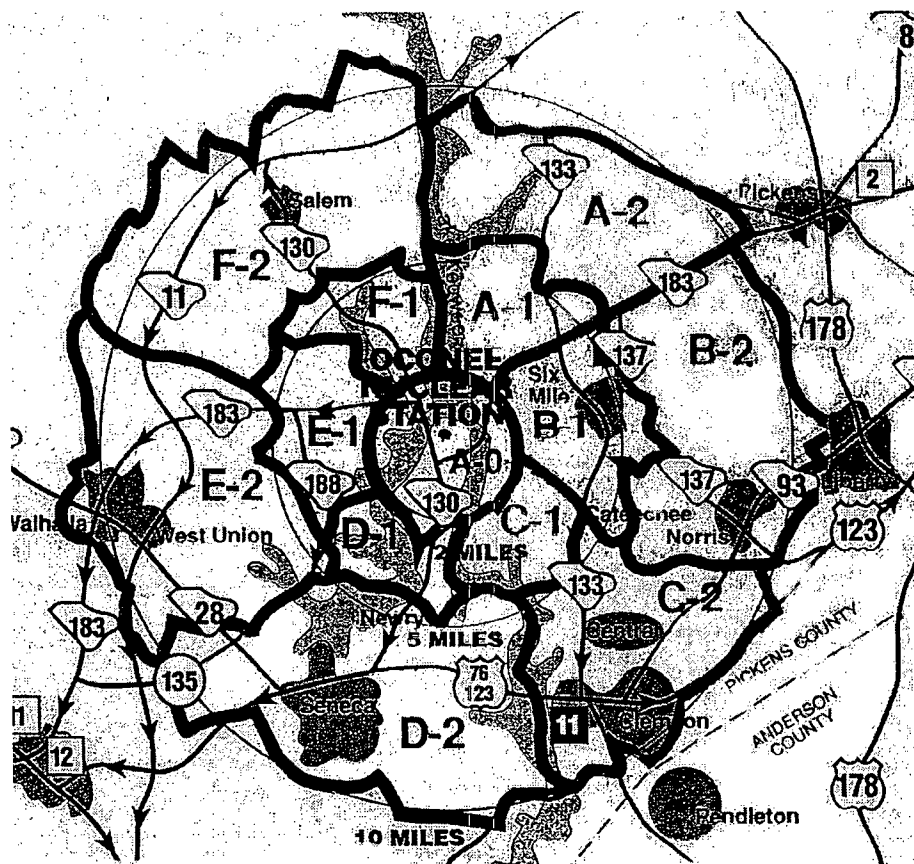
IF dose projections indicate that CDE Thyroid dose will be ≥ 5 Rem, recommend KI use by the General Public in accordance with State Plans and Policy. {23}

**Oconee Offsite Protective Actions
Subsequent Protective Action Recommendation Steps**

- _____ Evaluate specific plant conditions (including large fission product inventory in containment), offsite dose projections, wind speed and wind direction, field monitoring team data, and assess the need to update Protective Action Recommendations made to the states and counties in the previous notification throughout the event.
- _____ Review dose projections with the Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.
- _____ **IF** Protective Action Recommendations are required beyond 10 miles, notify states and counties to consider sheltering/evacuating general population located beyond the affected 10-mile EPZ.

Oconee Protective Action Zones - 10-Mile EPZ

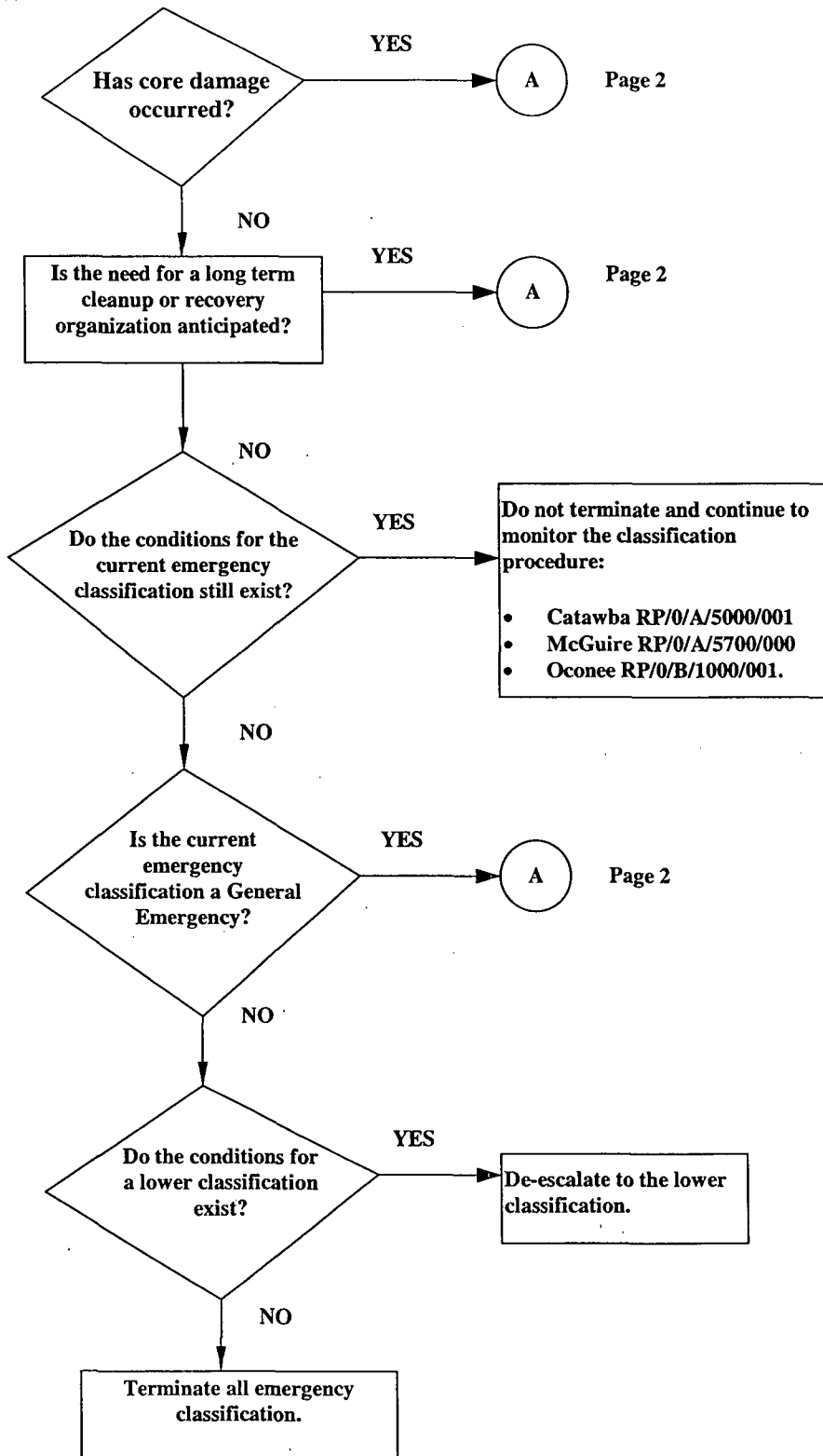
(2 and 5-mile radius, inner circles)



| Radius From Site (miles) | Pickens County Sectors | Oconee County Sectors |
|-----------------------------|---------------------------|--------------------------|
| 0-2 | A0 | A0 |
| 2-5 | A-1, B-1, C-1 | D-1, E-1, F-1 |
| 5-10 | A-2, B-2, C-2 | D-2, E-2, F-2 |

**Emergency Classification Downgrade/Termination
Criteria**

INITIAL



INITIALS _____

PRINTED NAME _____

Emergency Classification Downgrade/Termination Criteria

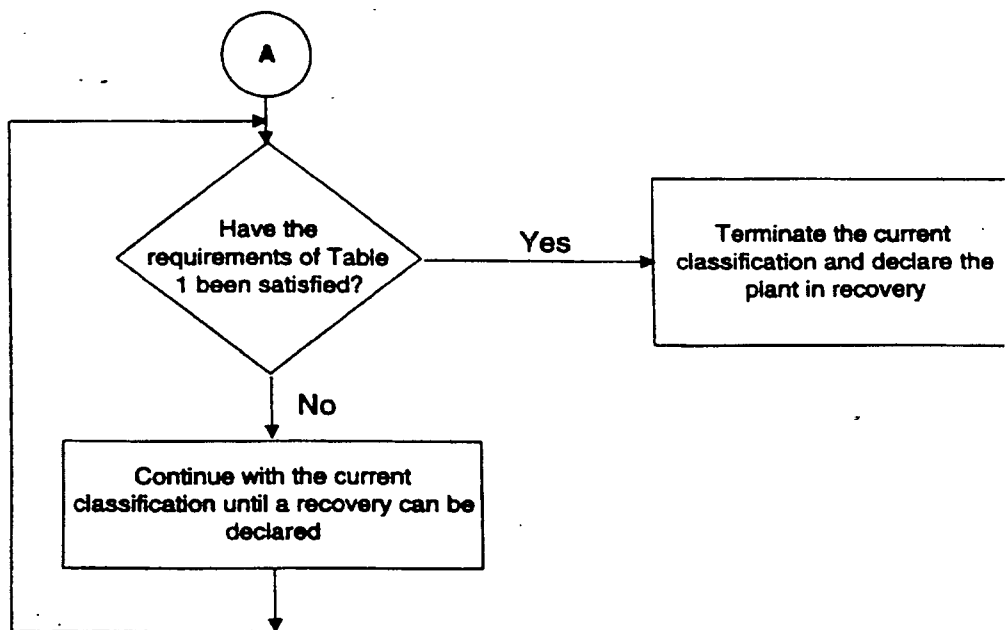


Table 1

___ Security threat has been contained.

___ No new evacuation or sheltering protective actions are anticipated.

___ Containment pressure is being maintained less than design pressure.

___ Containment hydrogen levels are less than 9% and stable or decreasing.

___ Decay heat rejection to the ultimate heat sink has been established and is stable. This is indicated by either of the following (circle one):

- Decay heat removal is considered stable if supported by redundancy or diversity

- Examples of a satisfactory state include:

- 2 trains of systems for sump recirculation.
- 2 trains of Decay Heat Removal (DHR)
- 1 train of DHR and the ability to cool with the steam generators.
- steam generator cooling with 2 trains of feed capability.

OR

- Decay heat removal is considered stable if no additional fission product barrier challenges would be expected for at least 2 hours following interruption of core cooling.

(continued on next page)

**Emergency Classification Downgrade/Termination
Criteria**

____ The risks from recriticality are acceptably low.

____ Radiation Protection is monitoring access to radiologically hazardous areas.

____ Offsite conditions do not limit plant access.

____ The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.

____ The recovery organization is ready to assume control of recovery operations:

- Catawba - RP/0B/5000/025
- McGuire - RP/0/A/5700/024
- Oconee - RP/0/B/1000/027

Radiological Assessment Manager Checklist

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on the EOF staffing board.
- _____ Obtain copy of SH/0/B/2005/001, Emergency Response Offsite Dose Projections. {56}
- _____ **IF** Field Monitoring teams have been dispatched, ensure FMC has established communication with Field Monitoring teams. {18}
- _____ Notify EOF Director that Radiological Assessment Manager (RAM) position is operational.
- _____ Ensure all Radiation Protection personnel reporting to the EOF sign in on staffing board.
- _____ Ensure that EOF Dose Assessors are kept informed of pertinent plant information including, but not limited to:
- 1) Time of TSC activation
 - 2) Time of EOF activation
 - 3) Time of reactor trip
 - 4) Status of safety injection
 - 5) Status of onsite radiological conditions
 - 6) Time next emergency notification message is due. {15}
- _____ Establish log of activities sufficient to conduct turnover for on-coming shift.
- _____ Communicate to EOF Director:
- 1) Any release in progress, including dose rates (especially at the site boundary)
 - 2) Field Team status/data
 - 3) On-site radiological concerns
 - 4) Specific time that periodic dose assessment runs are expected to be available for emergency notification forms. {31}
 - 5) Need to request the site pull a reactor coolant sample for Dose Equivalent Iodine to support emergency classification

INITIALS _____

PRINTED NAME _____

Radiological Assessment Manager Checklist

_____ Review Criteria in "Classification of Emergency" procedure for emergency classification changes and discuss with Accident Assessment personnel plant conditions including power failures, valve closures, etc.

Catawba RP/0/A/5000/001

OR

McGuire RP/0/A/5700/000

OR

Oconee RP/0/B/1000/001.

NOTE:

- Microsoft Office Communicator is an acceptable communications method.
- Oconee TSC Dose Assessment Liaison, 9-864-873-4902.
- Catawba/McGuire, Dose Assessment Bridge, 9-980-875-4980.

_____ Establish communications with dose assessment personnel at TSC. Compare information, projections and strategies with TSC. {4, 60}

NOTE: Descriptions of Keowee Hydro Dam/Dike Condition A and B are provided in Enclosure 6.22. {58}

_____ **IF** Condition A, Dam Failure (Keowee or Jocassee) exists, make the following Protective Action Recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form on Line 5B (Evacuate) and Line 5E (Other):

Line 5B *Move residents living downstream of the Keowee Hydro Project dams to higher ground.*

Line 5E *Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.*

Enclosure 6.6
Radiological Assessment Manager Checklist

SR/0/A/2000/003

Page 3 of 4

NOTE: Enclosure 6.2 (for CNS), Enclosure 6.3 (for MNS), and Enclosure 6.4 (for ONS) provide guidance for PARs and KI protective action recommendations.

_____ **IF** General Emergency is declared, provide PAR information on Line 5 of the Emergency Notification Form:

CAUTION: **IF** a zone has been accurately selected for evacuation, it shall remain selected. {27}, {30}

- Zones for Evacuation
- Zones for Sheltering
- Use of KI for General Public. {23}
- Other PARs.

_____ Determine, with input from the Accident Assessment Manager (AAM), Protective Actions using

- ☐ Enclosure 6.2, Catawba Offsite Protective Actions
- ☐ Enclosure 6.3, McGuire Offsite Protective Actions
- ☐ Enclosure 6.4, Oconee Offsite Protective Actions

_____ Review dose projections and determine if Protective Action Recommendations are required beyond 10-mile EPZ.

NOTE: **IF** changes to the initial Protective Action Recommendations, including KI, are recommended to and approved by the EOF Director, these changes shall be transmitted to the offsite agencies within 15 minutes and the reason for the Protective Action Recommendation change be reported on Line 13 of the ENF {46}.

_____ Provide EOF Director Protective Action Recommendations.

NOTE: An Emergency Release is an unplanned, quantifiable radiological release to the environment during an emergency event. The release does not have to be related to the declared emergency. {34}

_____ Evaluate Emergency Release Status per SH/0/B/2005/001 **AND** provide input for Line 6 of ENF. {49}

_____ Evaluate **AND** provide Emergency Release Significance for ENF Line 7:

- **IF** no release in progress, Not Applicable.

Radiological Assessment Manager Checklist

- IF release significance is known, Within Normal Operating Limits OR Above Normal Operating Limits.
- IF release significance is unknown, Under Evaluation.

_____ Provide on ENF Line 9:

- Wind Direction
- Wind Speed
- Precipitation Type
- Stability Class.

NOTE: Emergency Release data are not required for initial Emergency Notification Forms OR follow up notifications of changes in Protective Action Recommendations.

_____ Provide on ENF Line 14:

- Release Characterization (Type, C (Ground) and Units, B (Ci/sec))
- Magnitude (Ci/Sec Release rates from RADDPOSE Report)
- Form AND start and/or stop time, as appropriate.

_____ Provide Projection Parameters on ENF Line 15:

- Projection period (forecast period in hours) from Raddose Report.
- Estimated Release Duration by adding forecast period and time elapsed since release began.
- Date and time projection was performed.

_____ Provide Projected Dose information on ENF Line 16, by entering "Forecast Data" from RADDPOSE Report.

_____ Assist Public Affairs and/or Public Spokesperson with dose comparisons based on computer model or field data.

NOTE: IF necessary to relieve Duke personnel, environmental surveillance support personnel from the DOE Radiological Assistance Plan may be requested by the Radiological Assessment Manager through the EOF Director. {53}

_____ IF needed, conduct turnover for on-coming shift.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

EOF Dose Assessor Checklist

Initial EOF Activation Checklist

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

_____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.

_____ Don position badge.

NOTE: RADDOSE V information must be saved to the "ini" file.

_____ Obtain copy of SH/0/B/2005/001, Emergency Response Offsite Dose Projections.

_____ Initiate log of activities sufficient to conduct a turnover for on-coming shift.

_____ Acquire necessary dose assessment and plant status information.

_____ **IF** data acquisition programs are unavailable, request SDS data from TSC or instrument readings from Control Room (EMF and Met data).

NOTE: Be aware of the effects of loss of power on critical EMFs (Catawba and McGuire) or RIAs (Oconee).

_____ Verify operability and validity of EMFs (Catawba and McGuire) or RIAs (Oconee) through the TSC.

_____ **IF** Catawba or McGuire event is in progress, verify effluent discharge alignment with Shift Lab, RP Manager (TSC), or RP Dose Assessors (TSC) as necessary.

_____ **IF** Oconee event is in progress, verify effluent discharge alignment with TSC Dose Assessment Liaison (gas tank), RP Manager (gas tank or liquid releases), or Chemistry Manager in the OSC (liquid releases).

INITIALS _____

PRINTED NAME _____

Enclosure 6.7
EOF Dose Assessor Checklist

SR/0/A/2000/003
Page 2 of 4

NOTE:

- Microsoft Office Communicator is an acceptable communications method.
- Oconee, TSC Dose Assessment Liaison, 9-864-873-3705.
- Catawba/McGuire, Dose Assessment Bridge, 9-980-875-4980.

_____ Establish communications with dose assessment personnel at TSC. Compare information, projections and strategies with TSC.

_____ Obtain Dose Assessor turnover from TSC:

1. Release in progress: No: _____ Yes: _____

Is occurring _____ Has occurred _____ Time _____

Normal Operating Limits: Below _____ Above _____

2. Recommended Protective Actions:

☐ A No Recommended Protective Actions

☐ B Evacuate _____

☐ C Shelter-In-Place _____

☐ D Other _____

3. Additional pertinent information necessary to continue monitoring of release and dose assessment calculations.

Turnover complete date/time: _____

_____ Verify operability of Health Physics Network (HPN) phone by placing a call to the NRC using the number listed on HPN phone.

EOF Dose Assessor Checklist

- NOTE:**
1. The NRC Regional Office will request activation of the HPN phone through Emergency Notification System (ENS) telephone if desired.
 2. Information that may be requested over the HPN line could include, but is not limited to the following:
 - Is there any change to the classification of the event? If so, what is the reason?
 - Have toxic or radiological releases occurred or been projected (including changes in the release rate)?
 - If so, what are the actual or currently projected onsite and offsite releases, and what is the basis for this assessment?
 - What are the health effects or consequences to onsite and offsite people?
 - How many onsite or offsite people are being or will be affected and to what extent?
 - Is the event under control? When was control established, or what is the planned action to bring the event under control?
 - What mitigative actions are currently underway or planned?
 - What onsite protective measures have been taken or are planned?
 - What offsite protective actions are being considered or have been recommended to state and local officials?
 - What are the current meteorological conditions?
 - What are the dose and dose rate readings onsite and offsite? {16}

_____ **IF** requested during a drill or actual event, activate HPN phone by calling NRC using number listed on HPN phone.

_____ Analyze source-term data, formulate source-term mitigation strategies, and provide information to Radiological Assessment Manager, EOF Staff, and TSC Dose Assessors as required.

NOTE: Dose projections are required at least every 15 minutes **OR** as directed by RAM.

_____ Perform dose projections as appropriate to plant conditions.

_____ Interact with Field Monitoring Coordinator to compare off-site dose projections to actual field readings.

_____ Inform RAM of the specific timing and frequency of planned dose assessment runs.
{31}

NOTE: Emergency Release data are not required for initial Emergency Notification Forms OR follow up notifications of changes in Protective Action Recommendations.

- _____ Evaluate dose projections and provide protective action recommendations to Radiological Assessment Manager and EOF Director.
- _____ IF SAMGs are implemented AND offsite releases approach or exceed 100mRem TEDE or 500mRem Thyroid CDE, notify EOF SAMG Evaluator (in Accident Assessment Area). (Applicable to Catawba and McGuire). {22}
- _____ IF SAMGs are implemented AND offsite releases approach or exceed 1Rem TEDE or 5 Rem Thyroid CDE, notify EOF SAMG Evaluator (in Accident Assessment Area). (Applicable to Catawba and McGuire). {14}
- _____ IF needed, conduct turnover for on-coming shift.
- _____ Restore equipment to "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

Field Monitoring Coordinator Checklist

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

_____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.

_____ Don position badge.

_____ Sign in on EOF staffing board.

NOTE: Field Teams may be directed by the EOF Field Monitoring Coordinator (FMC) prior to activation of the EOF.

_____ Obtain copy of SH/0/B/2005/002, Protocol for the Field Monitoring Coordinator During Emergency Conditions.

_____ Establish log of activities sufficient enough to conduct a turnover for on-coming shift.

NOTE:

1. For drill or exercise met data, choose appropriate site simulator SDS resource.
2. For real time met data, choose the SDS resource for a specific site and unit.

_____ Refer to Procedure Step 3.2 to access SDS.

INITIALS _____

PRINTED NAME _____

Enclosure 6.8
Field Monitoring Coordinator Checklist

SR/0/A/2000/003
Page 2 of 2

_____ **WHEN** EOF Radio Operator has established communications with field monitoring teams, notify TSC Dose Assessors and provide direction to field monitoring teams. {19}

Catawba Specific

Perform duties as described in the following:

- HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of CNS"
- HP/0/B/1009/019, "Emergency Radio System Operation, Maintenance, & Communication".

_____ **IF** needed, conduct turnover for on-coming shift.

_____ Restore equipment to "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.

_____ Provide all completed procedures and copies of logs to EOF Emergency Planner upon deactivation of EOF.

Enclosure 6.9
Radio Operator Checklist

SR/0/A/2000/003
Page 1 of 1

INITIAL _____

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on EOF staffing board.
- _____ Establish log of activities sufficient to conduct turnover for on-coming shift.
- _____ Obtain copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions), Enclosure 5.3 (Field Monitoring Survey data Sheet) and Enclosure 5.4 (Meteorological Update for Field Monitoring Teams). {6}
- _____ Establish contact with Field Teams.
- _____ Communicate instructions from Field Monitoring Coordinator to Field Teams.
- _____ Conduct turnover for on-coming shift, if needed.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

INITIALS _____

PRINTED NAME _____

EOF Offsite Agency Communicator Checklist

Page 1 of 1

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on EOF staffing board.
- _____ Establish log of activities sufficient to conduct turnover for on-coming shift.
- _____ Notify the INPO duty manager at 9-800-321-0614 or 9-770-644-8091 for an Alert, Site Area Emergency, General Emergency, or any event expected to require significant industry support. {70}
- _____ Perform duties as described in procedure SR/0/B/2000/004 (Notification to States and Counties from the Emergency Operations Facility).
- _____ Ensure emergency notification times are satisfied.
- _____ Conduct turnover for on-coming shift, if needed.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.


INITIALS _____

PRINTED NAME _____

Enclosure 6.11
Access Control Director Checklist

SR/**0**/A/2000/003

Page 1 of 1



Enclosure deleted {61}

Accident Assessment Manager Checklist

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on EOF staffing board.
- _____ Establish log of activities sufficient to conduct turnover for on-coming shift.
- _____ **IF** needed to support emergency, request staffing by Reactor Physics.
- _____ Obtain copy of applicable "Classification of Emergency" procedure.
- Catawba: RP/0/A/5000/001
 - McGuire: RP/0/A/5700/000
 - Oconee: RP/0/B/1000/001
- _____ **IF** Oconee is affected, obtain copy of "Oconee Nuclear Site Emergency Action Level Description Guidelines" Manual.
- _____ Ensure PC is on and displaying plant status.
- _____ Provide I/C number and description for ENF Line 4 to Offsite Agency Communicators.

NOTE: Definitions for ENF Line 8 are in Steps 2.4, 2.5, and 2.6 in the body of this procedure.

- _____ Provide Event Prognosis for ENF Line 8 to Offsite Agency Communicators. {1} {7}
- _____ Provide appropriate information for ENF Line 10 to Offsite Agency Communicator.

INITIALS _____

PRINTED NAME _____

Accident Assessment Manager Checklist

NOTE: The Affected Unit on Line 11 is tied to the I/C on Line 4. Examples may not be all inclusive of events that may affect all units.

_____ Provide Affected Unit(s) for ENF Line 11 to Offsite Agency Communicators:

- Evaluate the following for classification for both units (CNS and MNS) or all three units (ONS). {28} {29}
 - Security event
 - Seismic event
 - Tornado on site
 - Hurricane force winds on site
 - Loss of both switch yards
 - Fire in SSF
 - Fire affecting shared safety related equipment
 - Condition A for Keowee Hydro Project Dam/Dike (ONS).
- **IF** event at Catawba or McGuire affects both units equally, check All. {28} {29}
- **IF** event at Oconee affects more than one unit equally, check All.
- **IF** event only affects one (1) unit **OR** one unit has a higher classification, check appropriate unit. {28} {29}

_____ Provide Unit Status for ENF Line 12 to Offsite Agency Communicators.

_____ **IF** an upgrade in classification occurs, notify Offsite Agency Communicator.

_____ Coordinate the following functions:

- Accident Assessment Interface
- Operations Interface
- Reactor Physics (as needed)

Accident Assessment Manager Checklist

- _____ Prepare for EOF Briefings using Enclosure 6.24 (EOF Briefing Guideline).
- _____ Assist TSC Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines (SAMGs) (Catawba and McGuire).
- _____ Conduct turnover for on-coming shift, if needed.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

Accident Assessment Interface Checklist

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Obtain copy of EOF Accident Assessment Reference Guide and Emergency Operating Procedures from Nuclear Engineering Office Area. {44}
- _____ Don position badge.
- _____ Make Accident Assessment Manager aware this position is staffed.
- _____ Establish log of activities sufficient enough to conduct turnover for on-coming shift.
- _____ Ensure PCs are on and displaying affected station and unit plant status.

NOTE: Communications are established after the beep.

- _____ Establish bridge line for Operations Loop for affected station:
 - ☐ Catawba: 9-803-701-3994
 - ☐ McGuire: 9-980-875-4500
 - ☐ Oconee: 9-864-873-4908
- _____ **IF** needed for McGuire, establish communications link with Engineering Manager, 9-980-875-4954.
- _____ **IF** Oconee event, establish communications with Operations Interface, 9-864-873-3696.
- _____ Obtain copy of Classification of Emergency procedure for affected station.
 - ☐ Catawba: RP/0/A/5000/001
 - ☐ McGuire: RP/0/A/5700/000
 - ☐ Oconee: RP/0/B/1000/001.

INITIALS _____

PRINTED NAME _____

Accident Assessment Interface Checklist

Page 2 of 5

_____ Obtain copy of Core Damage Assessment procedure for affected station.

- ☐ Catawba: RP/0/A/5000/015
- ☐ McGuire: RP/0/A/5700/019
- ☐ Oconee: RP/0/B/1000/018.

_____ Gather plant status information using Accident Assessment Initial Information Request Form on page 4 or 5 of this enclosure.

_____ **IF AT ANY TIME** General Emergency is declared, **RECOMMEND IMMEDIATELY** to Accident Assessment Manager **AND** RAM protective actions using:

- ☐ Enclosure 6.2 - Catawba Offsite Protective Actions
- ☐ Enclosure 6.3 - McGuire Offsite Protective Actions
- ☐ Enclosure 6.4 - Oconee Offsite Protective Actions

_____ Perform the following steps as needed throughout event:

_____ **IF** condition warrants, determine analysis of reactor core and containment conditions in regard to:

- Core sub-cooling
- Decay heat generation
- Heat removal capabilities (core and containment)
- Fission product release potential (core and containment).

_____ **IF** condition warrants, provide:

- Estimates of core uncover times
- Interpretations of reactor water level data.

_____ Monitor status of Emergency Operations Procedures (EOPs) and discuss with Accident Assessment Manager.

_____ Confer with Radiological Assessment group in EOF.

_____ Consult with Operations Interface on anticipated course of events.

_____ Update status board in Accident Assessment room.

_____ Confer with Accident Assessment Manager on the following:

- Anticipated course of events
- Diagnosis of the accident and mitigation strategies
- Analysis of core and containment
- Core damage and fission product release potential
- Background information of system design
- Emergency classifications.

Accident Assessment Interface Checklist

- _____ Support Engineering Manager in TSC in accident and mitigation strategies.
- _____ Assist TSC as an evaluator upon entry into Severe Accident Management Guidelines (SAMG) (as requested).
- _____ **IF** McGuire has entered SAMG, **REFER TO** Enclosure 6.20 (Establishing Communications Links between McGuire SAMG Evaluators).
- _____ Conduct turnover for on-coming shift, if needed.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

Catawba or McGuire Initial Information Request

| Initial Information Request | Results |
|--|---------|
| Emergency Classification Status | |
| EAL Declaration Chronology | |
| Protective Actions Status | |
| Reactor/Turbine Status | |
| Power Level | |
| Time of Trip & On What Signal | |
| Any Abnormal Response | |
| NC Pump Status | |
| Core Cooling Status (subcooled margin/ RVLIS/natural circulation) | |
| Orange or Red CSFs Alarms Received | |
| Safety Injection | |
| When Actuated & on What Signal | |
| NV, NI, ND, Ice Condenser Status | |
| Feedwater | |
| CF and CA Status | |
| Main Steam | |
| Isolation Status | |
| SMSV, SM PORV, SB Status | |
| Electric Power | |
| 600V, 4160V, D/G Status | |
| Containment | |
| Isolation Status | |
| NS and VX Status | |
| Security/Fire/Flooding/HAZMAT/Other Hazards | |
| Plant Conditions Status | |
| Off-site Releases | |
| Status | |

Oconee Initial Information Request

| Initial Information Request | Results |
|--|---------|
| Emergency Classification Status | |
| EAL Declaration Chronology | |
| Protective Actions Status | |
| Reactor/Turbine Status | |
| Power Level | |
| Time of Trip & On What Signal | |
| Any Abnormal Response | |
| Reactor Coolant Pump Status | |
| Core Cooling Status (subcooled margin/ RVLIS/natural circulation) | |
| Safety Injection | |
| When Actuated & on What Signal | |
| HPI, LPI Status | |
| Feedwater | |
| Feedwater and Emergency Feedwater Status | |
| Main Steam | |
| Isolation Status | |
| MSSV Status | |
| Electric Power | |
| 600V, 4160V, Keowee, Lee Status | |
| Containment | |
| Isolation Status | |
| RBS, RBCU Status | |
| Security/Fire/Flooding/HAZMAT/Other Hazards | |
| Plant Conditions Status (Keowee Hydro Dam status) | |
| Off-site Releases | |
| Status | |

Enclosure 6.14
Operations Interface Checklist

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Page 1 of 1

INITIAL

NOTE: This enclosure does not apply to Oconee.

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on EOF staffing board.
- _____ Establish log of activities sufficient to conduct turnover for on-coming shift.
- _____ Perform following steps as needed throughout event:
 - _____ Provide communications interface between Accident Assessment Group and TSC Operations Group.
 - _____ Advise Accident Assessment Group on the following:
 - Emergency Operations Procedures (EOPs)
 - Diagnosis of accident and mitigation strategies
 - Emergency classification.
 - _____ Advise TSC of anticipated course of events.
- _____ Conduct turnover for on-coming shift, if needed.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

INITIALS _____

PRINTED NAME _____

Enclosure 6.15
Reactor Physics Checklist

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Page 1 of 1

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on EOF staffing board.
- _____ Establish log of activities sufficient to conduct turnover for on-coming shift.
- _____ Obtain any applicable nuclear design calculations from Nuclear Engineering office area.
- _____ Establish communications with TSC Reactor Engineer.
- _____ **IF** conditions warrant, determine analysis of reactor core and fuel with respect to:
 - Reactor Physics parameters
 - Core subcriticality.
- _____ Provide Accident Assessment Manager with information concerning any abnormal core conditions.
- _____ Conduct turnover for on-coming shift, if needed.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

INITIALS _____ PRINTED NAME _____

Enclosure 6.16
Emergency Planner Checklist

SR/0/A/2000/003
Page 1 of 12

INITIAL

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on EOF staffing board.
- _____ Establish log of activities sufficient to conduct turnover for on-coming shift.
- _____ Log in to Emergency Planner computer.
- _____ (MNS and CNS only) Obtain Emergency Planner wireless phone and headset from Emergency Planner Desk area and access EP bridge line, 9-803-701-4010.
- _____ Contact the Enterprise Crisis Operations Center (ECOC) Director by pager at 9-999-777-1008 and provide your call back number. Have on hand all emergency notification forms (ENFs) transmitted to state and local agencies up to this time. Be prepared to answer questions concerning information on the ENFs as well as any other information requested by ECOC Director when called back. {21}

NOTE: Personnel without badge access will need to be escorted into the EOF by the Assistant EOF Director, EOF Emergency Planner, EOF Services Manager, or their Mentor. {61}

- _____ Support EOF Director with the following:
 - _____ Provide escorted access to EOF for personnel without badge access. {61}
 - _____ Complete EOF Director Checklist items as requested.
 - _____ Clarify Emergency Plan and Emergency Plan Implementing Procedure information.
 - _____ Interface with federal, state and local agencies.
- _____ Assist Off-Site Agency Communicators in preparation of emergency notifications.
- _____ **IF** a security event at MNS requires assembling MNS TSC/OSC ERO at EOF, complete "MNS Security Event, TSC/OSC Assembled at EOF Checklist," page 10 of 12 of this enclosure.
- _____ **IF** a security event at CNS requires assembling the duty CNS TSC ERO at the EOF, complete "CNS Security Event, TSC ERO Assembled at EOF Checklist," page 11 of 12 of this enclosure. {41}

INITIALS _____ PRINTED NAME _____

Enclosure 6.16
Emergency Planner Checklist

SR/0/A/2000/003
Page 2 of 12

NOTE: 1. EOF Duty Roster is available on DAE using Nuclear Generation Duty Roster application. EOF information is under General Office location. {51}

2. Consider hours previously worked prior to ERO activation in determining shift turnover schedules for 24-hour staffing. {69}

_____ Complete 24-Hour Staffing Log for each EOF position, pages 3 through 8 of this enclosure.

_____ **IF** EPZ roadblocks have been established, prepare for emergency worker re-entry using page 12 of this enclosure.

_____ Verify EOF Public Affairs personnel have considered 24-hour staffing.

_____ Record EOF Exercise/Drill/Event Duke Energy employee participation as follows:

☐ **IF** scheduled drill, activate eRoster program and scan **OR** enter Duke employee ID number.

☐ **IF** not a scheduled drill **OR** scanner-inoperable, request participants sign Exercise/Drill/Event/Training Attendance Sheet. {61}

_____ Request Duke Energy participants sign EOF Drill/Event Participation form (EP FAM 3.19 Attachment 29). {61}

_____ Conduct turnover for on-coming shift, if needed.

_____ Upon deactivation of EOF, collect all completed paperwork and forward to appropriate Emergency Planning Manager.

_____ Upon deactivation of EOF, complete "EOF Post Event Checklist," page 9 of this enclosure.

Enclosure 6.16
Emergency Planner Checklist

SR/0/A/2000/003
Page 3 of 12

EOF DIRECTOR AREA

24-HOUR POSITION EOF STAFFING LOG {33}

| | Primary | | Relief | |
|------------------------------------|---------|--------------------|--------|--------------------|
| Position | Name | *Shift Schedule | Name | *Shift Schedule |
| EOF Director | | | | |
| Assistant EOF Director | | | | |
| EOF Log Recorder | | | | |
| EOF Emergency Planner | | | | |
| Radiological Assessment Manager | | | | |
| Accident Assessment Manager | | | | |
| | | | | |

* List hours of coverage: i.e., 0800-2000, or 8am -8pm.

Enclosure 6.16
Emergency Planner Checklist

SR/0/A/2000/003
Page 4 of 12

DOSE ASSESSMENT AREA
24-HOUR POSITION EOF STAFFING LOG

| Position | Primary | | Relief | |
|---------------------------------|----------------|----------------------------|---------------|----------------------------|
| | Name | *Shift Schedule | Name | *Shift Schedule |
| EOF Dose Assessor | | | | |
| EOF Dose Assessor | | | | |
| EOF Dose Assessor | | | | |
| EOF Dose Assessor (HPN) | | | | |
| Field Monitoring Coordinator | | | | |
| Radio Operator | | | | |
| | | | | |

* List hours of coverage: i.e., 0800-2000, or 8am -8pm.

Enclosure 6.16
Emergency Planner Checklist

SR/0/A/2000/003
Page 5 of 12

ACCIDENT ASSESSMENT AREA

24-HOUR POSITION EOF STAFFING LOG

| | Primary | | Relief | |
|---|---------|--------------------|--------|--------------------|
| Position | Name | *Shift Schedule | Name | *Shift Schedule |
| EOF Data Coordinator | | | | |
| Accident Assessment Interface | | | | |
| Reactor Physics (As Needed) | | | | |
| Operations Interface (MNS and CNS only) | | | | |

* List hours of coverage: i.e., 0800-2000, or 8am -8pm.

Enclosure 6.16
Emergency Planner Checklist

SR/0/A/2000/003
Page 6 of 12

OFFSITE AGENCY COMMUNICATOR
24-HOUR POSITION EOF STAFFING LOG

| | Primary | | Relief | |
|---|---------|--------------------|--------|--------------------|
| Position | Name | *Shift Schedule | Name | *Shift Schedule |
| Lead EOF Off-Site Agency Communicator | | | | |
| EOF Off-Site Agency Communicator | | | | |
| EOF Off-Site Agency Communicator | | | | |
| | | | | |

* List hours of coverage: i.e., 0800-2000, or 8am -8pm.

Enclosure 6.16
Emergency Planner Checklist

SR/0/A/2000/003
Page 7 of 12

EOF SERVICES AREA
24-HOUR POSITION EOF STAFFING LOG

| | Primary | | Relief | |
|----------------------------------|---------|--------------------|--------|--------------------|
| Position | Name | *Shift Schedule | Name | *Shift Schedule |
| EOF Services Manager | | | | |
| EOF Services Admin/Commissary | | | | |

* List hours of coverage: i.e., 0800-2000, or 8am -8pm.

[illegible]

EOF FACILITY POST EVENT CHECKLIST

_____ Obtain copy of TSC/EOF Log Printout.

_____ Retrieve:

- Completed Procedures
- Notes
- Log Sheets

_____ Turn off:

- Video monitors
- Projectors

NOTE: EOF Services completes Enclosure 13.4 and 13.5 from procedure ST/0/A/4600/086.

- _____ Complete applicable enclosures of ST/0/A/4600/086 to replenish procedure inventories
- _____ Clean tables off
- _____ Put all trash in containers
- _____ Erase status boards
- _____ Verify all Fax machines have paper supply replenished
- _____ Verify all printers have paper supply replenished.
- _____ Verify cordless phones are left in cradles to be charged.

Replenish Position Specific Notebooks (1 copy of procedure body and minimum 3 copies of applicable enclosures, checklists and log sheets):

- _____ EOF Director (also include minimum 3 copies each of Enclosure 6.2, 6.3 and 6.4)
- _____ Radiological Assessment Manager (also include minimum 3 copies each of Enclosures 6.2, 6.3, and 6.4). {24}
- _____ EOF Dose Assessor
- _____ Field Monitoring Coordinator
- _____ Radio Operator
- _____ EOF Offsite Agency Communicator (also include 1 copy of EP FAM 3.15 Attachment 3.15.3.3)
- _____ Accident Assessment Manager (also include minimum 3 copies each of Enclosures 6.2, 6.3, and 6.4). {24}
- _____ Accident Assessment Interface
- _____ EOF Operations Interface
- _____ Reactor Physics
- _____ EOF Emergency Planner
- _____ EOF Log Recorder (also include 1 copy of EP FAM 3.15 Attachment 3.15.3.2)
- _____ EOF Data Coordinator
- _____ EOF Services Manager

MNS SECURITY EVENT, TSC/OSC ASSEMBLED AT EOF CHECKLIST

- ____ Notify Energy Center Building Security, 2-1234, that TSC/OSC offsite responders are assembling at EOF. {61}
- ____ Request that TSC/OSC responders assemble in EOF break area.
- ____ Coordinate selection of first response team that will activate TSC/OSC when Security Event is terminated.
- ____ Move first response team into EOF work area to obtain plant status and recovery strategies.
- ____ **IF** needed, obtain copies of RP/0/A/5700/012, Activation of the Technical Support Center (TSC) and RP/0/A/5700/020, Activation of the Operations Support Center (OSC) from the McGuire procedure cabinet.
- ____ Determine 24-hour staffing for each TSC/OSC position.
- ____ **IF** EOF break area is too crowded, determine whether to send TSC/OSC relief members to Energy Center Cafeteria.
- ____ **WHEN** Security Event is terminated and onsite TSC/OSC is to be activated, ensure that first response team to TSC/OSC is briefed prior to dispatch to site.
- ____ Send relief TSC/OSC members home, if possible, with their assigned relief time.

CNS SECURITY EVENT, TSC ERO ASSEMBLED AT EOF CHECKLIST

- _____ Notify Energy Center Building Security, 2-1234, that CNS TSC duty responders are assembling at EOF. {61}
- _____ Have CNS TSC responders assemble in EOF break area.
- _____ Obtain RP/0/A/5000/020 Enclosure 4.20 from CNS procedure cabinet and distribute to assembled TSC ERO.
- _____ **IF** CNS TSC Emergency Planner does not respond within 75 minutes of declaration, assist Assistant TSC Emergency Coordinator with assigned tasks.
- _____ **WHEN** decision is made to access Catawba and staff the TSC and OSC, ensure choice of facility (normal or alternate) TSC and OSC is known prior to TSC staff departure. {41}

EMERGENCY WORKER/SPECIAL EQUIPMENT RE-ENTRY AFTER ROAD BLOCKS ARE
ESTABLISHED IN THE EPZ

NOTE: TSC Emergency Planner is to work with RP to determine if off going shift will need to leave their personnel vehicles onsite and leave in the relief bus.

- 1.0 **IF** roadblocks are in place in 10 mile EPZ **AND** affected site's Emergency Planner has asked the EOF to prepare for emergency worker re-entry for on site relief, perform the following:
 - 1.1 Request EOF Services Manager obtain a bus to be used for re-entry of relief workers.
 - 1.2 Coordinate with TSC Emergency Planner to verify re-entry path to be used, working with Field Monitoring Coordinator and Radiological Assessment Manager to ensure the path selected avoids the plume foot print.
 - 1.3 Coordinate with State representative at EOF to contact re-entry county EOC to obtain Highway Patrol escorts for bus.
 - 1.4 Ensure State representative requests county EOC to notify roadblock selected for re-entry with ETA for the bus with Highway Patrol escort.
- 2.0 **IF** roadblocks are **NOT** established, inform TSC Emergency Planner access will be normal.
- 3.0 **IF** roadblocks are in place when special equipment is to be brought to plant, use process in step 1.0 for equipment to pass through roadblock.

Enclosure 6.17
EOF Log Recorder Checklist

SR/0/A/2000/003
Page 1 of 3

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

INITIAL

- _____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.
- _____ Don position badge.
- _____ Sign in on EOF staffing board.
- _____ Ensure PC is on.
- _____ Ensure Projectors are powered up and displaying Log Keeper's Computer.
- _____ Refer to EP FAM Section 3.15, Attachment 3.15.3.2, for WebEOC Logging instructions.

NOTE: Applications viewed on the three main display screens in the EOF (screens 2, 3, and 4) can be controlled by the Log Keeper's PC. This is accomplished by the use of a Quad card that allows the Log Keeper to utilize his monitor (#1) plus the three projector (#2, #3, & #4) screens as a single display system. The Log Keeper's PC normally controls screens 2 and 4 only; the Communicator's PC normally controls screen 3. The Log Keeper's PC is designated as Computer 1 and the Communicator's PC is designated as Computer 2.

_____ Setup EOF Director's Area displays as follows:

- **Left Projector** - Facility Log (Remains on Comp 1)
- **Center Projector** - Swap projector to Comp 2 (Communicator's Notification Form)
- **Right Projector** - SDS (Remains on Comp 1)
 - Launch application from DAE. Application will launch on Log Keeper's monitor.
 - If application opens full screen, click Restore Down button, located to the right of the minimize button.
 - Click top of application screen and hold left mouse button down.
 - Drag application to desired screen.
 - Maximize application.

INITIALS _____

PRINTED NAME _____

Enclosure 6.17
EOF Log Recorder Checklist

SR/0/A/2000/003
Page 2 of 3

- NOTE:**
1. Incorrect log entries may be corrected by making the needed correction for the specific entry and flagging it as a "corrected item".
 2. The EOF Log Recorder should enter EOF specific information and other information as directed by the EOF Director or Assistant EOF Director.
 3. Log activities must be detailed enough to "tell the story" if necessary to reconstruct events for the NRC and to have an effective turnover to EOF staff.

_____ Establish official log of all significant EOF activities and EOF Director decisions using WebEOC computer program sufficient to conduct turnover for the on-coming shift.

_____ Log entries should include, but are not limited to, the following examples:

- EOF Director and any change in EOF Director (staffing)
- Time of EOF activation
- Emergency classification, changes in classification, time of declaration
- Protective Action Recommendations
- Approval/transmittal of Emergency Notification Forms
- Approval/distribution of News Releases
- Plant Conditions (Unit 1, 2, and 3):
 - Core Cooling information (i.e., Time To Boiling, etc.)
 - Safety Systems Degraded
 - Power Supply Status
 - Fission Product Barrier Degradation
 - Radiation Releases.
- Procedures in effect and any transition to another procedure
- Actions taken that are not part of an approved procedure
- Any abnormal or unexpected plant response
- Major equipment manipulations
- Major mitigation actions taken
- Site assembly, relocation, or evacuation of all or any part of the plant
- Personnel Injuries
- Facility priorities
- Recovery Action(s) in Progress
- Summary of facilities briefings
- Expected time of next Time-Out
- Any parameter that shows how drill/event is managed (ex. releases, time, communication)

_____ **IF** WebEOC computer program is not available, establish manual log of all significant EOF activities and EOF Director decisions.

Enclosure 6.17
EOF Log Recorder Checklist

SR/0/A/2000/003
Page 3 of 3

- ☐ IF requested by EOF Director, prepare sequence of events list and revise it as necessary.
- ☐ Maintain EOF Director's Area displays and status boards as directed or needed.
- ☐ Record established priorities on EOF status board as requested by EOF Director.
- ☐ Conduct turnover for on-coming shift, if needed.
- ☐ Print copy of TSC/EOF Log Printout.
- ☐ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

Enclosure 6.18
EOF Data Coordinator Checklist

SR/0/A/2000/003
Page 1 of 1

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

INITIAL

_____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.

_____ Don position badge.

_____ Sign in on EOF staffing board.

_____ Establish log of activities sufficient to conduct turnover for on-coming shift.

_____ Verify EOF computer hardware, software, and data display equipment is operational per EP FAM 3.8, EOF Data Coordinator's Reference Manual.

_____ Provide computer support as required:

- Software and hardware applications support
- Data acquisition support
- Communication with TSC Data Coordinator

_____ **IF** another site declares an emergency requiring activation of the EOF for support, obtain three additional computers (laptop or PC) within one hour for use by Accident Assessment Manager, Radiological Assessment Manager, and Offsite Agency Communicators. {62}.

_____ Conduct turnover for on-coming shift, if needed.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.

INITIALS _____ PRINTED NAME _____

Enclosure 6.19
EOF Services Manager Checklist

SR/0/A/2000/003
Page 1 of 2

NOTE: Steps in this checklist may be performed in any order appropriate to the specific event conditions or they may be omitted if not applicable.

INITIAL

_____ **IF** reporting to EOF outside your normal work hours, complete a Fitness for Duty Questionnaire.

_____ Don position badge.

_____ Sign in on EOF staffing board.

_____ Establish duty function contacts for EOF service areas and post in EOF Service area:

- Administration/Commissary
- Communications
- Transportation Services
- Risk Management
- Procurement.

_____ Perform duties as described in SR/0/B/2000/002.

_____ Establish log of activities sufficient to conduct turnover for on-coming shift.

_____ Provide general administrative support, office supplies and ensure office equipment is functioning properly.

NOTE: Personnel without badge access will need to be escorted into the EOF by the Assistant EOF Director, EOF Emergency Planner, EOF Services Manager, or their Mentor. {61}

_____ **IF** needed, provide escorted access to EOF for personnel without badge access. {61}

_____ Obtain Procedure ST/0/A/4600/086, Standard Procedure for Periodic Verification of EOF Communication Equipment Operation and Equipment/Supply Inventory, Enclosures 13.4 and 13.5 and complete checklists.

_____ Provide food and beverages to meet nutritional needs.

INITIALS _____ PRINTED NAME _____

Enclosure 6.19
EOF Services Manager Checklist

SR/0/A/2000/003
Page 2 of 2

- _____ Provide facilities to meet personal needs (dining facilities, toilets, trash receptacles and disposal) as required.
- _____ Request Communications to troubleshoot and repair telephone systems, mobile radios and pagers as required.
- _____ Request Transportation Services or others arrange for necessary equipment for movement of materials and personnel as required.
- _____ Obtain for accommodations for personnel as required.
- _____ Request Risk Management serve as liaison between Duke and insurance companies in gathering data and establishing claims offices to disburse emergency assistance funds to evacuees as required.
- _____ Coordinate all activities related to the procurement of materials, equipment and services from outside suppliers including arranging for transportation and receiving as required.
- _____ Notify additional personnel and arrange schedule for continuous support as required.
- _____ Ensure that all trash and left over food products are properly contained and arrange for disposal.
- _____ Conduct turnover for on-coming shift, if needed.
- _____ Notify Facility Services to clean the EOF following deactivation.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of EOF.
- _____ Notify Duty Functions contacts advising that the drill/event has been terminated.

**ESTABLISHING COMMUNICATIONS
LINKS BETWEEN MCGUIRE SAMG
EVALUATORS**

INITIAL _____

NOTE: OPS Procedure Support in the TSC will serve as the lead SAMG evaluator and will be assisted by Reactor Engineer and Systems Engineer in the TSC, as well as Accident Assessment Interface in the EOF. OPS Procedure Support is expected to **direct** the other evaluators in what they should be looking at strategically, plus ensure that SAEG-1 is completed appropriately as directed by the guidelines.

_____ **ESTABLISH** communications links between the SAMG evaluators (TSC OPS Procedure Support, TSC Reactor Engineer, TSC System Engineering Manager, and EOF Accident Assessment Interface) by dialing RP spare bridge 9-980-875-4833 (6-party bridge line).

_____ **EVALUATE** using an alternate bridge line listed below if for some reason the RP spare bridge is unavailable or if other communications links are desired or needed. Dial the number listed as desired to determine if that bridge is currently being used. If the desired bridge line is not being used, then the appropriate parties may dial in to use it.

EP Controller bridge (12 - party) 9-980-875-4575

McGuire site bridge (6 - party) 9-980-875-3030

McGuire site bridge (6 - party) 9-980-875-3200

INITIALS _____

PRINTED NAME _____

1. Recovery Guidelines

The Recovery Manager shall be responsible for the following:

- ☐ 1.1 Initiate RP/0/B/1000/027, Reentry Recovery Procedure.
- ☐ 1.2 Announce as follows:

"Agreement has been reached between Duke, the State of South Carolina and the NRC that the General Emergency classification is terminated. Recovery Operations are being initiated at the site. Actions are underway to determine when people who have been evacuated from their homes can return. As this information is made available, it will be released to the public."

NOTE: The offsite recovery organization will stay at the EOF and work with the counties and state if radiological Conditions exist beyond the ONS site boundary. The onsite recovery organization will be established by the Emergency Coordinator.

- ☐ 1.3 Establish Recovery Organization to handle offsite consequences.
- ☐ 1.4 Make the following assignments:

| | |
|---------------------------------|-------|
| Recovery Manager | _____ |
| Radiological Assessment Manager | _____ |
| Field Monitoring Coordinator | _____ |
| Emergency Planning Manager | _____ |
| EOF Services Manager | _____ |

- ☐ 1.5 Ensure staffing for long-term operation.

NOTE: Once recovery has been determined, the emergency notification message forms are no longer used.

- ☐ 1.6 Confer with SEMD (State Emergency Management Director) regarding work in progress at EOF and determine communication channels and notifications expected.

INITIALS _____ PRINTED NAME _____

- ☐ 1.7 Consult with each manager regarding activities in progress.
- ☐ 1.7.1 Radiological Assessment Responsibilities
- Provide ingestion pathway dose assessments
 - Provide ongoing communications with DHEC Nuclear Emergency Planning
 - Evaluate environmental concentrations within the radiological footprint
 - Provide technical assistance to Joint Information Center
 - Help plan for reactor building purge as needed
- ☐ 1.7.2 Emergency Planning Responsibilities
- Communications to the State and County Management Directors
- ☐ 1.7.3. EOF Services Manager Responsibilities
- Ensure ANI (insurance) is set up for public inquiry
 - Provide services as required
- ☐ 1.7.4. Joint Information Center Responsibilities
- Providing news releases
 - Work with media/public to reduce rumors
 - Monitoring information being released by news media
- ☐ 1.8 Maintain Emergency Operations Facility activated and staffed until consensus is reached by Duke and State of South Carolina there is no basis for continuous staffing.
- ☐ 1.8.1 Record time and date that Emergency Operations Facility/Joint Information Center were closed.
- A. EOF/JIC Closed _____
Time/Date

**Keowee Hydro Project Dams/Dikes
Condition A/B Descriptions**

- NOTE:**
- Duke Energy Hydro Group personnel are responsible for evaluation/inspection of Keowee Hydro Project Dams/Dikes **AND** determining if a Condition A or B exists.
 - Duke Energy Hydro Group personnel will communicate the results of evaluations/inspections to the Keowee Hydro Operator. The Keowee Hydro Operator will notify the OSM.

1. Condition A - Failure is Imminent or has occurred

A failure at the dam has occurred or is about to occur and minutes to days may be allowed to respond dependent upon the proximity to the dam. Response includes the immediate movement of downstream residents to higher ground. State and local governments will be notified. (Duke Hydro-Electric Plant EAP)

INITIALS _____

PRINTED NAME _____

**Keowee Hydro Project Dams/Dikes
Condition A/B Descriptions**

2. Condition B - Potentially Hazardous Situation is Developing

A situation where failure may develop, but preplanned actions taken during certain events (such as major floods, earthquakes, evidence of piping) may prevent or mitigate failure. The potentially hazardous situation may allow days or weeks for response and time to take remedial action. (Duke Hydro-Electric Plant EAP)

The following situations will result in a Condition B determination/declaration:

- Reservoir elevation at Keowee Hydro Station is ≥ 815.5 ft msl with all spillway gates open and lake elevation continuing to rise.
- Situations involving earth dam or abutments as follows:
 - a) Large increase or decrease in seepage readings OR seepage water is carrying a significant amount of soil particles;
 - b) New area of seepage or wetness, with large amounts of seepage water observed on dam, dam toe, or the abutments;
 - c) A slide or other movement of the dam or abutments which could develop into a failure.
- Developing failure involving the powerhouse or appurtenance structures is highly irregular to the point where the operator feels safety of the structures is questionable.
- Developing failure involving the concrete spillway or bulkhead is unusual and the safety of the structure is questionable.
- Any other situation involving plant structures which shows the potential for a developing failure.

EOF Evacuation Checklist {54} {59}

_____ **IF** conditions **DO NOT** allow for a controlled relocation of the facility, perform immediate actions to protect personnel.

- A. Notify personnel to re-assemble at Mint Street Parking Deck
- B. Notify the TSC Emergency Coordinator of actions taken

_____ **IF** conditions allow for a controlled relocation of the facility, determine alternate EOF location:

- ☐ Catawba Event - McGuire Alternate TSC
- ☐ McGuire Event - Catawba Alternate TSC
- ☐ Oconee Event - Catawba Alternate TSC

_____ Request EOF Emergency Planner to obtain the following:

- 24-Hour Position EOF Staffing Log
- EOF Business Continuity Plan
- Catawba, McGuire, and Oconee Emergency Telephone Directories

_____ Announce to EOF personnel to exit EOF and move to assembly area at Mint Street Parking Deck with all their procedures and paperwork.

_____ Turn over command and control of event to TSC Emergency Coordinator.

- Notify TSC Emergency Coordinator that EOF is evacuating due to (state reason)
- Provide TSC Emergency Coordinator current emergency classification and EAL number, current Protective Action Recommendations, and status of Emergency Notifications: Message number _____ due at _____

| |
|--|
| <p>NOTE: The following actions are taken after exiting the EOF.</p> |
|--|

_____ Request EOF Emergency Planner perform accountability of EOF personnel using 24 hour EOF Position Staffing Log.

_____ Consult with Energy Center Security console personnel at 704-382-1234 to determine expected duration of EOF evacuation.

_____ **IF** expected duration of evacuation is greater than 2 hours or unknown, perform the following:

- Direct EOF Personnel to report to the Alternate EOF Location
- Inform the TSC Emergency Coordinator that EOF is relocating to Alternate EOF Location
- Request TSC notify NRC of EOF relocation

_____ Direct EOF Emergency Planner to conduct actions required by EOF Business Continuity Plan.

_____ Return to Enclosure 6.1 of this procedure after reporting to Alternate EOF.

Enclosure 6.24
EOF Briefing Guideline

SR/0/A/2000/003
Page 1 of 2

NOTE: Items listed here are suggested topics for routine update briefings (not all topics need be addressed at each briefing). Items actually selected should be based on existing or projected plant conditions and current priorities.

| Attributes of Excellent Briefings | |
|--|--|
| <ul style="list-style-type: none">• 5-10 minutes duration• Brief for status, not to solve problems• Crisp, focused and well controlled | <ul style="list-style-type: none">• Speak to be heard (use PA if needed)• Repeat back required actions• ALL personnel are attentive |
| 1. EOF Director (open and lead briefing) <ul style="list-style-type: none">• Pre-announce -- 5 minute warning brief is about to occur• Start Briefing by stating "Attention in the EOF," observe participants to confirm they are ready• Overview of emergency conditions• Station priorities• Offsite actions being taken• NRC activities related to emergency <p>Notes: _____</p> | |
| 2. Assistant EOF Director <ul style="list-style-type: none">• Facility staffing issues and status of additional support requested• Facility operations expectations (noise levels, procedure use, log keeping, etc.)• Status of offsite agency communications• Status of relief shift <p>Notes: _____</p> | |
| 3. Accident Assessment Manager <ul style="list-style-type: none">• Current Emergency Classification and EAL number/description• Key parameters/potential paths for Emergency Classification Upgrade• Reactor condition, core damage assessment.• Review of key plant conditions (power level, shutdown, trends)• Fission Product Barrier Status, trends, prognosis• Core Cooling System Status• Emergency/abnormal procedures entered or exited• Severe accident guideline status• Status of NRC Communications <p>Notes: _____</p> | |

4. Radiological Assessment Manager

- Status of radiological release compared to EAL thresholds, dose projections, offsite radiological conditions, PARs.
- Meteorological conditions
- Field Monitoring Team reports
- Radiation Protection problem areas being worked and/or needing resolution
- Chemistry activities and results. (e.g. dose equivalent iodine, sample status)

Notes: _____

5. Emergency Planner

- **IF** a security event is in progress, plant access restrictions, status of site security, offsite Local Law Enforcement Agencies assistance requested and/or provided
- **IF** a medical emergency response (MERT) is in progress, number of victims, whether radiologically or chemically contaminated, offsite EMS response
- **IF** a fire response is in progress, status of fire, offsite FD response
- Status of site assembly and site evacuation

Notes: _____

6. Offsite Agency Communicator

- Status of offsite agency communications and time next message due

Notes: _____

7. Corporate Communications

- Status of news releases and press conferences
- Rumors being addressed
- Internal/External notifications made (Duke leadership team, ECOC, JIC, state government, INPO, ANI)

Notes: _____

8. EOF Director (close briefing)

- **IF** offsite agencies representatives are present, provide them with opportunity to contribute to brief
- **IF** the NRC is present, provide them with opportunity to contribute to brief
- Ask if any others need to report "Important information"
- Summarize priorities
- Ask if there are any questions
- State "END OF BRIEF"

Setup of Catawba Alternate EOF in McGuire
Admin Bldg.

INITIAL

_____ **IF** cell phones with headsets can be obtained from McGuire TSC, take them to alternate EOF location (Administration Building layout on Page 3 of 3 of this enclosure).

_____ Locate assigned Administration Building area shown on the layout drawing on Page 3 of 3 of this enclosure

- NOTE:**
1. Alternate TSC phone sets are stored in the CRX Equipment Room, Room 112.
 2. The EOF Emergency Planner and EOF Data Coordinator can assist with phone and computer connections.
 3. **IF** a computer is needed, a computer that is not being used for another ERO function (e.g., Regulatory Compliance section, Business Management group, Human Resources group) may be used.
 4. **IF** access to the CBX equipment Room, Room 112, is needed prior to the arrival of the EOF Emergency Planner, a key to the door can be obtained from Security at the SAS.
 5. Printer paths for McGuire Nuclear Station Administration Building Mail Room Printers are MNADM106 and MNADMDP1.

_____ Set up assigned location as follows:

- _____ • Obtain phone equipment necessary to conduct ERO function at assigned location and connect to wall and ceiling outlets.
- _____ • **IF** a computer is needed, request help from EOF Data Coordinator.
- _____ • **IF** necessary, obtain copies of position procedure enclosure from procedure SR/0/B/2000/003, Activation of the EOF, located in Emergency Planning Procedures cabinet.
- _____ • **IF** printing capability is needed, setup printers using DAE Printer Selector Program.

INITIALS _____

PRINTED NAME _____

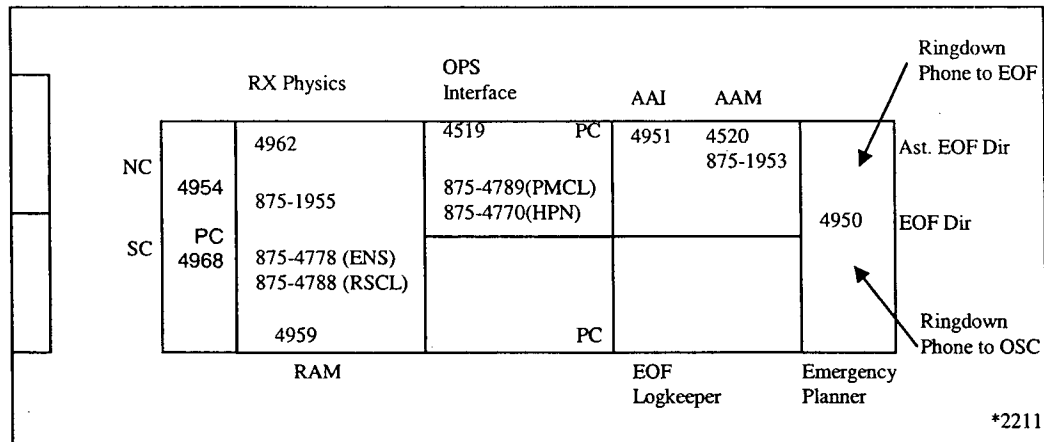
Setup of Catawba Alternate EOF in McGuire
Admin Bldg.

- _____ • **IF** copies of plant procedures are required, perform one of the following:
 - For Emergency Plan Implementing Procedures (RPs, SHs, and SRs), make copy from Control Copy located in Emergency Planning Procedures cabinet.
 - For all other procedures, print a copy from NEDL Portal on DAE using McGuire Admin Building Mail Room printer MNADM106 or MNADMDP1.
- _____ • Assume or continue ERO role according to procedure SR/0/B/2000/003, Activation of the EOF.

**Setup of Catawba Alternate EOF in McGuire
Admin Bldg.**

Page 3 of 3

(Executive Board Room 111, Admin. Building)

**Other EOF Position Locations**

- Others (EP Room 114) - *4458, *4977, *875-1951.
- Offsite Communicator (EP Room 115B -- *4970, *SSN 315, *Radio, *875-1951.
- Data Coordinator (CBX Equipment Room 112) -- *4999.
- Dose Assessor (SCR Room 100D) -- *4405.
- Offsite Monitoring (McGuire TSC) *4969, *4976
- Public Affairs (Rooms 118 and 141) -- *4400, *4402, *4233.
- NRC (NRC Office, Room 126) -- *875-1681.
- Other, use Jaguar Room as needed (Room 144, EOF Services Mgr.) -- *4826.

Office Equipment

- FAX (Mail Room, Room 116) -- *875-4506.
- FAX (EP Room 114) -- *875-4382.
- Copier (Mail Room, Room 116).
- Copier (SA Room 170).
- CBX (CBX Office in Admin. Building Lobby).

* Indicates existing phones. All others are to be plugged in when the Alternate TSC is activated.

Setup of McGuire or Oconee Alternate EOF in
Catawba Admin Bldg. Page 1 of 3

INITIAL

____ **IF** cell phones with headsets can be obtained from Catawba TSC, take them to alternate EOF location (Administration Building layout on Page 2 of 3 of this enclosure).

____ Locate assigned Administration Building area shown on the layout drawing on Page 2 of 3 of this enclosure

- NOTE:**
1. The EOF Emergency Planner and EOF Data Coordinator can assist with computer connections.
 2. **IF** a computer is needed, a computer that is not being used for another ERO function (e.g., Regulatory Compliance section, Performance Improvement Team, Human Resources group) may be used.
 3. Printer paths for Catawba Nuclear Station Administration Building Printers are CNSADM2 for Copier Room (Room 143) and CNADM127 for Room 127.

____ Set up assigned location as follows:

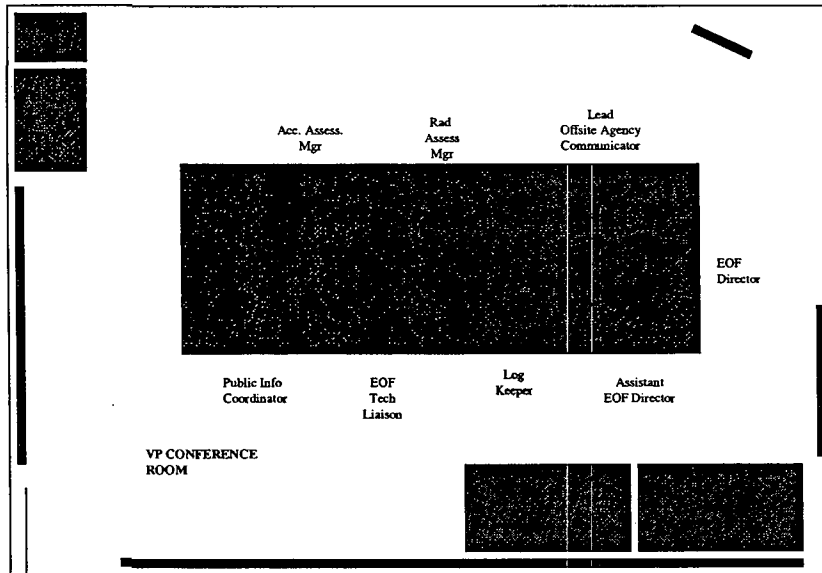
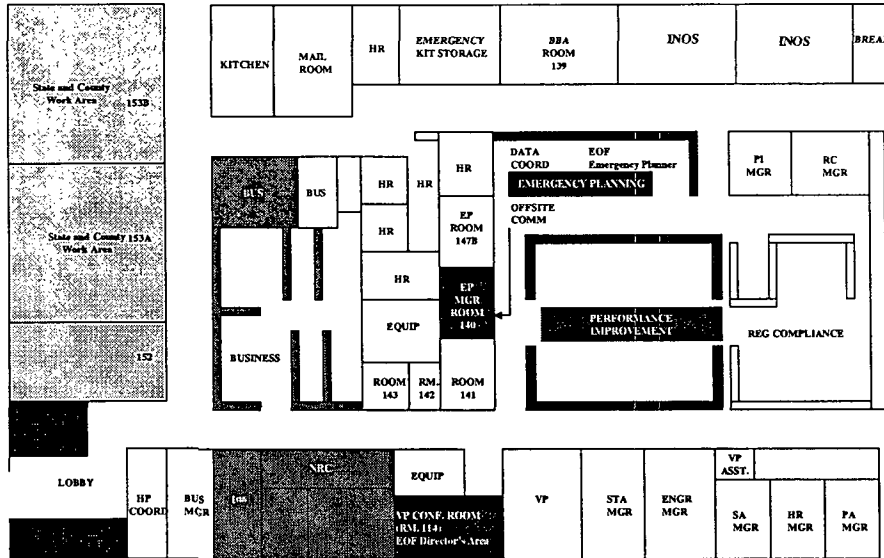
- ____ • **IF** a computer is needed, request help from EOF Data Coordinator.
- ____ • **IF** necessary, obtain copies of position procedure enclosure from procedure SR/0/B/2000/003, Activation of the EOF, located in Emergency Planning procedures cabinet.
- ____ • **IF** printing capability is needed, setup printers using DAE Printer Selector Program.
- ____ • **IF** copies of plant procedures are required, perform one of the following:
 - For Emergency Plan Implementing Procedures (RPs, SHs, and SRs), make copy from Control Copy located in Emergency Planning Procedures cabinet.
 - For all other procedures, print a copy from NEDL Portal on DAE using Catawba Admin Building Mail Room printer CNSADM2.
- ____ • Assume or continue ERO role according to procedure SR/0/B/2000/003, Activation of the EOF.

INITIALS _____

PRINTED NAME _____

Setup of McGuire or Oconee Alternate EOF in
Catawba Admin Bldg.

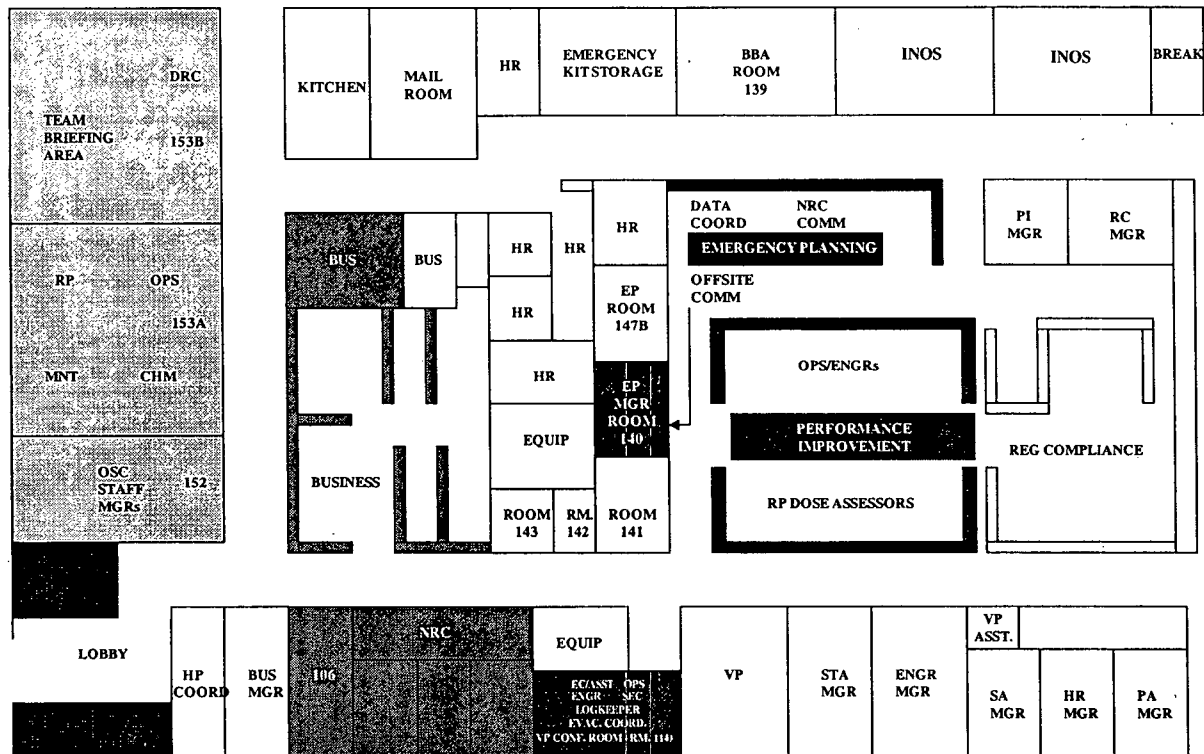
ALTERNATE EOF IN THE ADMIN BLDG



**Setup of McGuire or Oconee Alternate EOF in
Catawba Admin Bldg.**

Page 3 of 3

ALTERNATE TSC/OSC IN THE ADMIN BLDG



EOF Functional Areas:

| | |
|--|--|
| | VP Conference Room – Command & Control Center (EOF Director, Accident Assessment Manager, Rad Assessment Manager, Lead Offsite Agency communicator, EOF Logkeeper, EOF Tech Liaison, Public Information Coordinator, State EM Representatives) |
| | EP Manager's Office – Offsite Communicators |
| | EP Cubes – Data Coordinator, EOF Emergency Planner |
| | Touchdown Room 142 - EOF Services |
| | PA Manager Office - News Manager, Public Spokesperson |
| | Room 153 A/B - State and County Work Area |
| | NRC Resident Inspector Offices - NRC Site Team |
| | Room 137A - Dose Assessment |
| | Room 137B - Accident Assessment |
| | Catawba TSC (Not Shown) - Offsite Monitoring |

Enclosure 6.27
NRC Response Team Briefing

SR/0/A/2000/003
Page 1 of 2

A) Emergency Classification

Time Declared: _____ am/pm (Current Class)

Unusual Event Alert

Site Area Emergency General Emergency

EAL Descriptor Text: _____

Provide a brief summary of the event and mitigating actions in progress: _____

B) Fission Product Barrier Status

Fuel RCS CTMT

Intact:

Potential Loss:

Lost:

C) Plant Conditions

Mode 1 - Power Operations _____ %

Mode 2 - Startup

Mode 3 - Hot Standby

Mode 4 - Hot Shutdown

Mode 5 - Cold Shutdown

Mode 6 - Refueling

Time of shutdown: _____ am/pm

Stable Improving

Unstable Deteriorating

Briefly describe equipment, instrument or other problems: _____

D) Radiological Release

None or

Imminent Controlled

In Progress Uncontrolled

Terminated Start Time: _____ am/pm

Estimated Duration: _____

E) Onsite Protective Actions

None or

Site Assembly / Accountability

Local Area Evacuation

Protected Area Evacuated

Site Evacuated

Offsite Assembly

Emergency Exposures Authorized

Potassium Iodide Issued

F) Response Facilities Activated

None or

Technical Support Center

Operations Support Center

Emergency Operations Facility

Joint Information Center

G) Offsite Assistance Requested

None or

Medical _____ am/pm

Fire Department _____ am/pm

Law Enforcement _____ am/pm

H) Offsite Notifications

County INPO

State ANI

News Release

I) Protective Action Recommendations

None or

Evacuate: _____

Shelter: _____

J) Offsite Actions/Response

None issued, or:

Schools Recreation Areas

Other: _____

Evacuate: _____

Shelter: _____

Underway -- OR -- Completed

K) Additional Notes

NOTE: This briefing is intended to provide general information related to the event. More detailed information will be available from individual licensee counterparts.

Additional Discussion Items:

1. Personnel safety (as applicable)
 - a. Personnel accountability requirements
 - b. Radiation protection requirements
 - c. Industrial safety requirements
 - d. Protective equipment requirements
 - e. Reporting emergency situation (e.g., fire/medical)
2. Emergency evacuation
 - a. Location of exits
 - b. Location of emergency assembly areas
3. Personal comfort
 - a. Location of restrooms
 - b. Location of water, beverages, and food
 - c. Location of quiet area
4. Facility specific information
 - a. Prohibited activities (e.g., use of cell phones, cameras, cordless phones, etc.)
 - b. Facility telephones (how to call outside the facility, reserve phones, etc.)
 - c. Telephone numbers (e.g., response facility phone directory/phone listing)
 - d. Reference locations and access
 - e. Making photo copies
 - f. Sending/receiving facsimiles
 - g. Logistical assistance/support

- {1} PIP 0-M97-4210 NRC-1
- {2} PIP 0-M96-1645
- {3} PIP 2-C96-0273
- {4} PIP 0-C98-3123
- {5} PIP 0-M98-3522
- {6} PIP 0-M98-2065
- {7} PIP 0-C00-3830
- {8} PIP 0-M99-3800, DocTracks NGO-2012-000119
- {9} PIP M-99-2593
- {10} PIP M-00-1107
- {11} PIP G-02-00399(deleted Meteorologist Checklist, replaced with new enclosure)
- {12} PIP M-01-3565
- {13} PIP M-01-3711
- {14} PIP M-99-5381
- {15} PIP C-02-5851
- {16} PIP G-02-00360
- {17} N/A
- {18} PIP M-02-2412, C.A.17
- {19} PIP M-03-2174
- {20} PIP M-02-3086, C.A. 32
- {21} PIP M-03-2808, C.A. 1
- {22} PIP M-03-3294, C.A. 10
- {23} PIP G-03-606
- {24} PIP M-04-2742, C.A. 10
- {25} PIP C-04-1367, C.A. 9
- {26} PIP-M-03-2538, C.A. 3

- {27} PIP-M-03-3483, C.A. 1
- {28} PIP-M-03-3294, C.A. 21
- {29} PIP-C-04-2486, C.A. 2
- {30} PIP-C-03-4471, C.A.1
- {31} PIP-M-04-2742, C.A.11
- {32} PIP-M-04-0735, C.A. 10
- {33} PIP-M-04-0238, C.A.2
- {34} FAM Sect. 3.7 rev. 7
- {35} PIP-M-05-3631
- {36} PIP-C-05-4854
- {37} PIP-C-05-2064, C.A. 11
- {38} PIP-C-06-3808, CA. 9
- {39} PIP-G-07-0127
- {40} PIP-C-04-2631, C.A.2
- {41} PIP-C-06-6053, C.A.11
- {42} PIP-C-06-8633, C.A.6
- {43} PIP-M-06-5137, C.A.3
- {44} PIP-G-07-0944, C.A. 4
- {45} PIP-G-07-0959, C.A. 12
- {46} PIP-C-05-2064, C.A. 12
- {47} PIP M-07-3471, C.A. 6
- {48} PIP G-08-1053, C.A. 4
- {49} PIP C-09-3308, C.A. 3
- {50} PIP M-09-2521, C.A. 15
- {51} PIP M-09-4514, C.A. 19
- {52} PIP G-09-1159, C.A. 11

- {53} PIP G-08-1195
- {54} PIP G-09-0697, C.A. 2
- {55} PIP M-10-3598, C.A. 25
- {56} PIP O-10-2906
- {57} PIP M-10-3598, C.A. 21
- {58} PIP O-10-6861, C.A. 4
- {59} PIP G-10-1128, C.A. 1
- {60} PIP O-10-11050, C.A. 21
- {61} PIP G-11-1177, DocuTracks NGO-2012-000122
- {62} PIP M-11-6252, C.A. 2
- {63} PIP O-10-11050, C.A. 23
- {64} PIP G-11-1389, C.A. 11
- {65} PIP C-11-4972, C.A. 1
- {66} PIP G-11-1352, C.A. 6
- {67} PIP G-12-0276, C.A. 2
- {68} PIP G-12-1158, C.A. 2, 4, and 7
- {69} PIP C-12-3794, C.A. 4
- {70} PIP G-12-1057, C.A. 4

§50.54(q) Screening Evaluation Form - Part 1

Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0

Block 1

1. Renumbered procedure to be SR/0/A/2000/003 {McGuire UFSAR Section 17.1.3.4}

Procedure Body

2. Step 3.2.3 - deleted "/PMC" for Oconee {editorial - match logon screen}
3. Step 3.2.5 - revised login instructions for MNS and ONS {editorial - match logon screen}
4. Step 3.2.7 - added Group Displays and Turn On codes for meteorological data {relocated from Field Monitoring Coordinator enclosure to Body of procedure, DocuTracks NGO-2012-000104 Oconee exercise feedback}
5. Section 6 - added new Enclosure 6.27, NRC Response Team Briefing, and renumbered subsequent enclosure {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback}

Enclosure 6.1

6. Page 3 of 14, first item on FFD announcement, added "or believes their work quality may be compromised due to fatigue {69}" {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP}
7. Page 4 of 14, first item on NRC briefing, changed page 14 of 14 to Enclosure 6.27 {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback}
8. Page 11 of 14, added new Note and step prior to existing step for conducting critique to discuss application of Fatigue Rule Work Hour Controls during and following a declared event and requiring covered workers to enter data into EmpCenter and supervisors to consider the need for waivers. {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP}

Enclosure 6.7

9. Page 2 of 4, corrected phone number for Oconee TSC Dose Assessment Liaison. {DocuTracks NGO-2012-0000105 Oconee Exercise Critique item}

Enclosure 6.8

10. Page 1 of 2, step for accessing meteorological data on SDS, deleted existing instructions and changed to "Refer to Procedure Step 3.2 to access SDS." {Group Displays and Turn On codes for meteorological data relocated from Field Monitoring Coordinator enclosure to Body of procedure to keep all SDS information together, DocuTracks NGO-2012-000104 Oconee exercise feedback}

Enclosure 6.16

11. Page 2 of 12, note before step requiring completion of 24 hour staffing log, added second note to consider hours previously worked prior to ERO activation when determining ERO shift turnover schedules. {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP}
12. Page 2 of 12, changed location of EOF Drill/Event Participation form to EP FAM 3.19 Attachment 29 {DocuTracks NGO-2012-000122 EOF Drill/Event Participation form relocated with EP FAM 3.19 Rev. 2}
13. Page 9 of 12, changed procedure number from SR/0/B/4600/086 to ST/0/A/4600/086 in Note and Step. {DocuTracks NGO-2012-000115 Procedure number changed to resolve PIP G-12-0534}
14. Page 9 of 12, changed "sections" to "enclosures" when referring to ST/0/A/4600/086 {editorial}
15. Page 9 of 12, added step to verify cordless phones are left in cradles to charge. {DocuTracks NGO-2012-000089 ONS 8/14/12 drill critique item}

Enclosure 6.19

16. Page 1 of 2, changed procedure number from SR/0/B/4600/086 to ST/0/A/4600/086 {DocuTracks NGO-2012-000116 Procedure number changed to resolve PIP G-12-0534}

Enclosure 6.27

3.10 10CFR 50.54(q) Evaluations

17. Added new Enclosure 6.27, NRC Response Team Briefing {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback}

Enclosure 6.28

18. Renumbered old Enclosure 6.27 to be Enclosure 6.28 {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback}
19. Revised {8} to add DocuTracks NGO-2012-00119 as this DocuTracks item changed the NRC Response Team Briefing job aid
20. Revised {61} to add DocuTracks NGO-2012-000122 as this DocuTracks item changed the location of the EOF Drill/Event Participation form.
21. Added new PIP references {69} PIP C-12-3794 C.A. 4 and {70} PIP G-12-1057 C.A. 4.

Activity Scope:

BLOCK 2

- ☐ The activity is a change to the emergency plan
☒ The activity is not a change to the emergency plan

Emergency Plan Sections Reviewed

Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2
McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2
Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2

Change Type:

BLOCK 3

- ☐ The change is editorial or typographical
☐ The change is not editorial or typographical

Not applicable

Change Type:

BLOCK 4

- ☐ The change does conform to an activity that has prior approval
☐ The change does not conform to an activity that has prior approval

Not applicable

3.10 10CFR 50.54(q) Evaluations

| | | |
|---|--|----------------------------|
| Planning Standard Impact Determination: | | BLOCK 5 |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control)</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(4) – Emergency Classification System*</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures*</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(6) – Emergency Communications</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(7) – Public Education and Information</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(9) – Accident Assessment*</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(10) – Protective Response*</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(14) – Drills and Exercises</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training</div> <div style="width: 33%;"><input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance</div> </div> <p>*Risk Significant Planning Standards</p> | | |
| <input checked="" type="checkbox"/> The proposed activity does not impact a Planning Standard <ul style="list-style-type: none"> This revision is not changing EOF minimum staffing, organization, or response times. No changes are being made to EOF support for state/federal/local emergency response or for industry support during an emergency. No changes are being made to the EOF facility communications equipment. No physical changes are being made to the EOF. | | |
| Commitment Impact Determination: | | BLOCK 6 |
| <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment <input checked="" type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment <p>EP commitments reviewed:</p> <p>Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2</p> <p>McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2</p> <p>Oconee Emergency Plan Revision 2012-04 Sections B.5, B.7, C.4, F.1, and H.2</p> | | |
| Screening Evaluation Results: | | BLOCK 7 |
| <input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature <i>Ernestine M. Kuhr</i> | Date: December 19, 2012 |
| Reviewer Name: <i>Ray Waterman</i> | Reviewer Signature <i>Ray Waterman</i> | Date: <i>1-21-13</i> |

§50.54(q) Effectiveness Evaluation Form

| | |
|--|----------------|
| Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0 | BLOCK 1 |
| Enclosure 6.10 1. Page 1 of 1, added new step to notify INPO duty manager for an event classified Alert or higher or requiring significant industry support. {PIP G-12-1057 CA#4 Nuclear Industry Event Response Framework} | |
| Activity Type: <input type="checkbox"/> The activity is a <i>change</i> to the <i>emergency plan</i> <input checked="" type="checkbox"/> The activity affects implementation of the <i>emergency plan</i> , but <i>is not</i> a <i>change</i> to the <i>emergency plan</i> Emergency Plan Sections Reviewed <ul style="list-style-type: none"> • Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2 • McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2 • Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2 | BLOCK 2 |
| Impact and Licensing Basis Determination: 1. §50.47(b)(3) – Emergency Response Support and Resources <ul style="list-style-type: none"> • Arrangements for requesting and using offsite assistance have been made. • Contact and Use of External Support Services (technical, material, etc.) §50.47(b)(6) – Emergency Communications <ul style="list-style-type: none"> • Systems are established for prompt communication among principal emergency response organizations. • Industry Event Communications (INPO, ANI, etc.) Licensing Basis: Emergency Plan Sections <ul style="list-style-type: none"> • Catawba Emergency Plan Revision 12-3 Sections C.4, F.1 • McGuire Emergency Plan Revision 12-3 Sections C.4, F.1 • Oconee Emergency Plan Revision 2012-4 Sections C.4, F.1 | BLOCK 3 |
| Compliance Evaluation and Conclusion: 1. §50.47(b)(3) – Emergency Response Support and Resources - "Arrangements for requesting and effectively using assistance resources have been made, arrangements to accommodate State and local staff at the licensee's Emergency Operations Facility have been made, and other organizations capable of augmenting the planned response have been identified." §50.47(b)(6) – Emergency Communications - "Provisions exist for prompt communications among principal response organizations to emergency personnel and to the public." This includes industry event communications (INPO, ANI, etc.) Evaluation: Change 1 transfers the responsibility for notifying INPO from the JIC Government Agency Liaison to the EOF Offsite Agency Communicator. This change reassigns the responsibility for requesting assistance from INPO, but arrangements for requesting and using the resources continue to exist. Since the EOF Offsite Agency Communicator has a 75 minute response time requirement while the JIC Government Agency Liaison does not, this change will continue to provide prompt communications capability with INPO. Conclusion: The proposed activity <input checked="" type="checkbox"/> does / <input type="checkbox"/> does not continue to comply with the requirements. | BLOCK 4 |

3.10 10CFR 50.54(q) Evaluations

| | | |
|---|---|----------------------------|
| Reduction in Effectiveness (RIE) Evaluation and Conclusion: | | BLOCK 5 |
| <p>1. <u>Evaluation:</u> Change 1 transfers the responsibility for notifying INPO from the JIC Government Agency Liaison to the EOF Offsite Agency Communicator. INPO, in the United States Nuclear Industry Event Response Framework (March 2012), has requested that licensees notify the INPO duty manager as soon as practical, but within one hour¹, following the classification of an Alert, Site Emergency, General Emergency, or any event that requires or is expected to require significant industry support. The JIC Government Agency Liaison does not have a regulatory response time requirement, while the EOF Offsite Agency Communicator has a 75 minute response time requirement. This will improve Duke Energy's ability to notify INPO in a timely manner.</p> <p><u>Conclusion:</u> The proposed activity <input type="checkbox"/> does / <input checked="" type="checkbox"/> does not constitute a RIE.</p> | | |
| Effectiveness Evaluation Results | | BLOCK 6 |
| <p><input checked="" type="checkbox"/> The activity <u>does</u> continue to comply with the requirements of §50.47(b) and §50 Appendix E and the activity <u>does not</u> constitute a reduction in effectiveness. Therefore, the activity <u>can</u> be implemented without prior approval.</p> <p><input type="checkbox"/> The activity <u>does not</u> continue to comply with the requirements of §50.47(b) and §50 Appendix E or the activity <u>does</u> constitute a reduction in effectiveness. Therefore, the activity <u>cannot</u> be implemented without prior approval.</p> | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature: <i>Ernestine M. Kuhr</i> | Date: December 19, 2012 |
| Reviewer Name: <i>Ray Waterman</i> | Reviewer Signature: <i>Ray Waterman</i> | Date: 1-21-13 |
| Approver Name: <i>Patrick H. Stagg</i> | Approver Signature: <i>Patrick H. Stagg</i> | Date: 1/23/13 |

¹ The Emergency Planning Peer Group determined that the responsibility for notifying INPO should not be done by on-shift personnel, but should be handled by ERO members augmenting shift resources. Thus, Duke is not committing to meeting the one hour INPO notification requirement.

§50.54(q) Screening Evaluation Form - Part 2

| | | |
|---|----------------|---|
| Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0 | | BLOCK 1 |
| Enclosure 6.10 1. Page 1 of 1, added new step to notify INPO duty manager for an event classified Alert or higher or requiring significant industry support. {PIP G-12-1057 CA#4 Nuclear Industry Event Response Framework} | | |
| Activity Scope: <input type="checkbox"/> The activity <u>is</u> a change to the emergency plan <input checked="" type="checkbox"/> The activity <u>is not</u> a change to the emergency plan | | BLOCK 2 |
| Emergency Plan Sections Reviewed Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2 McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2 Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2 | | |
| Change Type: <input type="checkbox"/> The change <u>is</u> editorial or typographical <input type="checkbox"/> The change <u>is not</u> editorial or typographical Not applicable | BLOCK 3 | Change Type: <input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval Not applicable |
| Planning Standard Impact Determination: <input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input checked="" type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures* <input checked="" type="checkbox"/> §50.47(b)(6) – Emergency Communications - Industry Event communications - change in process for INPO notification <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – Accident Assessment* <input type="checkbox"/> §50.47(b)(10) – Protective Response* <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance *Risk Significant Planning Standards <input type="checkbox"/> The proposed activity does not impact a Planning Standard | | BLOCK 5 |

3.10 10CFR 50.54(q) Evaluations

| | | |
|---|--|----------------------------|
| Commitment Impact Determination: | | BLOCK 6 |
| <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment | | |
| <input type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment | | |
| Not Required | | |
| Screening Evaluation Results: | | BLOCK 7 |
| <input type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation | | |
| <input checked="" type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature <i>Ernestine M. Kuhr</i> | Date: December 19, 2012 |
| Reviewer Name: <i>Ray Waterman</i> | Reviewer Signature <i>Ray Waterman</i> | Date: 1-21-13 |

§50.54(q) Screening Evaluation Form - Part 1

Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0

BLOCK 1

1. Renumbered procedure to be SR/0/A/2000/003 {McGuire UFSAR Section 17.1.3.4}

Procedure Body

2. Step 3.2.3 - deleted "/PMC" for Oconee {editorial - match logon screen}
3. Step 3.2.5 - revised login instructions for MNS and ONS {editorial - match logon screen}
4. Step 3.2.7 - added Group Displays and Turn On codes for meteorological data {relocated from Field Monitoring Coordinator enclosure to Body of procedure, DocuTracks NGO-2012-000104 Oconee exercise feedback}
5. Section 6 - added new Enclosure 6.27, NRC Response Team Briefing, and renumbered subsequent enclosure {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback}

Enclosure 6.1

6. Page 3 of 14, first item on FFD announcement, added "or believes their work quality may be compromised due to fatigue (69)" {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP}
7. Page 4 of 14, first item on NRC briefing, changed page 14 of 14 to Enclosure 6.27 {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback}
8. Page 11 of 14, added new Note and step prior to existing step for conducting critique to discuss application of Fatigue Rule Work Hour Controls during and following a declared event and requiring covered workers to enter data into EmpCenter and supervisors to consider the need for waivers. {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP}

Enclosure 6.7

9. Page 2 of 4, corrected phone number for Oconee TSC Dose Assessment Liaison. {DocuTracks NGO-2012-000105 Oconee Exercise Critique item}

Enclosure 6.8

10. Page 1 of 2, step for accessing meteorological data on SDS, deleted existing instructions and changed to "Refer to Procedure Step 3.2 to access SDS." {Group Displays and Turn On codes for meteorological data relocated from Field Monitoring Coordinator enclosure to Body of procedure to keep all SDS information together, DocuTracks NGO-2012-000104 Oconee exercise feedback}

Enclosure 6.16

11. Page 2 of 12, note before step requiring completion of 24 hour staffing log, added second note to consider hours previously worked prior to ERO activation when determining ERO shift turnover schedules. {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP}
12. Page 2 of 12, changed location of EOF Drill/Event Participation form to EP FAM 3.19 Attachment 29 {DocuTracks NGO-2012-000122 EOF Drill/Event Participation form relocated with EP FAM 3.19 Rev. 2}
13. Page 9 of 12, changed procedure number from SR/0/B/4600/086 to ST/0/A/4600/086 in Note and Step. {DocuTracks NGO-2012-000115 Procedure number changed to resolve PIP G-12-0534}
14. Page 9 of 12, changed "sections" to "enclosures" when referring to ST/0/A/4600/086 {editorial}
15. Page 9 of 12, added step to verify cordless phones are left in cradles to charge. {DocuTracks NGO-2012-000089 ONS 8/14/12 drill critique item}

Enclosure 6.19

16. Page 1 of 2, changed procedure number from SR/0/B/4600/086 to ST/0/A/4600/086 {DocuTracks NGO-2012-000116 Procedure number changed to resolve PIP G-12-0534}

Enclosure 6.27

Emergency Planning Functional Area Manual
Attachment 3.10.7.2

3.10.10 CFR 50.54(q) Evaluations

17. Added new Enclosure 6.27, NRC Response Team Briefing (DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback)

Enclosure 6.28

18. Renumbered old Enclosure 6.27 to be Enclosure 6.28 (DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback)

19. Revised (8) to add DocuTracks NGO-2012-00119 as this DocuTracks item changed the NRC Response Team Briefing job aid

20. Revised (61) to add DocuTracks NGO-2012-000122 as this DocuTracks item changed the location of the EOF Drill/Event Participation form.

21. Added new PIP references (69) PIP C-12-3794 C.A. 4 and (70) PIP G-12-1057 C.A. 4.

Activity Scope:

BLOCK 2

- ☐ The activity is a change to the emergency plan
- ☒ The activity is not a change to the emergency plan

Emergency Plan Sections Reviewed

Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2

McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2

Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2

Change Type:

BLOCK 3

- ☐ The change is editorial or typographical
- ☐ The change is not editorial or typographical

Not applicable

Change Type:

BLOCK 4

- ☒ The change does conform to an activity that has prior approval
- ☐ The change does not conform to an activity that has prior approval

Not applicable

Planning Standard Impact Determination:

BLOCK 5

- ☒ §50.47(b)(1) – Assignment of Responsibility (Organization Control)
☒ §50.47(b)(2) – Onsite Emergency Organization
☒ §50.47(b)(3) – Emergency Response Support and Resources
☒ §50.47(b)(4) – Emergency Classification System*
☒ §50.47(b)(5) – Notification Methods and Procedures*
☒ §50.47(b)(6) – Emergency Communications
☒ §50.47(b)(7) – Public Education and Information
☒ §50.47(b)(8) – Emergency Facility and Equipment
☒ §50.47(b)(9) – Accident Assessment*
☒ §50.47(b)(10) – Protective Response*
☒ §50.47(b)(11) – Radiological Exposure Control
☒ §50.47(b)(12) – Medical and Public Health Support
☒ §50.47(b)(13) – Recovery Planning and Post-accident Operations
☒ §50.47(b)(14) – Drills and Exercises
☒ §50.47(b)(15) – Emergency Responder Training
☒ §50.47(b)(16) – Emergency Plan Maintenance

*Risk Significant Planning Standards

- ☒ The proposed activity does not impact a Planning Standard

- This revision is not changing EOF minimum staffing, organization, or response times.
- No changes are being made to EOF support for state/federal/local emergency response or for industry support during an emergency.
- No changes are being made to the EOF facility communications equipment.
- No physical changes are being made to the EOF.

Commitment Impact Determination:

BLOCK 6

- ☐ The activity does involve a site specific EP commitment
☒ The activity does not involve a site specific EP commitment

EP commitments reviewed:

Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2

McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2

Oconee Emergency Plan Revision 2012-04 Sections B.5, B.7, C.4, F.1, and H.2

Screening Evaluation Results:

BLOCK 7

- ☒ The activity can be implemented without performing a §50.54(q) effectiveness evaluation
☐ The activity cannot be implemented without performing a §50.54(q) effectiveness evaluation

Preparer Name:
Ernestine M. Kuhr

Preparer Signature

*Ernestine M. Kuhr*Date:
December 19, 2012

Reviewer Name:

Gary L. Mitchell

Reviewer Signature

*Gary L. Mitchell*Date:
01-10-13

§50.54(q) Screening Evaluation Form - Part 2

| | | |
|--|--|----------------|
| Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0 Enclosure 6.10 1. Page 1 of 1, added new step to notify INPO duty manager for an event classified Alert or higher or requiring significant industry support. (PIP G-12-1057 CA#4 Nuclear Industry Event Response Framework) | | BLOCK 1 |
| Activity Scope: <input type="checkbox"/> The activity is a change to the emergency plan <input checked="" type="checkbox"/> The activity is not a change to the emergency plan Emergency Plan Sections Reviewed Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2 McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2 Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2 | | BLOCK 2 |
| Change Type: <input type="checkbox"/> The change is editorial or typographical <input checked="" type="checkbox"/> The change is not editorial or typographical Not applicable | BLOCK 3 Change Type: <input type="checkbox"/> The change does conform to an activity that has prior approval <input checked="" type="checkbox"/> The change does not conform to an activity that has prior approval Not applicable | BLOCK 4 |
| Planning Standard Impact Determination: <input type="checkbox"/> §50.47(b)(1) - Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) - Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) - Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) - Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) - Notification Methods and Procedures* <input checked="" type="checkbox"/> §50.47(b)(6) - Emergency Communications - Industry Event communications - change in process for INPO notification <input type="checkbox"/> §50.47(b)(7) - Public Education and Information <input type="checkbox"/> §50.47(b)(8) - Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) - Accident Assessment* <input type="checkbox"/> §50.47(b)(10) - Protective Response* <input type="checkbox"/> §50.47(b)(11) - Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) - Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) - Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) - Drills and Exercises <input type="checkbox"/> §50.47(b)(15) - Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) - Emergency Plan Maintenance *Risk Significant Planning Standards <input type="checkbox"/> The proposed activity does not impact a Planning Standard | | BLOCK 5 |

3:10 10CFR 50.54(q) Evaluations

| | | |
|--|---|----------------------------|
| Commitment Impact Determination: | | BLOCK 6 |
| <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment <input type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment Not Required | | |
| Screening Evaluation Results: | | BLOCK 7 |
| <input type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input checked="" type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature: <i>Ernestine M. Kuhr</i> | Date: December 19, 2012 |
| Reviewer Name: <i>W. L. Mitchell</i> | Reviewer Signature: <i>W. L. Mitchell</i> | Date: 01-10-13 |

§50.54(q) Effectiveness Evaluation Form

| | |
|--|----------------|
| Activity Description and References: SR/O/A/2000/903, Activation of the Emergency Operations Facility, Revision 0 Enclosure 6.10 1. Page 1 of 1, added new step to notify INPO duty manager for an event classified Alert or higher or requiring significant industry support. {PIP G-12-1057 CA#4 Nuclear Industry Event Response Framework} | BLOCK 1 |
| Activity Type: <input checked="" type="checkbox"/> The activity is a change to the emergency plan <input checked="" type="checkbox"/> The activity affects implementation of the emergency plan, but is not a change to the emergency plan Emergency Plan Sections Reviewed <ul style="list-style-type: none"> • Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2 • McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2 • Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2 | BLOCK 2 |
| Impact and Licensing Basis Determination: 1. §50.47(b)(3) – Emergency Response Support and Resources <ul style="list-style-type: none"> • Arrangements for requesting and using offsite assistance have been made. • Contact and Use of External Support Services (technical, material, etc.) §50.47(b)(6) – Emergency Communications <ul style="list-style-type: none"> • Systems are established for prompt communication among principal emergency response organizations. • Industry Event Communications (INPO, ANI, etc.) Licensing Basis: Emergency Plan Sections <ul style="list-style-type: none"> • Catawba Emergency Plan Revision 12-3 Sections C.4, F.1 • McGuire Emergency Plan Revision 12-3 Sections C.4, F.1 • Oconee Emergency Plan Revision 2012-4 Sections C.4, F.1 | BLOCK 3 |
| Compliance Evaluation and Conclusion: 1. §50.47(b)(3) – Emergency Response Support and Resources - "Arrangements for requesting and effectively using assistance resources have been made, arrangements to accommodate State and local staff at the licensee's Emergency Operations Facility have been made, and other organizations capable of augmenting the planned response have been identified." §50.47(b)(6) – Emergency Communications - "Provisions exist for prompt communications among principal response organizations to emergency personnel and to the public." This includes industry event communications (INPO, ANI, etc.) Evaluation: Change 1 transfers the responsibility for notifying INPO from the JIC Government Agency Liaison to the EOF Offsite Agency Communicator. This change reassigns the responsibility for requesting assistance from INPO, but arrangements for requesting and using the resources continue to exist. Since the EOF Offsite Agency Communicator has a 75 minute response time requirement while the JIC Government Agency Liaison does not, this change will continue to provide prompt communications capability with INPO. Conclusion: The proposed activity <input checked="" type="checkbox"/> does / <input type="checkbox"/> does not continue to comply with the requirements. | BLOCK 4 |

3.10.10 CFR 50.54(q) Evaluations

| | | |
|---|---|----------------------------|
| Reduction in Effectiveness (RIE) Evaluation and Conclusion: | | BLOCK 5 |
| <p>1. <u>Evaluation:</u> Change 1 transfers the responsibility for notifying INPO from the JIC Government Agency Liaison to the EOF Offsite Agency Communicator. INPO, in the United States Nuclear Industry Event Response Framework (March 2012), has requested that licensees notify the INPO duty manager as soon as practical, but within one hour, following the classification of an Alert, Site Emergency, General Emergency, or any event that requires or is expected to require significant industry support. The JIC Government Agency Liaison does not have a regulatory response time requirement, while the EOF Offsite Agency Communicator has a 75 minute response time requirement. This will improve Duke Energy's ability to notify INPO in a timely manner.</p> <p><u>Conclusion:</u> The proposed activity <input type="checkbox"/> does / <input checked="" type="checkbox"/> does not constitute a RIE.</p> | | |
| Effectiveness Evaluation Results | | BLOCK 6 |
| <p><input checked="" type="checkbox"/> The activity does continue to comply with the requirements of §50.47(b) and §50 Appendix E and the activity does not constitute a reduction in effectiveness. Therefore, the activity can be implemented without prior approval.</p> <p><input type="checkbox"/> The activity does not continue to comply with the requirements of §50.47(b) and §50 Appendix E or the activity does constitute a reduction in effectiveness. Therefore, the activity cannot be implemented without prior approval.</p> | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature: <i>Ernestine M. Kuhr</i> | Date: December 19, 2012 |
| Reviewer Name: <i>GARY L. MITCHELL</i> | Reviewer Signature: <i>GARY L. MITCHELL</i> | Date: 01-10-13 |
| Approver Name: <i>Tom Arlow</i> | Approver Signature: <i>Tom Arlow</i> | Date: 1/10/13 |

¹ The Emergency Planning Peer Group determined that the responsibility for notifying INPO should not be done by on-shift personnel, but should be handled by ERO members augmenting shift resources. Thus, Duke is not committing to meeting the one hour INPO notification requirement.

§50.54(q) Screening Evaluation Form - Part 1

| | |
|---|--------------|
| Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0 | Block |
| 1. Renumbered procedure to be SR/0/A/2000/003 {McGuire UFSAR Section 17.1.3.4} | |
| Procedure Body | |
| 2. Step 3.2.3 - deleted "/PMC" for Oconee {editorial - match logon screen} | |
| 3. Step 3.2.5 - revised login instructions for MNS and ONS {editorial - match logon screen} | |
| 4. Step 3.2.7 - added Group Displays and Turn On codes for meteorological data {relocated from Field Monitoring Coordinator enclosure to Body of procedure; DocuTracks NGO-2012-000104 Oconee exercise feedback} | |
| 5. Section 6 - added new Enclosure 6.27, NRC Response Team Briefing; and renumbered subsequent enclosure {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback} | |
| Enclosure 6.1 | |
| 6. Page 3 of 14, first item on FFD announcement, added "or believes their work quality may be compromised due to fatigue {69}" {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP} | |
| 7. Page 4 of 14, first item on NRC briefing, changed page 14 of 14 to Enclosure 6.27 {DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback} | |
| 8. Page 11 of 14; added new Note and step prior to existing step for conducting critique to discuss application of Fatigue Rule Work Hour Controls during and following a declared event and requiring covered workers to enter data into EmpCenter and supervisors to consider the need for waivers. {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP} | |
| Enclosure 6.7 | |
| 9. Page 2 of 4, corrected phone number for Oconee TSC Dose Assessment Liaison. {DocuTracks NGO-2012-0000105 Oconee Exercise Critique item} | |
| Enclosure 6.8 | |
| 10. Page 1 of 2, step for accessing meteorological data on SDS, deleted existing instructions and changed to "Refer to Procedure Step 3.2 to access SDS." {Group Displays and Turn On codes for meteorological data relocated from Field Monitoring Coordinator enclosure to Body of procedure to keep all SDS information together, DocuTracks NGO-2012-000104 Oconee exercise feedback} | |
| Enclosure 6.16 | |
| 11. Page 2 of 12, note before step requiring completion of 24 hour staffing log, added second note to consider hours previously worked prior to ERO activation when determining ERO shift turnover schedules. {PIP C-12-3794 CA#3 EmpCenter violation following Catawba LOOP} | |
| 12. Page 2 of 12, changed location of EOF Drill/Event Participation form to EP FAM 3.19 Attachment 29 {DocuTracks NGO-2012-000122 EOF Drill/Event Participation form relocated with EP FAM 3.19 Rev. 2} | |
| 13. Page 9 of 12, changed procedure number from SR/0/B/4600/086 to ST/0/A/4600/086 in Note and Step. {DocuTracks NGO-2012-000115 Procedure number changed to resolve PIP G-12-0534} | |
| 14. Page 9 of 12, changed "sections" to "enclosures" when referring to ST/0/A/4600/086 {editorial} | |
| 15. Page 9 of 12, added step to verify cordless phones are left in cradles to charge. {DocuTracks NGO-2012-000089 ONS 8/14/12 drill critique item} | |
| Enclosure 6.19 | |
| 16. Page 1 of 2, changed procedure number from SR/0/B/4600/086 to ST/0/A/4600/086 {DocuTracks NGO-2012-000116 Procedure number changed to resolve PIP G-12-0534} | |
| Enclosure 6.27 | |

3.10 10CFR 50.54(q) Evaluations

17. Added new Enclosure 6.27, NRC Response Team Briefing (DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback)

Enclosure 6.28

18. Renumbered old Enclosure 6.27 to be Enclosure 6.28 (DocuTracks NGO-2012-000119 Catawba 2012 exercise feedback)
19. Revised (8) to add DocuTracks NGO-2012-00119 as this DocuTracks item changed the NRC Response Team Briefing job aid
20. Revised (61) to add DocuTracks NGO-2012-000122 as this DocuTracks item changed the location of the EOF Drill/Event Participation form
21. Added new PIP references (69) PIP C-12-3794 C.A. 4 and (70) PIP G-12-1057 C.A. 4.

Activity Scope:

- ☐ The activity is a change to the emergency plan
☒ The activity is not a change to the emergency plan

Emergency Plan Sections Reviewed:

Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2
McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2
Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2

Change Type:

- ☐ The change is editorial or typographical
☐ The change is not editorial or typographical

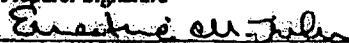
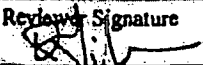
Not applicable

Change Type:

- ☐ The change does conform to an activity that has prior approval
☐ The change does not conform to an activity that has prior approval

Not applicable

3.10 10CFR 50.54(q) Evaluations:

| | | |
|--|--|----------------------------|
| Planning Standard Impact Determination: | | BLOCK 5 |
| <input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures* <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – Accident Assessment* <input type="checkbox"/> §50.47(b)(10) – Protective Response* <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance *Risk Significant Planning Standards | | |
| <input checked="" type="checkbox"/> The proposed activity does not impact a Planning Standard | | |
| <ul style="list-style-type: none"> • This revision is not changing EOF minimum staffing, organization, or response times. • No changes are being made to EOF support for state/federal/local emergency response or for industry support during an emergency. • No changes are being made to the EOF facility communications equipment. • No physical changes are being made to the EOF. | | |
| Commitment Impact Determination: | | BLOCK 6 |
| <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment <input checked="" type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment | | |
| EP commitments reviewed: Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2 McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2 Oconee Emergency Plan Revision 2012-04 Sections B.5, B.7, C.4, F.1, and H.2 | | |
| Screening Evaluation Results: | | BLOCK 7 |
| <input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature  | Date: December 19, 2012 |
| Reviewer Name: Randy Gibson | Reviewer Signature  | Date: 1/23/13 |

§50.54(q) Screening Evaluation Form - Part 2

| | | | |
|--|----------------|---|----------------|
| Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0 Enclosure 6.A0 <input checked="" type="checkbox"/> Page 1 of 1, added new step to notify INPO duty manager for an event classified Alert or higher or requiring significant industry support: (PIP G-12-1057 CA#4 Nuclear Industry Event Response Framework) | | BLOCK 1 | |
| Activity Scope: <input type="checkbox"/> The activity is a change to the emergency plan <input checked="" type="checkbox"/> The activity is <u>not</u> a change to the emergency plan Emergency Plan Sections Reviewed Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2 McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2 Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2 | | BLOCK 2 | |
| Change Type: <input type="checkbox"/> The change is editorial or typographical <input type="checkbox"/> The change is <u>not</u> editorial or typographical Not applicable | BLOCK 3 | Change Type: <input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval Not applicable | BLOCK 4 |
| Planning Standard Impact Determination: <input type="checkbox"/> §50.47(b)(1) - Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) - Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) - Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) - Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) - Notification Methods and Procedures* <input checked="" type="checkbox"/> §50.47(b)(6) - Emergency Communications - Industry Event communications - change in process for INPO notification <input type="checkbox"/> §50.47(b)(7) - Public Education and Information <input type="checkbox"/> §50.47(b)(8) - Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) - Accident Assessment* <input type="checkbox"/> §50.47(b)(10) - Protective Response* <input type="checkbox"/> §50.47(b)(11) - Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) - Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) - Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) - Drills and Exercises <input type="checkbox"/> §50.47(b)(15) - Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) - Emergency Plan Maintenance *Risk Significant Planning Standards <input type="checkbox"/> The proposed activity does not impact a Planning Standard | | BLOCK 5 | |

3.10 10CFR 50.54(q) Evaluations

| | | |
|---|--|----------------------------|
| Commitment Impact Determination: | | BLOCK 6 |
| <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment | | |
| <input type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment | | |
| Not Required | | |
| Screening Evaluation Results: | | BLOCK 7 |
| <input type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation | | |
| <input checked="" type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature <i>Ernestine M. Kuhr</i> | Date: December 19, 2012 |
| Reviewer Name: Randy Gibson | Reviewer Signature <i>Randy Gibson</i> | Date: 11/23/13 |

§50.54(q) Effectiveness Evaluation Form

| | |
|--|----------------|
| Activity Description and References: SR/0/A/2000/003, Activation of the Emergency Operations Facility, Revision 0 Enclosure 6.10 1. Page 1 of 1, added new step to notify INPO duty manager for an event classified Alert or higher or requiring significant industry support. {PIP G-12-1057 CA#4 Nuclear Industry Event Response Framework} | BLOCK 1 |
| Activity Type: <input type="checkbox"/> The activity is a <i>change to the emergency plan</i> . <input checked="" type="checkbox"/> The activity affects implementation of the <i>emergency plan</i> , but is <i>not</i> a <i>change to the emergency plan</i> . Emergency Plan Sections Reviewed <ul style="list-style-type: none"> • Catawba Emergency Plan Revision 12-3 Sections B.7, C.1, C.4, F.1, and H.2 • McGuire Emergency Plan Revision 12-3 Sections B.5, B.7, C.2, C.4, F.1, H.2 • Oconee Emergency Plan Revision 2012-4 Sections B.5, B.7, C.4, F.1, and H.2 | BLOCK 2 |
| Impact and Licensing Basis Determination: 1. §50.47(b)(3) – Emergency Response Support and Resources <ul style="list-style-type: none"> • Arrangements for requesting and using offsite assistance have been made. • Contact and Use of External Support Services (technical, material, etc.) §50.47(b)(6) – Emergency Communications <ul style="list-style-type: none"> • Systems are established for prompt communication among principal emergency response organizations. • Industry Event Communications (INPO, ANI, etc.) Licensing Basis: Emergency Plan Sections <ul style="list-style-type: none"> • Catawba Emergency Plan Revision 12-3 Sections C.4, F.1 • McGuire Emergency Plan Revision 12-3 Sections C.4, F.1 • Oconee Emergency Plan Revision 2012-4 Sections C.4, F.1 | BLOCK 3 |
| Compliance Evaluation and Conclusion: 1. §50.47(b)(3) – Emergency Response Support and Resources - "Arrangements for requesting and effectively using assistance resources have been made, arrangements to accommodate State and local staff at the licensee's Emergency Operations Facility have been made, and other organizations capable of augmenting the planned response have been identified." §50.47(b)(6) – Emergency Communications - "Provisions exist for prompt communications among principal response organizations to emergency personnel and to the public." This includes industry event communications (INPO, ANI, etc.) Evaluation: Change 1 transfers the responsibility for notifying INPO from the JIC Government Agency Liaison to the EOF Offsite Agency Communicator. This change reassigns the responsibility for requesting assistance from INPO, but arrangements for requesting and using the resources continue to exist. Since the EOF Offsite Agency Communicator has a 75 minute response time requirement while the JIC Government Agency Liaison does not, this change will continue to provide prompt communications capability with INPO. Conclusion: The proposed activity <input checked="" type="checkbox"/> does / <input type="checkbox"/> does not continue to comply with the requirements. | BLOCK 4 |

3.10.10CFR-50.54(q) Evaluations

| | | | |
|--|---|----------------------------|----------------|
| Reduction in Effectiveness (RIE) Evaluation and Conclusion: | | | Block 5 |
| <p>1. <u>Evaluation:</u> Change 1 transfers the responsibility for notifying INPO from the JIC Government Agency Liaison to the EOF Offsite Agency Communicator. INPO, in the United States Nuclear Industry Event Response Framework (March 2012), has requested that licensees notify the INPO duty manager as soon as practical, but within one hour¹ following the classification of an Alert, Site Emergency, General Emergency, or any event that requires or is expected to require significant industry support. The JIC Government Agency Liaison does not have a regulatory response time requirement, while the EOF Offsite Agency Communicator has a 75 minute response time requirement. This will improve Duke Energy's ability to notify INPO in a timely manner.</p> <p><u>Conclusion:</u> The proposed activity <input type="checkbox"/> does / <input checked="" type="checkbox"/> does not constitute a RIE.</p> | | | |
| Effectiveness Evaluation Results | | | Block 6 |
| <p><input checked="" type="checkbox"/> The activity <u>does</u> continue to comply with the requirements of §50.47(b) and §50 Appendix E and the activity <u>does not</u> constitute a reduction in effectiveness. Therefore, the activity <u>can</u> be implemented without prior approval.</p> <p><input type="checkbox"/> The activity <u>does not</u> continue to comply with the requirements of §50.47(b) and §50 Appendix E or the activity <u>does</u> constitute a reduction in effectiveness. Therefore, the activity <u>cannot</u> be implemented without prior approval.</p> | | | |
| Preparer Name: Ernestine M. Kuhr | Preparer Signature: <i>Ernestine M. Kuhr</i> | Date: December 19, 2012 | |
| Reviewer Name: Randy Gibson | Reviewer Signature: <i>Randy Gibson</i> | Date: 1/23/12 | |
| Approver Name: Kevin L. Murray | Approver Signature: <i>K. L. Murray</i> | Date: 1-23-13 | |

¹ The Emergency Planning Peer Group determined that the responsibility for notifying INPO should not be done by on-shift personnel, but should be handled by ERO members augmenting shift resources. Thus, Duke is not committing to meeting the one hour INPO notification requirement.