DUKE ENERGY®

ONS-2015-063

10 CFR 50.54(q)

June 22, 2015

Attn: Document Control Desk
U. S. Nuclear Regulatory Commission
11555 Rockville Pike
Rockville, Maryland 20852-2746

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 1, Revision 2015-004

Please find attached for your use and review a copy of the revision to the Oconee Nuclear Station Emergency Plan Implementing Procedures.

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 Preparedness 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,

Scott L. Batson
Vice President
Oconee Nuclear Station

Attachments:
Revision Instructions
EPIP Volume 1 - Revision 2015-004
50.54(q) Evaluation

AX45
NRR

xc: w/2 copies of attachments

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NRC Senior Resident Inspector
Oconee Nuclear Station

ELL
EC2ZF

June 2, 2015

OCONEE NUCLEAR STATION

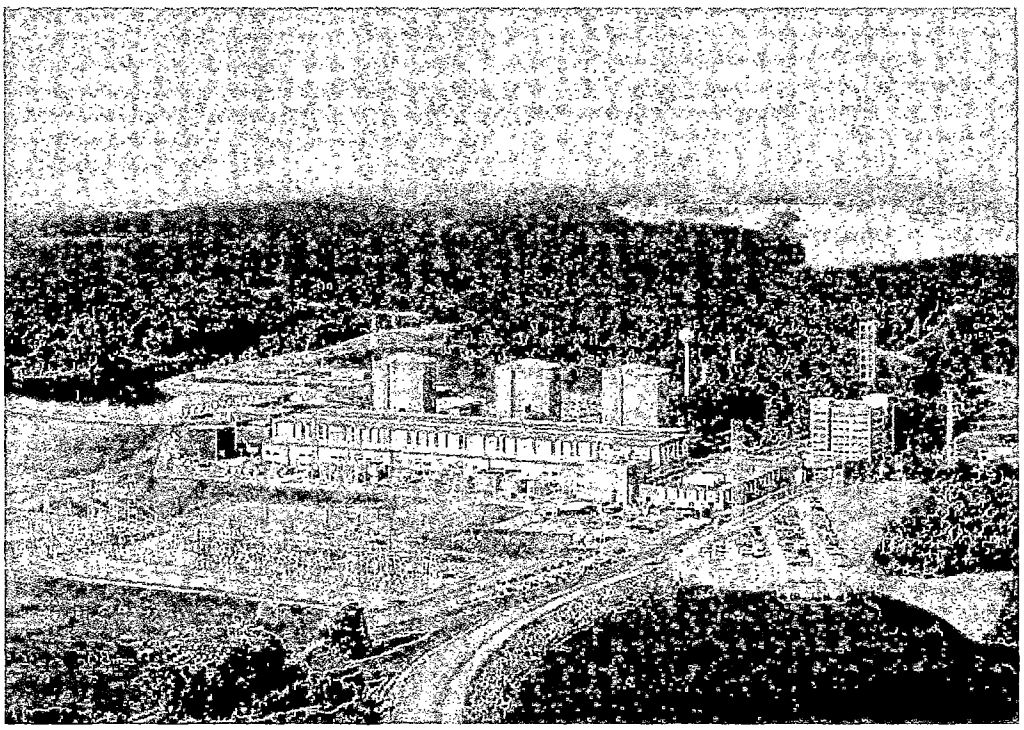
SUBJECT: Emergency Plan Implementing Procedures
Volume 1, Revision 2015-004

Please make the following changes to the Emergency Plan Implementing Procedures Volume 1.

REMOVE	INSERT
Cover Sheet Rev. 2015-003	Cover Sheet Rev. 2015-004
RP/0/A/1000/001 Rev 003	RP/0/A/1000/001 Rev 004
RP/0/A/1000/002 Rev 008	RP/0/A/1000/002 Rev 009
RP/0/A/1000/003 A Rev 000	RP/0/A/1000/003 A Rev 001
RP/0/A/1000/015 A Rev 003	RP/0/A/1000/015 A Rev 004
RP/0/A/1000/015 B Rev 002	RP/0/A/1000/015 B Rev 003
RP/0/A/1000/017 Rev 003	RP/0/A/1000/017 Rev 004
RP/0/A/1000/019 Rev 006	RP/0/A/1000/019 Rev 007
RP/0/A/1000/025 Rev 005	RP/0/A/1000/025 Rev 006

Pat Street
ONS Emergency Preparedness Mgr.

OCONEE NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES
Volume 1



APPROVED:

Terry L. Patterson
Director, Nuclear Organizational Effectiveness

6/17/15
Date Approved

Volume 1
REVISION 2015-004
May 2015

Duke Energy Oconee Nuclear Station **Emergency Classification**	Procedure No. **RP/0/A/1000/001**
	Revision No. **004**
Reference Use	Electronic Reference No. **OP009A63**

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: *04/29/2015*

Enclosure No.: *FULL*

Revision No.: *004*

Procedure No.: *RP/0/A/1000/001*

Emergency Classification

NOTE:	This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be: • Reviewed in accordance with 10CFR50.54(q) by Emergency Preparedness prior to approval. • Cross Disciplinary Reviewed by Operations • Forwarded to Emergency Preparedness within seven (7) working days of approval.

1. Symptoms

1.1 This procedure describes the immediate actions to be taken to recognize and classify an emergency condition.

1.2 This procedure identifies the four emergency classifications and their corresponding Emergency Action Levels (EALs).

1.3 This procedure provides reporting requirements for non-emergency abnormal events.

1.4 The following guidance is to be used by the Emergency Coordinator/EOF Director in assessing emergency conditions:

1.4.1 Definitions and Acronyms are italicized throughout procedure for easy recognition. The definitions are in Enclosure 4.10 (Definitions/Acronyms).

1.4.2 The Emergency Coordinator/EOF Director shall review all applicable initiating events to ensure proper classification.

1.4.3 The BASIS Document (Volume A, Section D of the Emergency Plan) is available for review if any questions arise over proper classification.

1.4.4 **IF** An event occurs on more than one unit concurrently,

THEN The event with the higher classification will be classified on the Emergency Notification Form.

A. Information relating to the problem(s) on the other unit(s) will be captured on the Emergency Notification Form as shown in RP/0/A/1000/015A, (Offsite Communications From The Control Room), RP/0/A/1000/015B, (Offsite Communications From The Technical Support Center) or SR/0/A/2000/004, (Notification to States and Counties from the Emergency Operations Facility).

1.4.5 **IF** An event occurs,

AND A lower or higher plant operating mode is reached before the classification can be made,

THEN The classification shall be based on the mode that existed at the time the event occurred.

1.4.6 The Fission Product Barrier Matrix is applicable only to those events that occur at Mode 4 (Hot Shutdown) or higher.

A. An event that is recognized at Mode 5 (Cold Shutdown) or lower shall not be classified using the Fission Product Barrier Matrix.

1. Reference should be made to the additional enclosures that provide Emergency Action Levels for specific events (e.g., Severe Weather, *Fire*, Security).

1.5 **IF** A transient event should occur,

THEN Review the following guidance:

1.5.1 **IF** An Emergency Action Level (EAL) identifies a specific duration

AND The Emergency Coordinator/EOF Director assessment concludes that the specified duration is exceeded or will be exceeded, (i.e.; condition cannot be reasonably corrected before the duration elapses),

THEN Classify the event.

1.5.2 **IF** A plant condition exceeding EAL criteria is corrected before the specified duration time is exceeded,

THEN The event is **NOT** classified by that EAL.

A. Review lower severity EALs for possible applicability in these cases.

NOTE:	Reporting under 10CFR50.72 may be required for the following step. Such a condition could occur, for example, if a follow up evaluation of an abnormal condition uncovers evidence that the condition was more severe than earlier believed.

1.5.3 **IF** A plant condition exceeding EAL criteria is not recognized at the time of occurrence, but is identified well after the condition has occurred (e.g.; as a result of routine log or record review)

AND The condition no longer exists,

THEN An emergency shall **NOT** be declared.

- Refer to AD-LS-ALL-0006 (Notification/Reportability Evaluation) for reportability

1.5.4 **IF** An emergency classification was warranted, but the plant condition has been corrected prior to declaration and notification

THEN The Emergency Coordinator must consider the potential that the initiating condition (e.g.; Failure of Reactor Protection System) may have caused plant damage that warrants augmenting the on shift personnel through activation of the Emergency Response Organization.

A. **IF** An ***Unusual Event*** condition exists,

THEN Make the classification as required.

1. The event may be terminated in the same notification or as a separate termination notification.

B. **IF** An ***Alert, Site Area Emergency,*** or ***General Emergency*** condition exists,

THEN Make the classification as required,

AND Activate the Emergency Response Organization.

1.6 Emergency conditions shall be classified as soon as the Emergency Coordinator/EOF Director assessment determines that the Emergency Action Levels for the Initiating Condition have been exceeded.

2. Immediate Actions

2.1 Assessment, classification and declaration of any applicable emergency condition should be completed within 15 minutes after the availability of indications or information to cognizant facility staff that an EAL threshold has been exceeded.

2.2 Determine the operating mode that existed at the time the event occurred prior to any protection system or operator action initiated in response to the event.

2.3 **IF** The unit is at Mode 4 (Hot Shutdown) or higher

AND The condition/event affects fission product barriers,

THEN GO TO Enclosure 4.1, (Fission Product Barrier Matrix).

2.3.1 Review the criteria listed in Enclosure 4.1, (Fission Product Barrier Matrix) and make the determination if the event should be classified).

2.4 Review the listing of enclosures to determine if the event is applicable to one of the categories shown.

2.4.1 **IF** One or more categories are applicable to the event,

THEN Refer to the associated enclosures.

2.4.2 Review the EALs and determine if the event should be classified.

A. **IF** An EAL is applicable to the event,

THEN Classify the event as required.

2.5 **IF** The condition requires an emergency classification,

THEN Initiate the following:

- for Control Room - RP/0/A/1000/002, (Control Room Emergency Coordinator Procedure)
- for TSC - RP/0/A/1000/019, (Technical Support Center Emergency Coordinator Procedure)
- for EOF - SR/0/A/2000/003, (Activation of the Emergency Operations Facility)

2.6 Continue to review the emergency conditions to assure the current classification continues to be applicable.

3. Subsequent Actions

3.1 Continue to review the emergency conditions to assure the current classification continues to be applicable.

4. Enclosures

Enclosure 4.1
Fission Product Barrier Matrix

DETERMINE THE APPROPRIATE CLASSIFICATION USING THE TABLE BELOW: **ADD POINTS TO CLASSIFY.** **SEE NOTE BELOW**

RCS BARRIERS (BD 5-7)		FUEL CLAD BARRIERS (BD 8-9)		CONTAINMENT BARRIERS (BD 10-13)	
Potential Loss (4 Points)	**Loss (5 Points)**	**Potential Loss (4 Points)**	**Loss (5 Points)**	**Potential Loss (1 Point)**	**Loss (3 Points)**
RCS Leakrate ≥ 160 gpm	RCS Leak rate that results in a loss of subcooling.	Average of the 5 highest CETC ≥ 700° F	Average of the 5 highest CETC ≥ 1200° F	CETC ≥ 1200° F ≥ 15 minutes **OR** CETC ≥ 700° F ≥ 15 minutes with a *valid* RVLS reading 0″	Rapid unexplained containment pressure decrease after increase **OR** containment pressure or sump level not consistent with LOCA
SGTR ≥ 160 gpm		*Valid* RVLS reading of 0″	Coolant activity ≥ 300 µCi/ml DEI	RB pressure ≥ 59 psig **OR** RB pressure ≥ 10 psig and no RBCU or RBS	Failure of secondary side of SG results in a direct opening to the environment with SG Tube Leak ≥ 10 gpm in the **SAME** SG
Entry into the PTS (Pressurized Thermal Shock) Operation **NOTE:** PTS is entered under either of the following: • A cooldown below 400°F @ > 100°F/hr. has occurred. • HPI has operated in the injection mode while **NO** RCPs were operating.	1RIA 57 or 58 reading ≥ 1.0 R/hr 2 RIA 57 reading ≥ 1.6 R/hr 2 RIA 58 reading ≥ 1.0 R/hr 3RIA 57 or 58 reading ≥ 1.0 R/hr	**NOTE:** RVLS is **NOT** valid if either of the following exists: • One or more RCPs are running **OR** • If LPI pump(s) are running **AND** taking suction from the LPI drop line.	**Hours Since SD** / **RIA 57 R/hr** / **OR RIA 58 R/hr** 0 - <0.5 / ≥ 300 / ≥ 150 0.5 - < 2.0 / ≥ 80 / ≥ 40 2.0 - 8.0 / ≥ 32 / ≥ 16	**Hours Since SD** / **RIA 57 R/hr** / **OR RIA 58 R/hr** 0 - < 0.5 / ≥ 1800 / ≥ 860 0.5 - < 2.0 / ≥ 400 / ≥ 195 2.0 - 8.0 / ≥ 280 / ≥ 130	SG Tube Leak ≥ 10 gpm exists in one SG. **AND** the other SG has secondary side failure that results in a direct opening to the environment **AND** is being fed from the affected unit.
HPI Forced Cooling	RCS pressure spike ≥ 2750 psig			Hydrogen concentration ≥ 9%	Containment isolation is incomplete and a release path to the environment exists
Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment

UNUSUAL EVENT (1-3 Total Points)	ALERT (4-6 Total Points)	SITE AREA EMERGENCY (7-10 Total Points)	GENERAL EMERGENCY (11-13 Total Points)
OPERATING MODE: 1, 2, 3, 4	**OPERATING MODE:** 1, 2, 3, 4	**OPERATING MODE:** 1, 2, 3, 4	**OPERATING MODE:** 1, 2, 3, 4
4.1.U.1 Any potential loss of Containment	4.1.A.1 Any potential loss or loss of the RCS	4.1.S.1 Loss of any two barriers	4.1.G.1 Loss of any two barriers and potential loss of the third barrier
4.1.U.2 Any loss of containment	4.1.A.2 Any potential loss or loss of the Fuel Clad	4.1.S.2 Loss of one barrier and potential loss of either RCS or Fuel Clad Barriers	4.1.G.2 Loss of all three barriers
		4.1.S.3 Potential loss of both the RCS and Fuel Clad Barriers	

NOTE:
- An event with multiple events could occur which would result in the conclusion that exceeding the loss or potential loss threshold is **IMMINENT** (i.e., within 1-3 hours). In this IMMINENT LOSS situation, use judgment and classify as if the thresholds are exceeded.
- Referencing this matrix frequently will aid in determining a fission barrier failure or other upgrade criteria.

Enclosure 4.2
System Malfunctions

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. *RCS LEAKAGE* (BD 15) **OPERATING MODE:** 1, 2, 3, 4 A. Unidentified leakage ≥ 10 gpm B. Pressure boundary leakage ≥ 10 gpm C. Identified leakage ≥ 25 gpm • Includes SG tube leakage **2. *UNPLANNED* LOSS OF MOST OR ALL SAFETY SYSTEM ANNUNCIATION/ INDICATION IN CONTROL ROOM FOR > 15 MINUTES (BD 16)** **OPERATING MODE:** 1, 2, 3, 4 A. *Unplanned* loss of > 50% of the following annunciators on one unit for > 15 minutes: **Units 1 & 3** 1 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, 16, & 18 3 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, 16, & 18 **Unit 2** 2 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, & 16 **AND** Loss of annunciators or indicators requires additional personnel (beyond normal shift complement) to safely operate the unit (CONTINUED)	**1. *UNPLANNED* LOSS OF MOST OR ALL SAFETY SYSTEM ANNUNCIATION/ INDICATION IN CONTROL ROOM (BD 20)** **OPERATING MODE:** 1, 2, 3, 4 A. *Unplanned* loss of > 50% of the following annunciators on one unit for > 15 minutes: **Units 1 & 3** 1 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, 16, & 18 3 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, 16, & 18 **Unit 2** 2 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, & 16 **AND** Loss of annunciators or indicators requires additional personnel (beyond normal shift complement) to safely operate the unit **AND** *Significant plant transient* in progress **OR** Loss of the OAC and ALL PAM indications (END)	**1. INABILITY TO MONITOR A SIGNIFICANT TRANSIENT IN PROGRESS (BD 22)** **OPERATING MODE:** 1, 2, 3, 4 A. *Unplanned* loss of > 50% of the following annunciators on one unit for > 15 minutes: **Units 1 & 3** 1 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, 16, & 18 3 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, 16, & 18 **Unit 2** 2 SA1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15, & 16 **AND** A *significant transient* is in progress **AND** Loss of the OAC and ALL PAM indications **AND** *Inability to directly monitor* any one of the following functions: 1. Subcriticality 2. Core Cooling 3. Heat Sink 4. RCS Integrity 5. Containment Integrity 6. RCS Inventory (END)	

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
3. INABILITY TO REACH REQUIRED SHUTDOWN WITHIN LIMITS (BD 17) **OPERATING MODE:** 1, 2, 3, 4 A. Required operating mode not reached within TS LCO action statement time **4. *UNPLANNED* LOSS OF ALL ONSITE OR OFFSITE COMMUNICATIONS (BD 18)** **OPERATING MODE:** All A. Loss of all onsite communications capability (Plant phone system, PA system, Pager system, Onsite Radio system) affecting ability to perform Routine operations B. Loss of all onsite communications capability (DEMNET, NRC ETS lines, Offsite Radio System, AT&T line) affecting ability to communicate with offsite authorities. **5. FUEL CLAD DEGRADATION (BD 19)** = **OPERATING MODE:** All: A. DEI - >5μCi/ml **(END)**			

Enclosure 4.3
Abnormal Rad Levels/Radiological Effluent

UNUSUAL EVENT

1 ANY *UNPLANNED* RELEASE OF GASEOUS OR LIQUID RADIOACTIVITY TO THE ENVIRONMENT THAT EXCEEDS TWO TIMES THE SLC LIMITS FOR 60 MINUTES OR LONGER (BD 25)

OPERATING MODE: All

A. *Valid* indication on radiation monitor RIA 33 of ≥ 4.06E+06 cpm for > 60 minutes (See Note 1)

B. *Valid* indication on radiation monitor RIA-45 of ≥ 9.35E+05 cpm or RP sample reading of ≥ 6.62E-2uCi/ml Xe 133 eq for > 60 minutes (See Note 1)

C. Liquid effluent being released exceeds two times SLC 16.11.1 for > 60 minutes as determined by Chemistry Procedure

D. Gaseous effluent being released exceeds two times SLC 16.11.2 for > 60 minutes as determined by RP Procedure

NOTE 1: If monitor reading is sustained for the time period indicated in the EAL **AND** the required assessments (procedure calculations) cannot be completed within this period, declaration must be made on the *valid* Radiation Monitor reading.

(CONTINUED)

ALERT

1. ANY *UNPLANNED* RELEASE OF GASEOUS OR LIQUID RADIOACTIVITY TO THE ENVIRONMENT THAT EXCEEDS 200 TIMES RADIOLOGICAL TECHNICAL SPECIFICATIONS FOR 15 MINUTES OR LONGER (BD 30)

OPERATING MODE: All

A. *Valid* indication of RIA-46 of ≥ 2.09 E+ 04 cpm or RP sample reading of ≥ 6.62 uCi/ml Xe 133 eq for > 15 minutes. (See Note 1)

B RIA 33 **HIGH** Alarm

AND

Liquid effluent being released exceeds 200 times the level of SLC 16.11.1 for > 15 minutes as determined by Chemistry Procedure

C. Gaseous effluent being released exceeds 200 times the level of SLC 16.11.2 for >15 minutes as determined by RP Procedure

(CONTINUED)

SITE AREA EMERGENCY

1. BOUNDARY DOSE RESULTING FROM ACTUAL/IMMINENT RELEASE OF GASEOUS ACTIVITY (BD 35)

OPERATING MODE: All

A. *Valid* reading on RIA 46 of ≥ 2.09E+05 cpm or RIA 56 reading of ≥ 17.5 R/hr or RP sample reading of 6.62E+01 uCi/ml Xe 133 eq for > 15 minutes (See Note 2)

B. *Valid* reading on RIA 57 or 58 as shown on Enclosure 4.8 (See Note 2)

C. Dose calculations result in a dose projection at the *site boundary* of:

≥ 100 mRem TEDE

OR

500 mRem CDE adult thyroid

D. Field survey results indicate *site boundary* dose rates exceeding ≥100 mRad/hr expected to continue for more than one hour

OR

Analyses of field survey samples indicate adult thyroid dose commitment of ≥ 500 mRem CDE (3.84 E^{-7} μCi/ml) for one hour of inhalation

NOTE 2: If actual Dose Assessment cannot be completed within 15 minutes, then the *valid* radiation monitor reading should be used for emergency classification.

(CONTINUED)

GENERAL EMERGENCY

1. BOUNDARY DOSE RESULTING FROM ACTUAL/ IMMINENT RELEASE OF GASEOUS ACTIVITY (BD 39)

OPERATING MODE: All

A. *Valid* reading on RIA 46 of ≥ 2.09E+06 cpm or RIA 56 reading of ≥ 175 R/hr or RP sample reading of 6.62E+02uCi/ml Xe 133 eq for ≥ 15 minutes (See Note 3)

B. *Valid* reading on RIA 57 or 58 as shown on Enclosure 4.8 (See Note 3)

C. Dose calculations result in a dose projection at the *site boundary* of:

≥ 1000 mRem TEDE

OR

≥ 5000 mRem CDE adult thyroid

D. Field survey results indicate *site boundary* dose rates exceeding ≥1000 mRad/hr expected to continue for more than one hour

OR

Analyses of field survey samples indicate adult thyroid dose commitment of ≥ 5000 mRem CDE for one hour of inhalation

NOTE 3: If actual Dose Assessment cannot be completed within 15 minutes, then the *valid* radiation monitor reading should be used for emergency classification.

(END)

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
2 UNEXPECTED INCREASE IN PLANT RADIATION OR AIRBORNE CONCENTRATION (BD 27) **OPERATING MODE:** All A. LT 5 reading 14" and decreasing with makeup not keeping up with leakage **WITH** fuel in the core B. *Valid* indication of *uncontrolled* water decrease in the SFP or fuel transfer canal with all fuel assemblies remaining covered by water **AND** Unplanned *Valid* RIA 3, 6 or Portable Area Monitor readings increase. C. 1 R/hr radiation reading at one foot away from a damaged storage cask located at the ISFSI D. *Valid* area monitor readings exceeds limits stated in Enclosure 4.9. **NOTE:** This Initiating Condition is also located in Enclosure 4.4., (Loss of Shutdown Functions). High radiation levels will also be seen with this condition. (END)	**2. RELEASE OF RADIOACTIVE MATERIAL OR INCREASES IN RADIATION LEVELS THAT IMPEDES OPERATION OF SYSTEMS REQUIRED TO MAINTAIN SAFE OPERATION OR TO ESTABLISH OR MAINTAIN COLD SHUTDOWN (BD 32)** **OPERATING MODE:** All A. *Valid* radiation reading ≥ 15 mRad/hr in CR, CAS, or Radwaste CR B. *Unplanned*/unexpected *valid* area monitor readings exceed limits stated in Enclosure 4.9 **NOTE:** These readings may also be indicative of Fission Product Barrier concerns which makes a review of the Fission Product Barrier Matrix necessary. **3. MAJOR DAMAGE TO IRRADIATED FUEL OR LOSS OF WATER LEVEL THAT HAS OR WILL RESULT IN THE UNCOVERING OF IRRADIATED FUEL OUTSIDE THE REACTOR VESSEL (BD 33)** **OPERATING MODE:** All A. *Valid* RIA 3*, 6, 41, OR 49* **HIGH** Alarm * - Applies to Mode 6 and No Mode Only B. **HIGH** Alarm for portable area monitors on the main bridge or SFP bridge C. Report of visual observation of irradiated fuel uncovered D. Operators determine water level drop in either the SFP or fuel transfer canal will exceed makeup capacity such that irradiated fuel will be uncovered **NOTE:** This Initiating Condition is also located in Enclosure 4.4., (Loss of Shutdown Functions). High radiation levels will also be seen with this condition. (END)	**2. LOSS OF WATER LEVEL IN THE REACTOR VESSEL THAT HAS OR WILL UNCOVER FUEL IN THE REACTOR VESSEL (BD 38)** **OPERATING MODE:** 5, 6 A. Loss of all decay heat removal as indicated by the inability to maintain RCS temperature below 200° F **AND** LT 5 indicates 0 inches after initiation of RCS makeup B. Loss of all decay heat removal as indicated by the inability to maintain RCS temperature below 200° F **AND** Either train ultrasonic level indication less than 0 inches and decreasing after initiation of RCS makeup **NOTE:** This Initiating Condition is also located in Enclosure 4.4., (Loss of Shutdown Functions). High radiation levels will also be seen with this condition. (END))	

Enclosure 4.4
Loss of Shutdown Functions

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
(CONTINUE TO NEXT PAGE)	**1. FAILURE OF RPS TO COMPLETE OR INITIATE A Rx SCRAM (BD 44)** **OPERATING MODE** 1, 2, 3 A. *Valid* reactor trip signal received or required **WITHOUT** automatic scram **AND** DSS has inserted Control Rods **OR** Manual trip from the Control Room is successful and reactor power is less than 5% and decreasing **2. INABILITY TO MAINTAIN PLANT IN MODE 5 (COLD SHUTDOWN) (BD 46)** **OPERATING MODE:** 5, 6 A. Loss of LPI and/or LPSW **AND** Inability to maintain RCS temperature below 200° F as indicated by either of the following: RCS temperature at the LPI Pump Suction **OR** Average of the 5 highest CETCs as indicated by ICCM display **OR** Visual observation **(CONTINUED)**	**1. FAILURE OF RPS TO COMPLETE OR INITIATE A Rx SCRAM (BD 50)** **OPERATING MODE:** 1, 2 A. *Valid* reactor trip signal received or required **WITHOUT** automatic scram **AND** DSS has **NOT** inserted Control Rods **AND** Manual trip from the Control Room was **NOT** successful in reducing reactor power to less than 5% and decreasing **2. COMPLETE LOSS OF FUNCTION NEEDED TO ACHIEVE OR MAINTAIN MODE 4 (HOT SHUTDOWN) (BD 51)** **OPERATING MODE:** 1, 2, 3, 4 A. Average of the 5 highest CETCs ≥1200° F shown on ICCM B. Unable to maintain reactor subcritical C. Inability to feed SGs prior to RCS pressure reaching 2300 psig **AND** HPI Forced Cooling degraded by any of the following: • Unacceptable HPI flow/pressure in either header per EOP Rule 4 • Only 1 HPI Pump available • Either PORV (*RC-66) and/or PORV Block (*RC-4) closed **(CONTINUED)**	**1. FAILURE OF RPS TO COMPLETE** **OPERATING MODE:** 1, 2 A. *Valid* Rx trip signal received or required **WITHOUT** automatic scram **AND** Manual trip from the Control Room was **NOT** successful in reducing reactor power to < 5% and decreasing **AND** Average of the 5 highest CETCs ≥1200° F on ICCM **(END)**

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UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. UNEXPECTED INCREASE IN PLANT RADIATION OR AIRBORNE CONCENTRATION (BD 42) **OPERATING MODE:** All A. LT 5 reading 14" and decreasing with makeup not keeping up with leakage **WITH** fuel in the core B. *Valid* indication of *uncontrolled* water decrease in the SFP or fuel transfer canal with all fuel assemblies remaining covered by water **AND** *Unplanned Valid* RIA 3, 6 or Portable Area Monitor readings increase. C. 1 R/hr radiation reading at one foot away from a damaged storage cask located at the ISFSI D. *Valid* area monitor readings exceeds limits stated in Enclosure 4.9. **NOTE:** This Initiating Condition is also located in Enclosure 4.3., (Abnormal Rad Levels/Radiological Effluent). High radiation levels will also be seen with this condition. **(END)**	**3. MAJOR DAMAGE TO IRRADIATED FUEL OR LOSS OF WATER LEVEL THAT HAS OR WILL RESULT IN THE UNCOVERING OF IRRADIATED FUEL OUTSIDE THE REACTOR VESSEL (BD 48)** **OPERATING MODE:** All A. *Valid* RIA 3*, 6, 41, OR 49* **HIGH** Alarm *Applies to Mode 6 and No Mode Only B. **HIGH** Alarm for portable area monitors on the main bridge or SFP bridge C Report of visual observation of irradiated fuel uncovered D. Operators determine water level drop in either the SFP or fuel transfer canal will exceed makeup capacity such that irradiated fuel will be uncovered **NOTE:** This Initiating Condition is also located in Enclosure 4.3, (Abnormal Rad Levels/Radiological Effluent). High radiation levels will also be seen with this condition. **(END)**	**3. LOSS OF WATER LEVEL IN THE REACTOR VESSEL THAT HAS OR WILL UNCOVER FUEL IN THE REACTOR VESSEL (BD 52)** **OPERATING MODE:** 5, 6 A. Loss of all decay heat removal as indicated by the inability to maintain RCS temperature below 200° F **AND** LT-5 indicates 0 inches after initiation of RCS Makeup B. Loss of all decay heat removal as indicated by the inability to maintain RCS temperature below 200° F **AND** Either train ultrasonic level indication less than 0 inches and decreasing after initiation of RCS makeup **NOTE:** This Initiating Condition is also located in Enclosure 4.3, (Abnormal Rad Levels/Radiological Effluent). High radiation levels will also be seen with this condition. **(END)**	

Enclosure 4.5
Loss of Power {4}

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. LOSS OF ALL OFFSITE POWER TO ESSENTIAL BUSSES FOR GREATER THAN 15 MINUTES (BD 55) **OPERATING MODE:** All A. Unit auxiliaries are being supplied from Keowee or CT5 **AND** Inability to energize either MFB from an offsite source (either switchyard) within 15 minutes. **2. *UNPLANNED* LOSS OF REQUIRED DC POWER FOR GREATER THAN 15 MINUTES (BD 56)** **OPERATING MODE:** 5, 6 A. *Unplanned* loss of vital DC power to required DC busses as indicated by bus voltage less than 110 VDC **AND** Failure to restore power to at least one required DC bus within 15 minutes from the time of loss **(END)**	**1. LOSS OF ALL OFFSITE AC POWER AND LOSS OF ALL ONSITE AC POWER TO ESSENTIAL BUSSES (BD 57)** **OPERATING MODE:** 5, 6 Defueled A. MFB 1 and 2 de-energized **AND** Failure to restore power to at least one MFB within 15 minutes from the time of loss of both offsite and onsite AC power **2. AC POWER CAPABILITY TO ESSENTIAL BUSSES REDUCED TO A SINGLE SOURCE FOR GREATER THAN 15 MINUTES (BD 58)** **OPERATING MODE:** 1, 2, 3, 4 A. AC power capability has been degraded to a single power source for > 15 minutes due to the loss of all but one of the following: Unit Normal Transformer (backcharged) Unit SU Transformer Another Unit SU Transformer (aligned) CT4 CT5 **(END)**	**1. LOSS OF ALL OFFSITE AC POWER AND LOSS OF ALL ONSITE AC POWER TO ESSENTIAL BUSSES (BD 59)** **OPERATING MODE:** 1, 2, 3, 4 A. MFB 1 and 2 de-energized **AND** Failure to restore power to at least one MFB within 15 minutes from the time of loss of both offsite and onsite AC power **2. LOSS OF ALL VITAL DC POWER (BD 60)** **OPERATING MODE:** 1, 2, 3, 4 A. *Unplanned* loss of *vital* DC power to required DC busses as indicated by bus voltage less than 110 VDC **AND** Failure to restore power to at least one required DC bus within 15 minutes from the time of loss **(END)**	**1. PROLONGED LOSS OF ALL OFFSITE POWER AND ONSITE AC POWER (BD 62)** **OPERATING MODE:** 1, 2, 3, 4 A. MFB 1 and 2 de-energized **AND** SSF fails to maintain Mode 3 (Hot Standby) {1} **AND** At least one of the following conditions exist: Restoration of power to at least one MFB within 4 hours is **NOT** likely **OR** Indications of continuing degradation of core cooling based on Fission Product Barrier monitoring **(END)**

Loss of Power - Emergency Action Levels (EALs) apply to the ability of electrical energy to perform its intended function, reach its intended equipment. ex. - If both MFBs, are energized but all 4160V switchgear is not available, the electrical energy can not reach the motors intended. The result to the plant is the same as if both MFBs were de-energized. {4}

Enclosure 4.6
Fire/Explosions and Security Actions {2} {3}

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. *FIRES/EXPLOSIONS* WITHIN THE PLANT (BD 65) **OPERATING MODE:** All **NOTE:** Within the plant means: Turbine Building Auxiliary Building Reactor Building Keowee Hydro Transformer Yard B3T B4T Service Air Diesel Compressors Keowee Hydro & associated Transformers SSF A. Fire within the plant not extinguished within 15 minutes of Control Room notification or verification of a Control Room alarm B. Unanticipated *explosion* within the plant resulting in *visible damage* to permanent structures/equipment • includes steam line break and FDW line break **(Continued)**	1. *FIRE/EXPLOSION* AFFECTING OPERABILITY OF PLANT SAFETY SYSTEMS REQUIRED TO ESTABLISH/MAINTAIN SAFE SHUTDOWN (BD 70) **OPERATING MODE:** All **NOTE:** Only one train of a system needs to be affected or damaged in order to satisfy this condition. A. *Fire/explosions* **AND** Affected safety-related system parameter indications show degraded performance **OR** Plant personnel report *visible damage* to permanent structures or equipment required for safe shutdown **(Continued)**	**(CONTINUE TO NEXT PAGE)**	**(CONTINUE TO NEXT PAGE)**

Enclosure 4.6
Fire/Explosions and Security Actions {2} {3}

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
2. CONFIRMED SECURITY CONDITION OR THREAT WHICH INDICATES A POTENTIAL DEGRADATION IN THE LEVEL OF SAFETY OF THE PLANT (BD 67) **OPERATING MODE:** All A. Security condition that does not involve a HOSTILE ACTION as reported by the Security Shift Supervision. B. A *credible* site-specific security threat notification C. A validated notification from NRC providing information of an aircraft threat **3. OTHER CONDITIONS EXIST WHICH IN THE JUDGEMENT OF THE EMERGENCY DIRECTOR WARRANT DECLARATION OF A NOUE. (BD 69)** **OPERATING MODE:** All A. Other conditions exist which in the judgment of the Emergency Director indicate that events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant or indicate a security threat to facility protection has been initiated. No releases of radioactive material requiring off-site response or monitoring are expected unless further degradation of safety systems occurs. **(END)**	**2 HOSTILE ACTION WITHIN THE OWNER CONTROLLED AREA OR AIRBORNE ATTACK THREAT. (BD 72)** **OPERATING MODE:** All A. A HOSTILE ACTION is occurring or has occurred within the OWNER CONTROLLED AREA as reported by the Security Shift Supervision. B. A validated notification from NRC of an AIRLINER attack threat within 30 minutes of the site. **3. OTHER CONDITIONS EXIST WHICH IN THE JUDGEMENT OF THE EMERGENCY DIRECTOR WARRANT DECLARATION OF AN ALERT (BD 75)** **OPERATING MODE:** All A. Other conditions exist which in the judgment of the Emergency Director indicate that events are in progress or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant or a security event that involves probable life threatening risk to site personnel or damage to site equipment because of HOSTILE ACTION. Any releases are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels. **(END)**	**1. HOSTILE ACTION within the PROTECTED AREA (BD 76)** **OPERATING MODE:** All A. A HOSTILE ACTION is occurring or has occurred within the PROTECTED AREA as reported by the Security Shift Supervision. **2. OTHER CONDITIONS EXIST WHICH IN THE JUDGEMENT OF THE EMERGENCY DIRECTOR WARRANT DECLARATION OF A SITE AREA EMERGENCY. (BD 78)** **OPERATING MODE:** All A. Other conditions exist which in the judgment of the Emergency Director indicate that events are in progress or have occurred which involve actual or likely major failures of plant functions needed for protection of the public or HOSTILE ACTION that results in intentional damage or malicious acts; (1) toward site personnel or equipment that could lead to the likely failure of or; (2) that prevent effective access to equipment needed for the protection of the public. Any releases are not expected to result in exposure levels which exceed EPA Protective Action Guideline exposure levels beyond the site boundary. **(END)**	**1. A HOSTILE ACTION RESULTING IN LOSS OF PHYSICAL CONTROL OF THE FACILITY (BD 79)** **OPERATING MODE:** All A. A HOSTILE ACTION has occurred such that plant personnel are unable to operate equipment required to maintain safety functions B. A HOSTILE ACTION has caused failure of Spent Fuel Cooling Systems and IMMINENT fuel damage is likely for a freshly off-loaded reactor core in pool. **2. OTHER CONDITIONS EXIST WHICH IN THE JUDGMENT OF THE EMERGENCY DIRECTOR WARRANT DECLARATION OF A GENERAL EMERGENCY. (BD 81)** **OPERATING MODE:** All A. Other conditions exist which in the judgment of the Emergency Director indicate that events are in progress or have occurred which involve actual or IMMINENT substantial core degradation or melting with potential for loss of containment integrity or HOSTILE ACTION that results in an actual loss of physical control of the facility. Releases can be reasonably expected to exceed EPA Protective Action Guideline exposure levels off-site for more than the immediate site area. **(END)**

Enclosure 4.7
Natural Disasters, Hazards and Other Conditions Affecting Plant Safety

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. NATURAL AND DESTRUCTIVE PHENOMENA AFFECTING THE *PROTECTED AREA* (BD 83) **OPERATING MODE:** All A. Tremor felt and *valid* alarm on the strong motion accelerograph B Tornado striking within *Protected Area* Boundary C. Vehicle crash into plant structures/systems within the *Protected Area* Boundary D. Turbine failure resulting in casing penetration or damage to turbine or generator seals **(CONTINUED)**	**1. NATURAL AND DESTRUCTIVE PHENOMENA AFFECTING THE PLANT *VITAL* AREA (BD 89)** **OPERATING MODE:** All A. Tremor felt and seismic trigger actuates (0.05g) **NOTE:** Only one train of a safety-related system needs to be affected or damaged in order to satisfy these conditions. B. Tornado, high winds, missiles resulting from turbine failure, vehicle crashes, or other catastrophic event. **AND** *Visible damage* to permanent structures or equipment required for safe shutdown of the unit. **OR** Affected safety system parameter indications show degraded performance. **(CONTINUED)**	**(CONTINUE TO NEXT PAGE)**	**(CONTINUE TO NEXT PAGE)**

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
2. NATURAL AND DESTRUCTIVE PHENOMENA AFFECTING KEOWEE HYDRO CONDITION B (BD 85) **OPERATING MODE:** All A. Reservoir elevation ≥ 805.0 feet with all spillway gates open and the lake elevation continues to rise B. Seepage readings increase or decrease greatly or seepage water is carrying a significant amount of soil particles C New area of seepage or wetness, with large amounts of seepage water observed on dam, dam toe, or the abutments D. Slide or other movement of the dam or abutments which could develop into a failure E. Developing failure involving the powerhouse or appurtenant structures and the operator believes the safety of the structure is questionable **3. NATURAL AND DESTRUCTIVE PHENOMENA AFFECTING JOCASSEE HYDRO CONDITION B (BD 86)** **OPERATING MODE:** All A. Condition B has been declared for the Jocassee Dam **(CONTINUED)**	**2. RELEASE OF TOXIC/FLAMMABLE GASES JEOPARDIZING SYSTEMS REQUIRED TO MAINTAIN SAFE OPERATION OR ESTABLISH/ MAINTAIN MODE 5 (COLD SHUTDOWN) (BD 91)** **OPERATING MODE:** All A. Report/detection of *toxic gases* in concentrations that will be life-threatening to plant personnel B. Report/detection of flammable gases in concentrations that will affect the safe operation of the plant: • Reactor Building • Auxiliary Building • Turbine Building • Control Room **3. TURBINE BUILDING FLOOD (BD 93)** **OPERATING MODE:** All A. Turbine Building flood requiring use of AP/1,2,3/A/1700/10, (Turbine Building Flood) **4. CONTROL ROOM EVACUATION HAS BEEN INITIATED (BD 94)** **OPERATING MODE:** All A. Evacuation of Control Room **AND ONE OF THE FOLLOWING:** Plant control **IS** established from the Aux shutdown Panel or the SSF **OR** Plant control **IS BEING** established from the Aux Shutdown Panel or SSF **(CONTINUED)**	**1. CONTROL ROOM EVACUATION AND PLANT CONTROL CANNOT BE ESTABLISHED (BD 96)** **OPERATING MODE:** All A. Control Room evacuation has been initiated **AND** Control of the plant cannot be established from the Aux Shutdown Panel or the SSF within 15 minutes **2. KEOWEE HYDRO DAM FAILURE (BD 97)** **OPERATING MODE:** All A. Imminent/actual dam failure exists involving any of the following: • Keowee Hydro Dam • Little River Dam • Dikes A, B, C, or D • Intake Canal Dike • Jocassee Dam - Condition A **(CONTINUED)**	**(CONTINUE TO NEXT PAGE)**

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
4. RELEASE OF TOXIC OR FLAMMABLE GASES DEEMED DETRIMENTAL TO SAFE OPERATION OF THE PLANT (BD 87) **OPERATING MODE:** All A. Report/detection of toxic or flammable gases that could enter within the site area boundary in amounts that can affect normal operation of the plant B. Report by local, county, state officials for potential evacuation of site personnel based on offsite event **5. OTHER CONDITIONS EXIST WHICH WARRANT DECLARATION OF AN *UNUSUAL EVENT* (BD 88)** **OPERATING MODE:** All A. Emergency Coordinator determines potential degradation of level of safety has occurred **(END)**	**5. OTHER CONDITIONS WARRANT CLASSIFICATION OF AN *ALERT* (BD 95)** **OPERATING MODE:** All A. Emergency Coordinator judgment indicates that: Plant safety may be degraded **AND** Increased monitoring of plant functions is warranted **(END)**	**3. OTHER CONDITIONS WARRANT DECLARATION OF SITE AREA EMERGENCY (BD 98)** **OPERATING MODE:** All A. Emergency Coordinator/EOF Director judgment **(END)**	**1. OTHER CONDITIONS WARRANT DECLARATION OF GENERAL EMERGENCY (BD 99)** **OPERATING MODE:** All A. Emergency Coordinator/EOF Director judgment indicates: Actual/imminent substantial core degradation with potential for loss of containment **OR** Potential for *uncontrolled* radionuclide releases that would result in a dose projection at the site boundary greater than 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid **(END)**

Enclosure 4.8
Radiation Monitor Readings for Emergency Classification

All RIA values are considered GREATER THAN or EQUAL TO

HOURS SINCE REACTOR TRIPPED	RIA 57 R/hr		RIA 58 R/hr*	
	Site Area Emergency	General Emergency	Site Area Emergency	General Emergency
0.0 - < 0.5	5.9E+003	5.9E+004	2.6E+003	2.6E+004
0.5 - < 1.0	2.6E+003	2.6E+004	1.1E+003	1.1E+004
1.0 - < 1.5	1.9E+003	1.9E+004	8.6E+002	8.6E+003
1.5 - < 2.0	1.9E+003	1.9E+004	8.5E+002	8.5E+003
2.0 - < 2.5	1.4E+003	1.4E+004	6.3E+002	6.3E+003
2.5 - < 3.0	1.2E+003	1.2E+004	5.7E+002	5.7E+003
3.0 - < 3.5	1.1E+003	1.1E+004	5.2E+002	5.2E+003
3.5 - < 4.0	1.0E+003	1.0E+004	4.8E+002	4.8E+003
4.0 - < 8.0	1.0E+003	1.0E+004	4.4E+002	4.4E+003

*** RIA 58 is partially shielded**

Enclosure 4.9
Unexpected/Unplanned Increase In Area Monitor Readings

NOTE: This Initiating Condition is not intended to apply to anticipated temporary increases due to planned events (e.g.; incore detector movement, radwaste container movement, depleted resin transfers, etc.).

MONITOR NUMBER	UNITS 1, 2, 3	
	UNUSUAL EVENT 1000x NORMAL LEVELS mRAD/HR	*ALERT* mRAD/HR
RIA 7, Hot Machine Shop Elevation 796	150	≥ 5000
RIA 8, Hot Chemistry Lab Elevation 796	4200	≥ 5000
RIA 10, Primary Sample Hood Elevation 796	830	≥ 5000
RIA 11, Change Room Elevation 796	210	≥ 5000
RIA 12, Chem Mix Tank Elevation 783	800	≥ 5000
RIA 13, Waste Disposal Sink Elevation 771	650	≥ 5000
RIA 15, HPI Room Elevation 758	**NOTE***	≥ 5000

NOTE: RIA 15 normal readings are approximately 9 mRad/hr on a daily basis. Applying 1000x normal readings would put this monitor greater than 5000 mRad/hr just for an *Unusual Event*. For this reason, an *Unusual Event* will **NOT** be declared for a reading less than 5000 mRad/hr.

1. List of Definitions and Acronyms

NOTE:	Definitions are italicized throughout procedure for easy recognition.

1.1 **ALERT** - Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant or a security event that involves probable life threatening risk to site personnel or damage to site equipment because of HOSTILE ACTION. Any releases are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels.

1.2 **BOMB** – Refers to an explosive device suspected of having sufficient force to damage plant systems or structures.

1.3 **COGNIZANT FACILITY STAFF** - any member of facility staff, who by virtue of training and experience, is qualified to assess the indications or reports for validity and to compare the same to the EALs in the licensee's emergency classification scheme. (Does not include staff whose positions require they report, rather than assess, abnormal conditions to the facility.)

1.4 **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.

1.5 **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.

1.6 **CIVIL DISTURBANCE** - A group of persons violently protesting station operations or activities at the site.

1.7 **EXPLOSION** - A rapid, violent, unconfined combustion, or catastrophic failure of pressurized/energized equipment that imparts energy of sufficient force to potentially damage permanent structures, systems, or components.

1.7 **EXTORTION** - An attempt to cause an action at the station by threat of force.

1.8 **FIRE** - Combustion characterized by heat and light. Sources of smoke, such as slipping drive belts or overheated electrical equipment, do NOT constitute *fires*. Observation of flames is preferred but is NOT required if large quantities of smoke and heat are observed.

1.9 **FRESHLY OFF-LOADED CORE** - The complete removal and relocation of all fuel assemblies from the reactor core and placed in the spent fuel pool. (Typical of a "No Mode" operation during a refuel outage that allows safety system maintenance to occur and results in maximum decay heat load in the spent fuel pool system).

1.10 **GENERAL EMERGENCY** - Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity or HOSTILE ACTION that results in an actual loss of physical control of the facility. Releases can be reasonably expected to exceed EPA Protective Action Guidelines exposure levels offsite for more than the immediate area.

1.11 **HOSTAGE** - A person(s) held as leverage against the station to ensure demands will be met by the station.

1.12 **HOSTILE ACTION** - An act toward an NPP or its personnel that includes the use of violent force to destroy equipment, takes HOSTAGES, and/or intimidates the licensee to achieve an end. This includes attack by air, land, or water using guns, explosives, PROJECTILES, vehicles, or other devices used to deliver destructive force. Other acts that satisfy the overall intent may be included. HOSTILE ACTION should not be construed to include acts of civil disobedience or felonious acts that are not part of a concerted attack on the NPP. Non-terrorism-based EALs should be used to address such activities, (e.g., violent acts between individuals in the owner controlled area.)

1.13 **HOSTILE FORCE** - One or more individuals who are engaged in a determined assault, overtly or by stealth and deception, equipped with suitable weapons capable of killing, maiming, or causing destruction.

1.14 **IMMINENT** - Mitigation actions have been ineffective, additional actions are not expected to be successful, and trended information indicates that the event or condition will occur. Where IMMINENT timeframes are specified, they shall apply.

1.15 **INTRUSION** – A person(s) present in a specified area without authorization. Discovery of a BOMB in a specified area is indication of INTRUSION into that area by a HOSTILE FORCE.

1.16 **INABILITY TO DIRECTLY MONITOR** - Operational Aid Computer data points are unavailable or gauges/panel indications are NOT readily available to the operator.

1.17 **LOSS OF POWER** – Emergency Action Levels (EALs) apply to the ability of electrical energy to perform its intended function, reach its intended equipment. Ex. – If both MFBs, are energized but all 4160v switchgear is not available, the electrical energy can not reach the motors intended. The result to the plant is the same as if both MFBs were de-energized.

1.18 **PROJECTILE** – An object directed toward a NPP that could cause concern for its continued operability, reliability, or personnel safety.

1.19 **PROTECTED AREA** – Typically the site specific area which normally encompasses all controlled areas within the security PROTECTED AREA fence.

1.20 **REACTOR COOLANT SYSTEM (RCS) LEAKAGE** – RCS Operational Leakage as defined in the Technical Specification Basis B 3.4.13:

RCS leakage includes leakage from connected systems up to and including the second normally closed valve for systems which do not penetrate containment and the outermost isolation valve for systems which penetrate containment.

A. Identified LEAKAGE

LEAKAGE to the containment from specifically known and located sources, but does not include pressure boundary LEAKAGE or controlled reactor coolant pump (RCP) seal leakoff (a normal function not considered LEAKAGE).

LEAKAGE, such as that from pump seals, gaskets, or valve packing (except RCP seal water injection or leakoff), that is captured and conducted to collection systems or a sump or collecting tank;

LEAKAGE through a steam generator (SG) to the Secondary System (primary to secondary LEAKAGE): Primary to secondary LEAKAGE must be included in the total calculated for identified LEAKAGE.

B. Unidentified LEAKAGE

All LEAKAGE (except RCP seal water injection or leakoff) that is not identified LEAKAGE.

C. Pressure Boundary LEAKAGE

LEAKAGE (except primary to secondary LEAKAGE) through a nonisolable fault in an RCS component body, pipe wall or vessel wall.

1.21 **RUPTURED** (As relates to Steam Generator) - Existence of Primary to Secondary leakage of a magnitude sufficient to require or cause a reactor trip and safety injection.

1.22 **SABOTAGE** - Deliberate damage, mis-alignment, or mis-operation of plant equipment with the intent to render the equipment inoperable. Equipment found tampered with or damaged due to malicious mischief may not meet the definition of SABOTAGE until this determination is made by security supervision.

1.23 **SECURITY CONDITION** – Any Security Event as listed in the approved security contingency plan that constitutes a threat/compromise to site security, threat/risk to site personnel, or a potential degradation to the level of safety of the plant. A SECURITY CONDITION does not involve a HOSTILE ACTION.

1.24 **SAFETY-RELATED SYSTEMS AREA** - Any area within the *Protected area* which contains equipment, systems, components, or material, the failure, destruction, or release of which could directly or indirectly endanger the public health and safety by exposure to radiation.

1.25 **SELECTED LICENSEE COMMITMENT (SLC)** -Chapter 16 of the FSAR

1.26 **SIGNIFICANT PLANT TRANSIENT** - An *unplanned* event involving one or more of the following:

(1) Automatic turbine runback>25% thermal reactor power
(2) Electrical load rejection >25% full electrical load
(3) Reactor Trip
(4) Safety Injection System Activation

1.27 **SITE AREA EMERGENCY** - Events are in process or have occurred which involve actual or likely major failures of plant functions needed for the protection of the public. or HOSTILE ACTION that results in intentional damage or malicious act; (1) toward site personnel or equipment that could lead to the likely failure of or; (2) that prevents effective access to equipment needed for the protection of the public. Any releases are NOT expected to result in exposure levels which exceed EPA Protective Action Guideline exposure levels beyond the Site Boundary.

1.28 **SITE BOUNDARY** - That area, including the *Protected Area*, in which DPC has the authority to control all activities including exclusion or removal of personnel and property (1 mile radius from the center of Unit 2).\

1.29 **TOXIC GAS** - A gas that is dangerous to life or health by reason of inhalation or skin contact (e.g.; Chlorine).

1.30 **UNCONTROLLED** - Event is not the result of planned actions by the plant staff.

1.31 **UNPLANNED** - An event or action is UNPLANNED if it is not the expected result of normal operations, testing, or maintenance. Events that result in corrective or mitigative actions being taken in accordance with abnormal or emergency procedures are UNPLANNED.

1.32 **UNUSUAL EVENT** - Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant or indicate a security threat to facility protection has been initiated. No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.

1.33 **VALID** - An indication or report or condition is considered to be VALID when it is conclusively verified by: (1) an instrument channel check; or, (2) indications on related or redundant instrumentation; or, (3) by direct observation by plant personnel such that doubt related to the instrument's operability, the condition's existence, or the report's accuracy is removed. Implicit with this definition is the need for timely assessment.

1.34 **VIOLENT** - Force has been used in an attempt to injure site personnel or damage plant property.

1.35 **VISIBLE DAMAGE** - Damage to equipment or structure that is readily observable without measurements, testing, or analyses. Damage is sufficient to cause concern regarding the continued operability or reliability of affected safety structure, system, or component. Example damage: deformation due to heat or impact, denting, penetration, rupture.

1.36 **VITAL AREA** - An area within the protected area where an individual is required to badge in to gain access to the area and that houses equipment important for nuclear safety. The failure or destruction of this equipment could directly or indirectly endanger the public health and safety by exposure to radiation.

Enclosure 4.11
Operating Modes Defined In Improved Technical Specifications

MODES

MODE	TITLE	REACTIVITY CONDITION (K_{eff})	% RATED THERMAL POWER (a)	AVERAGE REACTOR COOLANT TEMPERATURE (°F)
1	Power Operation	≥0.99	> 5	NA
2	Startup	≥0.99	≤5	NA
3	Hot Standby	<0.99	NA	≥250
4	Hot Shutdown (b)	< 0.99	NA	250 > T > 200
5	Cold Shutdown (b)	< 0.99	NA	≤ 200
6	Refueling (c)	NA	NA	NA

(a) Excluding decay heat.

(b) All reactor vessel head closure bolts fully tensioned.

(c) One or more reactor vessel head closure bolts less than fully tensioned

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1. Instructions For Using Enclosure 4.1 – Fission Product Barrier Matrix

1.1 If the unit was at Hot S/D or above, (Modes 1, 2, 3, or 4) and one or more fission product barriers have been affected, refer to Enclosure 4.1, (Fission Product Barrier Matrix) and review the criteria listed to determine if the event should be classified.

1.1.1 For each Fission Product Barrier, review the associated EALs to determine if there is a Loss or Potential Loss of that barrier.

NOTE: An event with multiple events could occur which would result in the conclusion that exceeding the loss or potential loss thresholds is imminent (i.e. within 1-3 hours). In this situation, use judgement and classify as if the thresholds are exceeded.

1.2 Three possible outcomes exist for each barrier. No challenge, potential loss, or loss. Use the worst case for each barrier and the classification table at the bottom of the page to determine appropriate classification.

1.3 The numbers in parentheses out beside the label for each column can be used to assist in determining the classification. If no EAL is met for a given barrier, that barrier will have 0 points. The points for the columns are as follows:

Barrier	Failure	Points
RCS	Potential Loss	4
	Loss	5
Fuel Clad	Potential Loss	4
	Loss	5
Containment	Potential Loss	1
	Loss	3

1.3.1 To determine the classification, add the highest point value for each barrier to determine a total for all barriers. Compare this total point value with the numbers in parentheses beside each classification to see which one applies.

1.3.2 Finally as a verification of your decision, look below the Emergency Classification you selected. The loss and/or potential loss EALs selected for each barrier should be described by one of the bullet statements.

EXAMPLE: Failure to properly isolate a 'B' MS Line Rupture outside containment, results in extremely severe overcooling.

PTS entry conditions were satisfied.

Stresses on the 'B' S/G resulted in failure of multiple S/G tubes.

RCS leakage through the S/G exceeds available makeup capacity as indicated by loss of subcooling margin.

Barrier	EAL	Failure	Points
RCS	SGTR > Makeup capacity of one HPI pump in normal makeup mode with letdown isolated	Potential Loss	4
	Entry into PTS operating range	Potential Loss	4
	RCS leak rate > available makeup capacity as indicated by a loss of subcooling	Loss	5
Fuel Clad	No EALs met and no justification for classification on judgment	No Challenge	0
Containment	Failure of secondary side of SG results in a direct opening to the environment	Loss	3

RCS _5_ + Fuel _0_ + Containment _3_ = Total _8_

A. Even though two Potential Loss EALs and one Loss EAL are met for the RCS barrier, credit is only taken for the worst case (highest point value) EAL, so the points from this barrier equal 5.

B. No EAL is satisfied for the Fuel Clad Barrier so the points for this barrier equal 0.

C. One Loss EAL is met for the Containment Barrier so the points for this barrier equal 3.

D. When the total points are calculated the result is 8, therefore the classification would be a *Site Area Emergency*.

E. Look in the box below "*Site Area Emergency*". You have identified a loss of two barriers. This agrees with one of the bullet statements. The classification is correct.

1 References:

1. PIP O-05-02980
2. PIP O-05-4697
3. PIP O-06-0404
4. PIP O-06-03347
5. PIP O-09-00234
6. PIP O-10-1055
7. PIP O-10-01750
8. PIP O-11-02811
9. PIP O-12-1590
10. PIP O-10-7809
11. PIP O-12-9201
12. PIP O-12-9198
13. PIP O-12-11227
14. PIP O-14-10064 and PIP O-14-11470
15. PIP O-13-6662
16. PIP O-14-13933

Form 703-1. Procedure Process Record (PPR)

(R08-10)

Duke Energy

PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/1000/001

Revision No. ~~003~~ 004 NH 5/7/15

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Emergency Classification

(4) Prepared By* Natalie Harness (Signature) Natalie Harness Date 2/9/2015

(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* Douglas A. Carol (QR)(KI) Date 5-7-15

Cross-Disciplinary Review By* Anthony Scott Hollingsworth (QR)(KI) NA ___ Date 4/30/15

Reactivity Mgmt Review By* _____ (QR) NA DNC Date 5-7-15

Mgmt Involvement Review By* _____ (Ops. Supt.) NA DNC Date 5-7-15

(7) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(8) Approved By* PATRICK M STURGEL Date ~~5/21/15~~ 5/21/15

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*

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/001
2. Revision No.: ~~003~~ 004 NH 5/7/15
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Emergency Classification
5. For changes only, enter procedure sections affected: __
6. Prepared By: Natalie Harness NH
7. Preparation Date: 2/9/2015
8. PCR Numbers Included in Revision: ONS-2014-05916

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Procedure Title: Emergency Classification

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

Revision 004 of RP/0/A/1000/001 consists of changes resulting from a fleet wide initiative to replace the Selective Signaling System with "Duke Emergency Management Network (DEMNET)".

The replacement of the Selective Signaling System with DEMNET is described in EC 113233.

In general, this revision consists of equipment title changes from Selective Signaling to DEMNET in sections of the procedure describing notifications to Oconee County and Pickens County from the Control Room in the event of an unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters. These changes reflect the replacement of the Selective Signaling System with DEMNET which supports a fleetwide initiative to align State/county notification methodology at all Duke Energy nuclear plant sites.

A new fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET), has been developed to provide instructions for notifying State/county organizations using DEMNET. Applicable sections of the Oconee Nuclear Station Emergency Plan, emergency plan implementing procedures, and support procedures are being revised to implement these changes. These changes are being screened / evaluated in accordance with 10 CFR 50.54(q) under separate cover.

Revision 004 of RP/0/A/1000/001 consists of the following changes:

- Enclosure 4.2, Unusual Event Table, 4.B: Changed "Selective Signaling" to "DEMNET."

PCR Numbers Incorporated

ONS-2014-05916

Enclosure

Attachment to 50.54q

RP/0/A/1000/001, Emergency Classification, Revision 004

#	Page /Section	Current	Proposed Change	Reason
1.	Enclosure 4.2 Unusual Event Table 4.B	Loss of all onsite communications capability (Selective Signaling, NRC ETS lines, Offsite Radio System, AT&T line) affecting ability to communicate with offsite authorities.	Loss of all onsite communications capability (DEMNET, NRC ETS lines, Offsite Radio System, AT&T line) affecting ability to communicate with offsite authorities.	Editorial: changed Selective Signaling to DEMNET

§50.54(q) Screening Evaluation Form

Activity Description and References:
RP/0/A/1000/001, Emergency Classification, Revision 004

BLOCK 1

Revision 004 of RP/0/A/1000/001 consists of changes resulting from a fleet wide initiative to replace the Selective Signaling System with "Duke Emergency Management Network (DEMNET)".

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In general, this revision consists of equipment title changes from Selective Signaling to DEMNET in sections of the procedure describing notifications to Oconee County and Pickens County from the Control Room in the event of an unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters. These changes reflect the replacement of the Selective Signaling System with DEMNET which supports a fleetwide initiative to align State/county notification methodology at all Duke Energy nuclear plant sites.

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Revision 004 of RP/0/A/1000/001 consists of the following changes:

- Enclosure 4.2, Unusual Event Table, 4.B: Changed "Selective Signaling" to "DEMNET."

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
- ☐ 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:	Preparer Signature	Date:
Natalie Harness	Natalie Harness	2/9/14
Reviewer Name:	Reviewer Signature	Date:
Don Crowl		5-7-15

Revision 12

Duke Energy Oconee Nuclear Station **Control Room Emergency Coordinator Procedure**	Procedure No. **RP/0/A/1000/002**
	Revision No. **009**
	Electronic Reference No. **OP009A64**

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: *05/19/2015*

Enclosure No.: *FULL*

Revision No.: *009*

Procedure No.: *RP/0/A/1000/002*

Control Room Emergency Coordinator Procedure

NOTE:	This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be: 1. Reviewed in accordance with 10CFR50.54(q) prior to approval. 2. Forwarded to Emergency Preparedness within seven (7) working days of approval.

1. Symptoms

_____ 1.1 Events have occurred requiring activation of the Oconee Nuclear Site Emergency Plan.

2. Immediate Actions

NOTE:	• State and County agencies shall be notified within 15 minutes of E-plan declaration, Classification upgrades, and Protective Action Recommendations. • For an outside line dial "9" and for long distance dial "1".

_____ 2.1 **IF** an EAL exists, Declare the appropriate Emergency Classification level.

Classification _____ (UE, Alert, SAE, GE)

Time Declared: _____

_____ 2.2 **IF** A Security event is in progress,

THEN GO TO Step 2.4.

NOTE:
- For an unusual event classification, or for events with **NO** EAL classifications, activation of ERO personnel is at the discretion of the SM.
- Qualified Individual can be any person qualified to use ERONS.
- If a "bridges" or "alternate TSC/OSC" page needs to be sent out, it will be done during the follow-up page.

_____ 2.3 **IF** ERO has **NOT** yet been activated **AND** ERO activation is needed, perform the following:

2.3.1 Circle the applicable initial notification code below.

EAL classification	**Notification Codes (see Enclosure 4.11 for descriptions)**	
	DRILL	**EMERGENCY**
None		F1a
NOUE	D1a	E1a
Alert	D2a	E2a
SAE	D3a	E3a
GE	D4a	E4a

2.3.2 **IF** a qualified individual is available to notify the ERO, provide the circled notification code above to a qualified individual and direct them to begin Enclosure 4.10 (Activation of the Emergency Response Organization).

_____ 2.4 Direct Control Room Offsite Communicator(s) to perform the following:

- Record Name _____
- **REFER TO** RP/0/A/1000/015A (Offsite Communications From The Control Room), Immediate Actions steps 2.1 and 2.2 **AND** Enclosure 4.7 (Guidelines for Manually Transmitting a Message) in preparation for notifying offsite agencies. {13}

_____ 2.5 **IAAT** Changing plant conditions require an emergency classification upgrade,

THEN Notify Offsite Communicator to complete in-progress notifications per RP/0/A/1000/15A (Offsite Communications From The Control Room),

AND Start a new clean copy of this procedure for the upgraded classification **AND** stop working on this copy, noting the time in your log that each new copy started.

NOTE: If more than one EAL of the classification level is met, use the EAL description of most interest to offsite agencies. Use "Remarks" (Line 13 of Notification Form) for additional comments from other EAL descriptions that the offsite agencies may need to know.

Additional message sheets listing other information of interest to offsite agencies (e.g. transporting injured personnel) may be sent, if needed.

For the case of dual Notifications Of Unusual Events (NOUEs) on more than one unit with different EAL entry conditions, the SM would declare the NOUE on the first to meet an EAL threshold and perform the initial ENF.

When the subsequent unit meets a different NOUE EAL condition, a follow-up notification should be completed in a timely manner which is interpreted to be within 60 minutes. The 60 minute timeframe follows the guidance already in place for ALERT an above classification follow-up notification.

The indicated affected unit(s) on the follow-up notification would be marked ALL since more than one unit is now affected with the same level EAL classification.

The other unit that has now met a NOUE EAL classification should be noted under Line 13 Remarks section along with what EAL condition is now met for that unit. {17}

_____ 2.6 Obtain the applicable Offsite Notification form in the control room and complete as follows:

_____ 2.6.1 Ensure EAL # as determined by RP/0/A/1000/001 matches Line 4.

_____ 2.6.2 Line 1 - Mark appropriate box "Drill" or "Actual Event"

_____ 2.6.3 Line 1 - Enter Message #

_____ 2.6.4 Line 2 - Mark Initial

_____ 2.6.5 Line 6 -

A. Mark "Is Occurring" if any of the following are true:

- RIAs 40, 45, or 46 are increasing <u>or</u> in alarm
- If containment is breached
- Containment pressure > 1 psig

B. Mark "None" if none of the above is applicable.

_____ 2.6.6 Line 7 - If Line 6 Box B <u>or</u> C is marked, mark Box D. Otherwise mark Box A.

_____ 2.6.7 Line 8 - Mark "Stable" unless an upgrade or additional PARs are anticipated within an hour.

- Refer to Enclosure 4.8 (Event Prognosis Definitions)

_____ 2.6.8 Line 10 - Military time and date of declaration (Refer to date/time in Step 2.1)

NOTE:
1. The following step is used to help determine if an event includes only one unit or all units. The list may not be all inclusive.
2. The following is provided by the SM.

_____ 2.6.9 Line 11 - Evaluate the following for classification for all units.

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

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

If event only affects one (1) unit **OR** one (1) unit has a higher emergency class, select or mark the appropriate unit.

_____ 2.6.10 Line 12 - Mark unit(s) affected (reference Line 11) **AND** enter percent power for each unit affected. {14}

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

NOTE: Line number 13 should be used to provide information important to offsite agencies. The following are examples of information which should be provided:

- Time that fires are extinguished
- Offsite fire departments have been requested to assist with a fire onsite
- The type of natural event which had affected the site (i.e. tornado, seismic, etc.)
- Notification that a radiologically contaminated patient has been transported offsite
- The dam or dike which has resulted in a Condition Bravo or Alpha, if known
- Status of a security threat against the site if known

_____ 2.6.11 Line 13 - If the SM has no remarks, write "None"

_____ 2.6.12 If Condition "A" exists ensure following PARs are included on Line 5.

A. Evacuate: Move residents living downstream of the Keowee Hydro Project dams to higher ground.

B. Other: Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

_____ 2.6.13 Line 17 - SM signature, CURRENT Time/Date

NOTE:

- GETS cards are available in the GETS Binder located in the TSC Supply Cabinet. Their use will enable communications when phone lines are busy or overloaded. See instructions on back of card.
- For communication failures, see RP/0/A/1000/015A (Offsite Communications From The Control Room), Enclosure 4.9 (Alternate Method and Sequence to Contact Agencies).
- Satellite Telephones are available in all Control Rooms, the TSC and the OSC. They can be used when other means of communication have failed.
- Only an Initial and a Termination Message are required for Unusual Event classifications. No follow-up notifications (updates) are required unless requested by Offsite Agencies.

_____ 2.7 Provide Offsite Communicator with Emergency Notification Form and direct him/her to perform RP/0/A/1000/015A (Offsite Communications From The Control Room). Verify Notifications to State and Counties are completed within 15 minutes.

_____ 2.8 Ensure step 2.3.2 has been completed.

_____ 2.9 Make PA announcement regarding classification (see Enclosure 4.1).

_____ 2.10 **IAAT** The Hydro Group notifies the Control Room that Condition A, Imminent or Actual Dam failure (Keowee or Jocassee) **OR** Condition B at Keowee exists or applies,

THEN **REFER TO** Enclosure 4.2 (Condition A/ Condition B Response Actions) for additional protective actions.

AND After the State (SC) and Counties (Oconee and Pickens) have been notified, **ENSURE** that notification is made to the following:

- ☐ Georgia Emergency Management Agency 404-635-7000 or 7200
- ☐ National Weather Service 864-879-1085 or 800-268-7785

NOTE: Activation of the ERO is **NOT** required for an Unusual Event Classification.

_____ 2.11 **IF** This is an Unusual Event,

AND The SM/Emergency Coordinator does **NOT** desire that any part of the ERO be activated,

THEN **GO TO** Step 2.15.

NOTE: Activate the TSC and/or OSC Backup Emergency Response Facility (ERF) in the Oconee Office Building, Rooms 316 and 316A, if a fire in the Turbine Building, flooding conditions, Security events (except those involving intrusion/attempted intrusion), or onsite/offsite hazardous materials spill have occurred or are occurring. {4}{16}

_____ 2.12 Notify Security Shift Supervisor (Ext. 2309 or 3636) that the ERO is being activated and obtain his/her recommendations for conducting a site assembly should it be needed.

NOTE:
- This step is required in addition to action taken in step 2.3. {13}
- ERONS Notification Codes are grouped by EAL. ERONS Emergency Notifications begin on page 1 of Enclosure 4.11. ERONS Drill Notifications begin on page 3 of Enclosure 4.11.
- Activation of the ERO during Condition B is done to allow adequate time for the TSC to assess the need to relocate B.5.b equipment in the event of an anticipated upgrade to a Condition A.
- Qualified Individual can be any person qualified to use ERONS.

_____ 2.13 Direct activation of the Emergency Response Organization (ERO) by performing the following:

2.13.1 Determine the appropriate ERONS notification code from Enclosure 4.11 (ERONS Notification Codes and Titles).

2.13.2 Provide the notification code identified above to a qualified individual and direct them to perform Enclosure 4.10 (Activation of the Emergency Response Organization). {8}

_____ 2.14 Implement Enclosure 4.4 (SM Emergency Coordinator Turnover Sheet).

NOTE: Enclosure 4.6 (Radiation Monitoring) may be used to help determine if RIA values, Dose Projections, or Field Monitoring surveys require a classification Upgrade and Protective Action Recommendation.

_____ 2.15 **IAAT** Abnormal radiation levels or releases are occurring or have occurred,

THEN Perform the following:

_____ Notify RP to perform Offsite Dose Calculations, determine Protective Action Recommendations, and initiate radiological field monitoring.

_____ **REFER TO** Enclosure 4.6 (Radiation Monitoring) to determine if RIA values, Dose Projections, or analysis of Field Monitoring Surveys require a classification Upgrade and Protective Action Recommendation.

_____ 2.16 Perform one of the following:

_____ 2.16.1 Direct a qualified individual to perform Enclosure 4.3 (Emergency Coordinator Parallel Actions):

A. Record Name: _____

NOTE:	• If a NOUE is in progress, a site assembly is **NOT** required. • A site assembly may **NOT** be desired during a security event.

B. Determine if site assembly is desired.

C. Notify the appointed individual of the nature of the event (HAB or **NOT** HAB) and the result of the site assembly determination from Step B.

_____ 2.16.2 Perform Enclosure 4.3 (Emergency Coordinator Parallel Actions).

_____ 2.17 **IAAT** A Site Assembly needs to be initiated,

THEN Initiate Site Assembly per RP/0/A/1000/009 (Procedure for Site Assembly).

3. Subsequent Actions

_____ 3.1 **IAAT** An Unusual Event classification is being terminated,

THEN **REFER TO** Enclosure 4.5 (Emergency Classification Termination Criteria) of this procedure for termination guidance.

_____ 3.1.1 Verify that the Offsite Communicator has provided termination message to the off-site agencies.

NOTE:	The EP Section shall develop a written report, for signature by the Site Vice President, to the State Emergency Management Agency, Oconee County EPD, and Pickens County EPD within 24 working hours of the event termination.

_____ 3.1.2 Notify Emergency Preparedness Section (Emergency Planning Duty person after hours) of the following:

- The Unusual Event has been terminated
- Conduct a critique following termination of an actual Unusual Event

NOTE:
- After normal working hours, Emergency Response Personnel will **NOT** report to the TSC or OSC until after a Security threat has been neutralized. Emergency Response personnel will report to the Oconee JIC (Alternate Facility) during Security events.
- If the ERO was activated and a Security event involving an intrusion/attempted intrusion **DOES NOT** exist, then provide turnover to the Technical Support Center.
- If the ERO was activated after normal working hours **AND** a Security Event involving an intrusion/attempted intrusion **DOES** exist, then provide Notification turnover information to the EOF Director. After the EOF is activated, the EOF will assume responsibility for classifications, notifications, and protective action recommendations. The SM will remain the Emergency Coordinator for all other activities until the TSC is activated.

_____ 3.2 **IAAT** The TSC or EOF is ready to accept turnover,

THEN Perform one of the following as required:

_____ 3.2.1 **IF** The TSC is ready to accept Emergency Coordinator responsibilities,

THEN Perform turnover using Enclosure 4.4 (SM Emergency Coordinator Turnover Sheet).

Time TSC Activated:_____

A. Turn over all emergency response procedures in use to the TSC.

B. Direct all available Auxiliary Operators (AOs) to report to the OSC to support damage repair efforts.

NOTE: The EOF Director will notify the Control Room Emergency Coordinator when the EOF is operational and ready to initiate turnover.

_____ 3.2.2 **IF** The EOF is ready to initiate turnover information,

THEN Verify notification turnover information from the EOF Director:

_____ A. Fax Enclosure 4.4 (SM Emergency Coordinator Turnover Sheet).

_____ B. Obtain current copy of Emergency Notification Form and plant status.

_____ C. Verify the information being provided by the EOF Director from Enclosure 4.4 and the current Emergency Notification Form.

_____ D. **WHEN** Control Room Emergency Coordinator verification of Notification turnover information from EOF Director is complete **AND** the EOF is activated, turnover Notification responsibility to the EOF and log:
Time EOF Activated:_____

_____ E. Direct NRC Communicator to notify the NRC Operations Center that the EOF is activated.

4. Enclosures

4.1 Plant Public Address Announcements

4.2 Condition A/ Condition B Response Actions

4.3 Emergency Coordinator Parallel Actions

4.4 SM Emergency Coordinator Turnover Sheet

4.5 Emergency Classification Termination Criteria

4.6 Radiation Monitoring

4.7 Summary of IAAT Steps

4.8 Event Prognosis Definitions

4.9 References

4.10 Activation of the Emergency Response Organization

4.11 ERONS Notification Codes and Titles

Enclosure 4.1

Plant Public Address Announcements

1. Select from the following and announce over the Plant Public Address System:

_____ Drill Message:

Attention all site personnel. This is _____*(name)*. I am the Emergency Coordinator.

This is a drill. This is a drill.

- As of _____ (time declared), a(n) _____ (emergency classification) has been declared for Unit(s) _____ (affected unit(s)).
- Plant condition for Unit(s) _____ (affected unit(s)) is _____ _____ (stable, degrading, improving, what has happened, etc.).
- **IF** A release has occurred or is suspected **AND/OR** a site assembly has been activated
  THEN Announce the following:
  No eating or drinking until the area is cleared by RP.
- **IF** TSC/OSC activation is necessary AND TSC/OSC has not yet been activated
  THEN Announce one of the following, as applicable:
  Activate the TSC/OSC
  Activate the Backup TSC/OSC

_____ Emergency Message:

Attention all site personnel. This is _____*(name)*. I am the Emergency Coordinator.

This is an emergency message.

- As of _____ (time declared), a(n) _____ (emergency classification) has been declared for Unit(s) _____ (affected unit(s)).
- Plant condition for Unit(s) _____ (affected unit(s)) is _____ _____ (stable, degrading, improving, what has happened, etc.).
- **IF** A release has occurred or is suspected **AND/OR** a site assembly has been activated
  THEN Announce the following:
  No eating or drinking until the area is cleared by RP.
- **IF** TSC/OSC activation is necessary AND TSC/OSC has not yet been activated
  THEN Announce one of the following, as applicable:
  Activate the TSC/OSC
  Activate the Backup TSC/OSC

1. Condition A Response - Immediate Actions

NOTE: The Hydro Group will notify the Control Room/SM when Condition A/B conditions apply.

Condition A - Failure is Imminent or Has Occurred - A failure at the dam has occurred or is about to occur and minutes or days may be allowed to respond dependent upon the proximity to the dam. (Keowee or Jocassee)

Condition B - Potentially Hazardous Situation is Developing - A situation where failure may develop, but preplanning actions taken during certain events (major floods, earthquakes) may prevent or mitigate failure. (Keowee)

_____ 1.1 **IF** Condition A, Imminent or Actual Dam Failure (Keowee or Jocassee) exists.

THEN Perform the following actions:

_____ 1.1.1 Provide the following **Protective Action Recommendations** to Oconee County and Pickens County for imminent/actual dam failure.

NOTE: State and County Agencies shall be notified within 15 minutes of Protective Action Recommendations.

_____ A. Provide the following recommendation for Emergency Notification Form Section 5 (B) **Evacuate:** Move residents living downstream of the Keowee Hydro Project dams to higher ground.

_____ B. Provide the following recommendation for Emergency Notification Form Section 5 (E) **Other:** Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

_____ 1.2 **IF** Condition A, Imminent or Actual Dam Failure (Keowee or Jocassee) exist,

THEN Notify the following after the State and Counties are notified:

- ☐ Georgia Emergency Management agency 404-635-7000 or 7200
- ☐ National Weather Service 864-879-1085 or 800-268-7785

2. Condition A Response - Subsequent Actions

_____ 2.1 Notify Hydro Central and provide information related to the event.

_____ 2.1.1 **REFER TO** Page 5 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification. {2}

_____ 2.2 Relocate Keowee personnel to the Operational Support Center (OSC) if events occur where their safety could be affected.

_____ 2.2.1 **IF** Keowee personnel are relocated to the OSC,

THEN Notify Hydro Central at 704-382-6836 or 6838 or 6839.

_____ A. **REFER TO** Page 5 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification. {2}

NOTE:	A loss of offsite communications capabilities (DEMNET and the Wide Area Network - WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started **as soon as possible.**

_____ 2.3 Notify Telecommunications Group in Charlotte to begin rerouting the Oconee Fiber Optic Network.

_____ 2.3.1 **REFER TO** DEMNET Section of the Emergency Telephone Directory (page 13).

_____ 2.4 Request Security to alert personnel at the Security Track/Firing Range and Building 8055 (Warehouse #5) to relocate to work areas inside the plant.

NOTE:	• Plant access road to the Oconee Complex could be impassable within **1.5 hours** if the Keowee Hydro Dam fails. A loss of the Little River Dam (Newry Dam) or Dikes A-D will take longer to affect this road. • PA Announcements can be made by the Control Room using the Office Page Override feature or Security.

_____ 2.5 Make a PA Announcement to relocate personnel at the following locations to the World Of Energy/Operations Training Center.

_____ Oconee Complex

_____ Oconee Garage

_____ Oconee Maintenance Training Facility

_____ 2.6 Dispatch operators to the SSF and establish communications.

_____ 2.7 Initiate the following actions for a Condition A for Keowee OR Jocassee:

_____ 2.7.1 Direct SPOC to initiate relocation of Appendix R equipment and Hale Fire Pump to the ISFSI or Elevated Water Storage Tank areas.

_____ 2.7.2 Notify Security Supervision to be prepared to relocate Security Officers due to flooding within the protected area and to waive security requirements as needed to support relocation of Appendix R equipment and Hale Fire Pump.

_____ 2.7.3 Recall off shift Operations personnel to assist with shutdown of operating units.

_____ 2.8 **GO TO** Enclosure 4.3 (Emergency Coordinator Parallel Actions) Step 1.11.

3. Condition B Response - Immediate Actions

_____ 3.1 **IF** Condition B at Keowee exists,

THEN Notify the following after the State and Counties are notified:

- ☐ Hydro Central 704-382-6836
- ☐ Georgia Emergency Management Agency 404-635-7000 or 7200
- ☐ National Weather Service 864-879-1085 or 800-268-7785

_____ 3.2 **GO TO** Enclosure 4.3 (Emergency Coordinator Parallel Actions) Step 1.11.

1. Emergency Coordinator Parallel Actions

_____ 1.1 **IAAT** Changing plant conditions require an emergency classification upgrade,

THEN Re-start with a clean copy of this enclosure and stop the current copy of the enclosure.

NOTE:	An open line to the NRC may be required. Notifications to the NRC are required within one (1) hour of declaration of the emergency classification level.

_____ 1.2 Direct an SRO to make notifications to the NRC.

CR NRC Communicator (SRO) Name _____

_____ 1.3 Direct the CR NRC Communicator to complete the OMP 1-14 NRC Event Notification Worksheet and Plant Status Sheet.

NOTE:	The NRC Communicator is responsible for activating ERDS. Activating ERDS is **NOT** required for an Unusual Event classification.

_____ 1.4 Direct the CR NRC Communicator to start the Emergency Response Data System (ERDS) for units(s) involved, within one (1) hour of an emergency classification of Alert or higher. **REFER TO** RP/0/A/1000/003A (ERDS Operation).

NOTE:	Notifications per AD-LS-ALL-0006 (Notification/Reportability Evaluation) for 10CFR50.72 require **ALL** reportable items that are met or exceeded to be reported in addition to the NRC Event Notification Worksheet and Plant Status Sheet required within 1 hour of the event declaration.

_____ 1.5 **IAAT** Plant conditions require NRC notification under 10CFR50.72,

THEN Direct the CR NRC Communicator to provide this notification using the guidance in OMP 1-14 (Notifications).

_____ 1.6 **IF** The Emergency Response Organization is **NOT** needed to assist with the Unusual Event emergency activities,

AND Personnel accountability is **NOT** desired,

THEN **GO TO** Step 1.8.

WARNING: Conducting Site Assembly during a Security Event may **NOT** be prudent.

_____ 1.7 **IAAT** The SM directs that a Site Assembly be initiated,

THEN Initiate Site Assembly per RP/0/A/1000/009 (Procedure For Site Assembly).

_____ 1.8 **IAAT** Any Area Radiation Monitor is increasing or is in ALARM,

OR Steam Line Break has occurred,

THEN Contact shift RP to dispatch onsite monitoring teams.

_____ 1.9 **IF** This is a General Emergency,

THEN Initiate evacuation of all non-essential personnel from the site after personnel accountability has been reached. **REFER TO** RP/0/A/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel).

_____ 1.10 **IAAT** If notified by the Hydro Group that Condition A Imminent or Actual Dam Failure (Keowee or Jocassee),

OR Condition B (Keowee) exists,

THEN **REFER TO** Enclosure 4.2 (Condition A/ Condition B Response Actions) for additional PAR and/or response actions.

_____ 1.11 **IAAT** Major damage has occurred or is occurring,

THEN Initiate RP/0/A/1000/022 (Procedure for Major Site Damage Assessment and Repair) and/or RP/0/A/1000/029 (Fire Brigade Response - OSC).

_____ 1.12 **IAAT** A Security Event is in progress,

THEN Verify that the 15 minute notification for the Security event has been made to the NRC. {12}

_____ 1.13 **IAAT** A hazardous substance has been released,

THEN Initiate RP/0/A/1000/017 (Spill Response).

NOTE: Priority should be placed on providing treatment for the most life-threatening event (i.e., medical versus radiation exposure - OSC procedure RP/0/B/1000/011 (Planned Emergency Exposure)). The Emergency Coordinator may authorize (either verbal or signature) exposures greater than 25 rem TEDE (Total Effective Dose Equivalent) for life saving missions.

_____ 1.14 **IAAT** A medical response is required,

THEN Initiate RP/0/A/1000/016 (MERT Activation Procedure For Medical, Confined Space and High Angle Rescue Emergencies).

_____ 1.14.1 Document verbal approval of Planned Emergency Exposures required for life saving missions in the Control Room Emergency Coordinator Log.

CAUTION: Use of the Outside Air Booster Fans during a Security Event may introduce incapacitating agents in the Control Room.

NOTE: The Outside Air Booster Fans (Control Room Ventilation System - CRVS) are used to provide positive pressure in the Control Room to prevent smoke, toxic gases, or radioactivity from entering the area as required by NUREG-0737.

Chlorine Monitor Alarm will either stop the Air Booster Fans or will not allow them to start.

Items to consider for operation of the Outside Air Booster Fans: Security events, Smoke or toxic gases may enter the Control Room, RIA-39 in ALARM, Dose levels in CR/TSC/OSC

_____ 1.15 Evaluate operation of the Outside Air Booster Fans.

NOTE:
- 10CFR50.54(x) allows for reasonable actions that depart from a License Condition or Technical Specification to be performed in an emergency when this action is immediately needed to protect the health and safety of the public and no action consistent with the License Condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent.
- 10CFR50.54 (y) requires approval of any 10CFR50.54(x) actions by an SRO at minimum. (Anyone more senior than the SRO may approve.)
- Implementation of Oconee Severe Accident Guidelines (OSAG) requires the use of 10CFR50.54 (x) and (y) provisions.

_____ 1.16 **IAAT** Plant conditions require a decision to implement 10CFR50.54(x),

THEN Perform the following Steps:

_____ 1.16.1 Document decision and actions taken in the affected unit's log.

_____ 1.16.2 Document decision and actions taken in the Emergency Coordinator Log.

NOTE: NRC must be notified of any 10CFR50.54(x) decisions and actions within one (1) hour.

_____ 1.16.3 Direct the CR NRC Communicator to report decision and actions taken to the NRC.

_____ 1.17 Ensure Site Assembly has been considered, is in progress, or complete. Refer to RP/0/A/1000/009 (Procedure for Site Assembly).

Enclosure 4.4

SM Emergency Coordinator Turnover Sheet

Unit 1			Unit 2			Unit 3		
Rx Power	RCS Pressure	RCS Temp.	Rx Power	RCS Pressure	RCS Temp.	Rx Power	RCS Pressure	RCS Temp.
Auxiliary Power From	ES Channels Actuated		Auxiliary Power From	ES Channels Actuated		Auxiliary Power From	ES Channels Actuated	
Jobs In Progress:			Jobs In Progress:			Jobs In Progress:		
Major Equipment Out of Service:			Major Equipment Out of Service:			Major Equipment Out of Service:		
ERDS Activated? **Yes/No** CR Booster Fans On? **Yes/No**			ERDS Activated? **Yes/No**			ERDS Activated? **Yes/No** CR Booster Fans On? **Yes/No**		

Abnormal/Emergency Procedures Currently In Progress			
Emergency Response Procedures in Progress	Yes	No	List Any EOP/APs In Progress
RP/0/A/1000/002 (Control Room Emergency Coordinator)	✓		
RP/0/A/1000/009 (Site Assembly)			
RP/0/A/1000/010 (Emergency Evacuation/Relocation of Site Personnel)			
RP/0/A/1000/016 (MERT Activation for Medical, Confined Space and High Angle Rescue Emergency)			
RP/0/A/1000/017 (Spill Response)			
RP/0/A/1000/022 (Major Site Damage Assessment and Repair)			
RP/0/A/1000/029 (Fire Brigade Response - OSC)			
Emergency Dose Limits for AP/EOP actions in effect?			

IF Condition A, Dam Failure, has been declared for Keowee Hydro Project,

THEN Provide the following information to the TSC Emergency Coordinator:

- Status of Offsite Agency Notifications _____
- Recommendations made to offsite agencies _____
- Status of relocation of site personnel _____

Status for answering 4911 emergency phone call: Remains in Control Room _____ Responsibility of Ops in OSC _____

Status of Site Assembly (Needed only if after hours, holidays, or weekends) _____

Time Next message is due to Offsite Agencies _____ **(Attach all completed Emergency Notification Forms)**

Emergency Coordinator/TSC _____ SM _____ Time of Turnover _____

Enclosure 4.5

Emergency Classification Termination Criteria

IF The following guidelines **applicable to the present emergency condition** have been met or addressed,

THEN An emergency condition may be considered resolved when:

_____ 1. Existing conditions no longer meet the existing emergency classification criteria and it appears unlikely that conditions will deteriorate further.

_____ 2. Radiation levels in affected in-plant areas are stable or decreasing to below acceptable levels.

_____ 3. Releases of radioactive material to the environment greater than Technical Specifications are under control or have ceased.

_____ 4. The potential for an uncontrolled release of radioactive material is at an acceptably low level.

_____ 5. Containment pressure is within Technical Specification 3.6 requirements.

_____ 6. Long-term core cooling is available.

_____ 7. The shutdown margin for the core has been verified.

_____ 8. A fire, flood, earthquake, or similar emergency condition is controlled or has ceased.

_____ 9. Offsite power is available per Technical Specification requirements.

_____ 10. All emergency action level notifications have been completed.

_____ 11. Hydro Central has been notified of termination of Condition B for Keowee Hydro Project. {2}

- **REFER TO** Page 5 of the Emergency Telephone Directory (Keowee Hydro Project Dam/Dike Notification).

_____ 12. The Regulatory Compliance Section has evaluated plant status with respect to Technical Specifications and recommends Emergency classification termination.

_____ _____ 13. Emergency terminated. Request the Control Room Offsite Communicator to complete an Emergency Notification Form for a Termination Message using guidance in RP/0/A/1000/015A (Offsite Communications From The Control Room) and provide information to offsite agencies.
Date/Time Initial

- **GO TO** Step 3.1.

Enclosure 4.6

Radiation Monitoring

NOTE: Refer to the appropriate enclosures in RP/0/A/1000/001 (Emergency Classification) to determine the Emergency Classification.

Indication	Value	Reference Enclosure
RIA-3	Valid High Alarm	4.3
RIA-6	Valid High Alarm	4.3
RIA-7	≥ 150 mRad/Hr	4.3
RIA-8	≥ 4200 mRad/Hr	4.3
RIA-10	≥ 830 mRad/Hr	4.3
RIA-11	≥ 210 mRad/Hr	4.3
RIA-12	≥ 800 mRad/Hr	4.3
RIA-13	≥ 650 mRad/Hr	4.3
RIA-15	≥ 5000 mRad/Hr	4.3
RIA-16	is or has been in High **or** Alert alarm (>2.5 mR/Hr)	N/A
RIA-17	is or has been in High **or** Alert alarm (>2.5 mR/Hr)	N/A
RIA-33	≥ 4.06E06 cpm for > 60 minutes **or** in High Alarm	4.3
RIA-41	Valid High Alarm	4.3
RIA-45	≥ 1.33E06 cpm for > 60 minutes	4.3
RIA-46	≥ 2.09E04 cpm or ≥ 2.09E05 or ≥ 2.09E06 for > 15 minutes	4.3
RIA-49	Valid High Alarm	4.3
1,3RIA-57	≥ 1.0 R/Hr	4.1
2RIA-57	≥ 1.6 R/Hr	4.1
1,2,3RIA-58	≥ 1.0 R/Hr	4.1
RIA-57/58	≥ RP/0/A/1000/001 Encl. 4.8 values	4.3
Projected Dose Calculations	> 100 mrem TEDE or > 500 mrem CDE Adult Thyroid at Site Boundary	4.3, 4.7
Analyzed Field Monitoring Surveys	≥ 500 mrem CDE Adult Thyroid on one hour of inhalation	4.3
Field Monitoring Indications	≥ 100 mRad/Hr at Site Boundary expected to continue for > one hour	4.3
Control Room, CAS, or Radwaste CR Radiation Levels	Valid Reading ≥ 15 mRad/Hr	4.3
Damaged Spent Fuel Storage Cask at ISFSI	1 R/Hr reading at 1 foot	4.3
Portable Monitor on Main or Spent Fuel Bridge	Unplanned Valid Reading Increase or High Alarm	4.3
Liquid Release	> SLC 16.11.1 values	4.3
Gaseous Release	> SLC 16.11.2 values	4.3

Enclosure 4.7

Summary of IAAT Steps

IF AT ANY TIME:

Immediate Actions

(2.5) changing plant conditions require an emergency classification upgrade...

(2.10) The Hydro Group notified the Control Room that Condition A, Imminent or Actual Dam Failure (Keowee or Jocassee) or Condition B at Keowee exists...

(2.15) abnormal radiation levels or releases are occurring or have occurred...

(2.17) site assembly needs to be initiated...

Subsequent Actions

(3.1) an Unusual Event classification is being terminated...

(3.2) the TSC or EOF is ready to accept turnover...

Enclosure 4.3 (Emergency Coordinator Parallel Actions)

(1.1) changing plant conditions require an emergency classification upgrade...

(1.5) plant conditions require NRC notification under 10CFR50.72...

(1.7) the SM directs that a Site Assembly be initiated...

(1.8) any Area Radiation Monitor is increasing or in ALARM, **OR** a Steam Line Break has occurred,

(1.10) if notified by the Hydro Group that Condition A, Imminent or Actual Dam Failure (Keowee or Jocassee) **OR** Condition B (Keowee) exists...

(1.11) major damage has occurred **OR** is occurring...

(1.12) a Security Event is in progress...

(1.13) a hazardous substance has been released...

(1.14) a medical response is required...

(1.16) plant conditions require a decision to implement 10CFR50.54(x)...

Enclosure 4.8

Event Prognosis Definitions

The following definitions apply when determining Event Prognosis for completing line #8 on the Emergency Notification Form.

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

- Plant parameters (ex. 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 (ex. 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

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

- Plant parameters (ex. 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 (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire, Security event) 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.

Stable: Plant conditions are neither degrading nor improving. {10}

1. PIP O-01-01395
2. PIP O-01-03460
3. PIP O-01-03696
4. PIP O-02-01452
5. PIP O-02-03705
6. PIP O-04-06494
7. PIP O-04-04755
8. PIP O-04-07469
9. PIP O-05-01642
10. PIP O-05-03349
11. PIP O-05-02980
12. PIP O-05-04697
13. PIP O-07-06549
14. PIP O-08-01712
15. PIP O-13-01001
16. PIP O-12-03091
17. PIP O-14-07653

1. Instructions

_____ 1.1 Obtain the notification code(s) from the SM and record below:

Notification Code: _____

_____ 1.2 **IF** a security event is **NOT** in progress **AND** security can be reached at 6002, perform the following:

_____ 1.2.1 Notify Security at extension 6002 to activate ERO.

_____ 1.2.2 Provide Security with the notification code(s) recorded in Step 1.1.

_____ 1.2.3 Inform the Emergency Coordinator that Security has been notified to activate the TSC and OSC.

_____ 1.2.4 Exit this Enclosure.

NOTE:	Only one person can be signed onto EverBridge at a time. If a second person logs onto EverBridge, the first person will be logged off.

_____ 1.3 **IF** a security event is in progress **OR** security **CANNOT** be reached at extension 6002, perform the following to activate the ERO:

1.3.1 **IF AT ANY TIME** the following steps **CANNOT** be accomplished, **GO TO** step 1.4.

NOTE:	Login and Password can be obtained from the Password Card in the Control Room.

1.3.2 Obtain the Login Username and Password for EverBridge.

NOTE:	Everbridge can be accessed by selecting either the EverBridge icon on the desktop, selecting ERONS from the DAE, or entering "manager.everbridge.net" without the quotations into the Internet Explorer address bar.

1.3.3 From a Duke Energy computer, open the EverBridge application.

1.3.4 On the Everbridge login page, enter the username (**NOT** case sensitive) and password (case sensitive) obtained in step 1.3.2 into the corresponding fields.

1.3.5 Click the "Sign-In" button.

1.3.6 Select "Proceed" on the "Welcome" screen in order to select the proper notification message.

1.3.7 Select the "Notification Templates" tab.

1.3.8 **IF AT ANY TIME** a message is sent in error **AND** the message must be retracted, repeat steps 1.3.9 - 1.3.14 with "C1" as the notification code.

NOTE: Steps 1.3.9 - 1.3.14 can be repeated for each code that is required to be sent.

1.3.9 Perform one of the following to locate the proper notification:

A. Type the "notification code" identified in step 1.1 into the search box and select "ENTER."

B. Select "Title" to sort Notifications alpha-numerically.

1.3.10 **WHEN** the proper notification has been found, select the checkbox of the desired notification number.

1.3.11 Select "Send".

1.3.12 **WHEN** the box labeled "Include the notification as part of an event?" appears, select the radio button for "No, send as individual notifications."

NOTE: Completion of the following step will cause the ERO notification to be sent.

1.3.13 Select "Send".

NOTE: The second verification below is done by selecting 'Active/History' in the EverBridge application, (If a rotating timer icon appears, refresh the screen) and selecting the hyperlinked title of the notification (s) initiated.

1.3.14 **IF** either of the following **CANNOT** be verified, notify the Emergency Coordinator and **GO TO** step 1.4.

- ☐ An ERO notification call has been received in the Control Room
- ☐ EverBridge has names listed under 'Contacts Name' heading in the appropriate archived history.

1.3.15 Inform the Emergency Coordinator that ERO has been activated per ERONS.

_____ 1.4 **IF** step 1.3 could **NOT** be completed successfully, perform the following to use the EverBridge Live Operator method to activate ERO:

1.4.1 **IF AT ANY TIME** the following **CANNOT** be completed, **GO TO** step 1.5.

1.4.2 Contact the EverBridge Live Operator by calling one of the following:

- 9-1-877-220-4911
- 9-1-818-230-9797

1.4.3 Note date and time of call initiation:

_____ / _____
Date / Time

NOTE: It may be prudent to ask for a repeat-back of the Notification code provided to the EverBridge Live Operator to ensure the proper notification is sent.

1.4.4 Provide the following information to the EverBridge Live Operator when prompted:

Information Requested	Response
EverBridge Organization Name	"*Oconee Nuclear Station*"
username	"*ONSactivation*"
city or town of your birth	"*Charlotte*"
How may the Everbridge Operator help?	"*I want to send a priority notification using a Mass Notification Template.*"
Notification Title	Provide Live Operator with only the code(s) of the notification to be sent. This can be obtained from step 1.1.
Is the broadcast ID desired?	"*YES.*" Record the Broadcast ID: _____

1.4.5 Terminate phone call and record date and time of call completion:

_____

1.4.6 **IF** ERO notification call has **NOT** been received in the Control Room, perform the following:

A. Notify the Emergency Coordinator

B. **GO TO** to step 1.5.

1.4.7 Inform the Emergency Coordinator that ERO has been activated per ERONS.

_____ 1.5 **IF** ERO activation using ERONS is **NOT** successful, perform the following:

_____ 1.5.1 Notify Security to activate ERO using the Nuclear Callout System.

_____ 1.5.2 Notify the SM that ERO activation using ERONS was unsuccessful and Security has been notified to use Nuclear Callout System.

1. General ERONS Notification Codes:

ACTIVATION ERROR		
Notification Code	**Title**	**Description**
C1	CANCEL ACTIVATION	To retract any ERONS message sent in error. This notifies the entire ERO.

2. Emergency ERONS Notification Codes:

Notification of Unusual Event (NOUE) - E1		
Notification Code	**Title**	**Description**
E1a	ONS Emergency - ERO Activation - **NOUE**	Activates the TSC, OSC, and EOF.
E1b	ONS Drill - TSC/OSC ONLY - **NOUE**	Activates the TSC and OSC.
E1f	ONS Emergency - Security Event - **NOUE**	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
E1g	ONS Emergency - Security Event - Post Attack - **NOUE**	Security event under control. Activate the TSC and OSC.
E1h	ONS Emergency - Bridges - **NOUE**	Bridges may be affected. Activate the TSC, OSC, and EOF.
E1i	ONS Emergency - TSC/OSC not available - **NOUE**	TSC/OSC is **NOT** available. Activate the Backup TSC/OSC.

ALERT - E2		
Notification Code	**Title**	**Description**
E2a	ONS Emergency - ERO Activation - **ALERT**	Activates the TSC, OSC, and EOF.
E2b	ONS Drill - TSC/OSC ONLY - **ALERT**	Activates the TSC and OSC.
E2f	ONS Emergency - Security Event - **ALERT**	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
E2g	ONS Emergency - Security Event - Post Attack - **ALERT**	Security event under control. Activate the TSC and OSC.
E2h	ONS Emergency - Bridges - **ALERT**	Bridges may be affected. Activate the TSC, OSC, and EOF.
E2i	ONS Emergency - TSC/OSC not available - **ALERT**	TSC/OSC is **NOT** available. Activate the Backup TSC/OSC.

Site Area Emergency (SAE) - E3		
Notification Code	**Title**	**Description**
E3a	ONS Emergency - ERO Activation - **SAE**	Activates the TSC, OSC, and EOF.
E3b	ONS Drill - TSC/OSC ONLY - **SAE**	Activates the TSC and OSC.
E3f	ONS Emergency - Security Event - **SAE**	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
E3g	ONS Emergency - Security Event - Post Attack - **SAE**	Security event under control. Activate the TSC and OSC.
E3h	ONS Emergency - Bridges - **SAE**	Bridges may be affected. Activate the TSC, OSC, and EOF.
E3i	ONS Emergency - TSC/OSC not available - **SAE**	TSC/OSC is **NOT** available. Activate the Backup TSC/OSC.

General Emergency (GE) - E4		
Notification Code	**Title**	**Description**
E4a	ONS Emergency - ERO Activation - **GE**	Activates the TSC, OSC, and EOF.
E4b	ONS Drill - TSC/OSC ONLY - **GE**	Activates the TSC and OSC.
E4f	ONS Emergency - Security Event - **GE**	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
E4g	ONS Emergency - Security Event - Post Attack - **GE**	Security event under control. Activate the TSC and OSC.
E4h	ONS Emergency - Bridges - **GE**	Bridges may be affected. Activate the TSC, OSC, and EOF.
E4i	ONS Emergency - TSC/OSC unavailable - **GE**	TSC/OSC is **NOT** available. Activate the Backup TSC/OSC.

EVENT TERMINATION - E6		
Notification Code	**Title**	**Description**
E6a	ONS Emergency - Event Termination	Conditions have improved. the Emergency Response Organization may stand-down. **NO** further response required.

DISCRETIONARY FACILITY ACTIVATION - F1		
Notification Code	**Title**	**Description**
F1a	ONS Facility Activation	Activate the TSC and OSC as a precautionary measure when no EAL applies.

3. Drill ERONS Notifications:

Notification of Unusual Event (NOUE) DRILL - D1		
Notification Code	**Title**	**Description**
D1a	ONS Drill - ERO Activation- NOUE	Activates the TSC, OSC, and EOF.
D1b	ONS Drill - TSC/OSC ONLY - NOUE	Activates the TSC and OSC.
D1f	ONS Drill - Security Event - NOUE	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
D1g	ONS Drill - Security Event - Post Attack - NOUE	Security event under control. Activate the TSC and OSC.
D1h	ONS Drill - Bridges - NOUE	Bridges may be affected. Activate the TSC, OSC, and EOF.
D1i	ONS Drill - TSC/OSC unavailable - NOUE	Oconee TSC/OSC is **NOT** available. Use the ONS Backup TSC/OSC.

ALERT DRILL - D2		
Notification Code	**Title**	**Description**
D2a	ONS Drill - ERO Activation- ALERT	Activates the TSC, OSC, and EOF.
D2b	ONS Drill - TSC/OSC ONLY - ALERT	Activates the TSC and OSC.
D2f	ONS Drill - Security Event - ALERT	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
D2g	ONS Drill - Security Event - Post Attack - ALERT	Security event under control. Activate the TSC and OSC.
D2h	ONS Drill - Bridges - ALERT	Bridges may be affected. Activate the TSC, OSC, and EOF.
D2i	ONS Drill - TSC/OSC unavailable - ALERT	Oconee TSC/OSC is **NOT** available. Use the ONS Backup TSC/OSC.

Site Area Emergency (SAE) DRILL - D3		
Notification Code	**Title**	**Description**
D3a	ONS Drill - ERO Activation- SAE	Activates the TSC, OSC, and EOF.
D3b	ONS Drill - TSC/OSC ONLY - SAE	Activates the TSC and OSC.
D3f	ONS Drill - Security Event - SAE	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
D3g	ONS Drill - Security Event - Post Attack - SAE	Security event terminated. Activate the TSC and OSC.
D3h	ONS Drill - Bridges - SAE	Bridges may be affected. Activate the TSC, OSC, and EOF.
D3i	ONS Drill - TSC/OSC unavailable - SAE	Oconee TSC/OSC is **NOT** available. Use the ONS Backup TSC/OSC.

General Emergency (GE) DRILL - D4		
Notification Code	**Title**	**Description**
D4a	ONS Drill - ERO Activation- GE	Activates the TSC, OSC, and EOF.
D4b	ONS Drill - TSC/OSC ONLY - GE	Activates the TSC and OSC.
D4f	ONS Drill - Security Event - GE	Security event in progress. Activate the EOF only. TSC and OSC personnel assemble off-site.
D4g	ONS Drill - Security Event - Post Attack - GE	Security event under control. Activate the TSC and OSC.
D4h	ONS Drill - Bridges - GE	Bridges may be affected. Activate the TSC, OSC, and EOF.
D4i	ONS Drill - TSC/OSC unavailable - GE	Oconee TSC/OSC is **NOT** available. Use the ONS Backup TSC/OSC.

STAFF AUGMENTATION DRILL- D6		
Notification Code	**Title**	**Description**
D6a	ONS Augmentation Drill - TSC & OSC Only	Activate the TSC and OSC.
D6b	ONS Augmentation Drill - All Facilities	Activates the TSC, OSC and EOF.

EVENT TERMINATION - D7		
Notification Code	**Title**	**Description**
D7a	ONS Drill Termination	Conditions have improved. the Emergency Response Organization may stand-down. **NO** further response required.

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/002
2. Revision No.: 009
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Control Room Emergency Coordinator Procedure
5. For changes only, enter procedure sections affected:
6. Prepared By: Mike Stephens & Natalie Harness NH
7. Preparation Date: 4/14/2015
8. PCR Numbers Included in Revision: ONS-2014-05917

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Form 703-1. Procedure Process Record (PPR)

(R08-10)

Duke Energy

PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/1000/002

Revision No. 009

 NH 5/11/15

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Control Room Emergency Coordinator Procedure

(4) Prepared By* Mike Stephens & Natalie Harness Natalie Harness Date 4/14/2015

(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* Donald A. Crowl (QR)(KI) Date 5-18-15

Cross-Disciplinary Review By* _____ (QR)(KI) NA Date 5-18-15

Reactivity Mgmt Review By* _____ (QR) NA Date 5-18-15

Mgmt Involvement Review By* _____ (Ops. Supt.) NA Date 5-18-15

(7) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(8) Approved By* Patrick M Stiles Date 5/21/15

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*

Procedure Title: Control Room Emergency Coordinator Procedure

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

Revision 009 of RP/0/A/1000/002 consists of changes resulting from a fleet wide initiative to replace the Selective Signaling System with "Duke Emergency Management Network (DEMNET)". The replacement of the Selective Signaling System with DEMNET is described in EC 113233 and the 50.54q screen has been completed and approved for the system upgrade. .

Recent Review and discussions between EP, OPS, and OPS Training on Emergency Action Levels (EALs) and the subsequent filling out of Emergency Notification Forms (ENFs). Clarification has been added to ensure consistent response/notification to off-site agencies for the case of dual notifications of Unusual Events (NOUEs) on more than one (1) unit with the same EAL classification.

Per PIP O-15-03952, during the conduct of the Oconee Emergency Response Organization quarterly drill on May 5, 2015, all facilities were paged to activate when only the OSC and TSC were scheduled to participate. As a result, EOF staff reporting had to be redirected not to report from members of the EOF staff. A corrective action for ONS EP is to revise procedure RP/0/A/1000/002, Enclosure 4.11, ERONS Notification Codes and Titles, to include notifications to TSC/OSC ONLY personnel.
D1b - ONS Drill - TSC & OSC ONLY - NOUE
D2b ONS Drill - TSC & OSC ONLY - ALERT
D3b ONS Drill - TSC & OSC ONLY - SAE
D4b ONS Drill - TSC & OSC ONLY - GE

PCR Numbers Incorporated

ONS-2014-05917

Enclosure

APPENDIX C. APPLICABILITY DETERMINATION (Rev. 10)

PART I – ACTIVITY DESCRIPTION

DUKE ENERGY CAROLINAS, LLC SITE			UNIT(S)		
☒ Oconee	☐ McGuire	☐ Catawba	☒ Unit 1	☒ Unit 2	☒ Unit 3

ACTIVITY TITLE/DOCUMENT/REVISION: **RP/0/A/1000/002, Control Room Emergency Coordinator Procedure, Revision 009**
ONS-2014-05917

PART II – PROCESS REVIEW

For each activity, address all of the questions below. If the answer is "YES" for any portion of the activity, apply the identified process(es) to that portion of the activity. Note: It is not unusual to have more than one process apply to a given activity.

Will implementation of the above activity require a change to the:

		NO	YES	
1.	Technical Specifications (TS) or Operating License?	☑	☐	If YES, process as a license amendment per NSD 227.
2.	Quality Assurance Topical?	☑	☐	If YES, seek assistance from Independent Nuclear Oversight.
3.	Security Plans? (See Appendix H)	☑	☐	If YES, process per the Nuclear Security Manual.
4.	Emergency Plan?	☐	☑	If YES, process per the Emergency Planning Functional Area Manual.
5.	Inservice Testing Program Plan?	☑	☐	If YES, process per site IST Program for ASME code compliance and related facility changes.
6.	Inservice Inspection Program Plan?	☑	☐	If YES, process per Materials, Metallurgy and Piping Inservice Inspection FAM for ASME code compliance and related facility or procedure changes.
7.	Fire Protection Program Plan?	☑	☐	If YES, evaluate activity in accordance with NSD 320.
	7a -Utilize Appendix E to address Fire Protection Program Plan Impact.		☑	Check to confirm use of Appendix E Screening Questions.
8.	Regulatory Commitments?	☑	☐	If YES, process per NSD 214.
9.	Code of Federal Regulations?	☑	☐	If YES, contact the Regulatory Affairs group.
10.	Programs and manuals listed in the Administrative Section of the TS?	☑	☐	If YES, contact the Regulatory Affairs group.

PART IIIa - 10 CFR 72.48 APPLICABILITY

For each activity, address the question below. If the answer to question 11 is "YES," and questions 14 and 17 are answered "NO", then process the activity per NSD 211 - 10 CFR 72.48 does apply.

11.	Does the activity involve SSCs, procedures or conduct tests or experiments that support/impact the loading or transport of the canister/cask to the ISFSI, the ISFSI facility, spent fuel cask design?	☑ NO	☐ YES

PART IIIb – 10 CFR 50.59 APPLICABILITY

For each activity, address all of the questions below. If the answer to question 18 is "YES," then 10 CFR 50.59 does not apply. If the answer to questions 18 is "NO," then process the activity per NSD 209 – 10 CFR 50.59 applies.

12.	Does the activity involve a procedure, governed by NSD 703 that has been excluded from the 10 CFR 50.59 process per NSD 703 and the exclusion status remains valid?	☑ NO	☐ YES
13.	Does the activity involve an administrative procedure governed by NSD 100 or AD-DC-ALL-0201 that does not contain information regarding the operation and control of Structures, Systems and Components?	☑ NO	☐ YES
14.	Does the activity involve a type of Engineering Change that NSD 301 excludes from the 10 CFR 50.59 and/or 10 CFR 72.48 Processes? Consult NSD 301 for assistance.	☑ NO	☐ YES
15.	Does the activity involve (a) maintenance activities that restore SSCs to their as-designed condition (including activities that implement approved design changes) or (b) temporary alterations supporting maintenance that will be in effect during at-power operations for 90 days or less?	☑ NO	☐ YES
16.	Does the activity involve a UFSAR modification that NSD 220 excludes from the 10 CFR 50.59 Process? Consult NSD 220 for assistance.	☑ NO	☐ YES
17.	Does the activity involve NRC and/or Duke Energy Carolinas, LLC approved changes to the licensing basis?	☑ NO	☐ YES
18.	Are **ALL** aspects of the activity bounded by one or more "YES" answers to questions 1 through 17, above?	☐ NO	☑ YES

PART IV - UFSAR REVIEW

19.	Does the activity require a modification, deletion, or addition to the UFSAR to satisfy the UFSAR content requirements of 10 CFR 50.34 (b), 10 CFR 50.71 (e), or Regulatory Guide (RG) 1.70? Consult NSD 220 for Assistance. IF YES, process per NSD 220.	☑ NO	☐ YES

PART V – SIGNOFF

(Print Name) Donald A. Crow (Sign) [signature] DATE 5-18-15

Applicability Determination Preparer

APPENDIX E. FIRE PROTECTION PROGRAM SCREENING

The following screening questions are used to assist the Applicability Determination preparer to answer PART II – PROCESS REVIEW question number 7.

A "Yes" answer to any of the screening questions would indicate the Fire Protection Program Licensing Basis may be affected, and Question # 7 on the Applicability Determination Form (Appendix C) should be checked "Yes" and a review in accordance with NSD 320 is required.

PART A

New procedure or a major procedure change FPP Licensing Applicability impact screening:

NOTE: **IF** the procedure change is a result of a Plant Modification or Engineering Change that has previously been evaluated for impact to the FPP, then question #7 should be checked "No".

	Yes	No	
A1.	☐	☑	Does the proposed activity change any plant responses, operator responses or emergency lighting associated with Post Fire Safe Shutdown (PFSS) response procedures?
A2.	☐	☑	Does the proposed activity add, remove or revise any fire protection features as described in the UFSAR or SLCs from any performance test procedures?
A3.	☐	☑	Does the proposed activity add, remove or revise any procedures related to fire protection features as described in the UFSAR or SLCs?
A4.	☐	☑	Does the proposed activity add, remove or revise any performance test Acceptance Criteria for any fire protection features as described in the UFSAR or SLCs?

PART B

Plant Modification/Engineering Change FPP Licensing Basis impact screening:

Does the proposed activity impact .....?

B1.	☐	☐	Any **fire rated assemblies/boundaries** (walls, floors, ceilings, etc.), including fire doors, fire dampers, penetration seals, fire rated wraps, radiant energy heat shields, structural fireproofing, etc. as described the UFSAR or SLCs?
B2.	☐	☐	Any **water based fixed fire suppression systems** (including water supply flow paths and main fire pumps) as described in UFSAR or SLCs?
B3.	☐	☐	Any **gaseous fire suppression systems** (CO2, Halon) as described in the UFSAR or SLCs?
B4.	☐	☐	Any **manual fire fighting equipment** such as hose stations and fire hydrants as described in the UFSAR or SLCs?
B5.	☐	☐	Any **portable fire extinguishers** located in safety-related and/or safe shutdown areas of theplant or power block?
B6.	☐	☐	Any **fire detection systems** as described in the UFSAR or SLCs?
B7.	☐	☐	Any **water and/or combustible fluid containment devices** such as curbs, dikes, drains, fire protection system spray shields, etc. located in safety-related and/or safe shutdown areas?
B8.	☐	☐	Any **administrative control** documents for the Fire Protection Program such as NSD 313 (Control of Combustible/Flammable Materials), NSD 314 (Hot Work Authorization), and NSD 316 (Fire Protection Impairment)?
B9.	☐	☐	Any **fire brigade equipment, including communication equipment** or **fire brigade administrative controls** as outlined in NSD 112 (Fire Brigade Organization, Training, and Responsibilities)?
B10.	☐	☐	The **Reactor Coolant Pump Lube Oil Collection System**?
B11.	☐	☐	The **Fire Safety/Hazards Analysis** as documented in the plant level Design Basis Document for Fire Protection (CNS-1465.00-00.0006, MCS-1465.00-00-0008, OSS-0254.00-00-4008)?
B12.	☐	☐	Any **PFSS/Nuclear Safety Capability Assessment/Non-Power Operations equipment, emergency lighting, commnuciations, circuits, and/or cable routes** as described in the site PFSS DBD and associated analysis (CNS-1435.00-00.0002, MCS-1465.00-00-0022, OSS-0254.00-00-4008)?
B13.	☐	☐	Combustible/Flammable Material or an Ignition Source?
B14.	☐	☐	Any **Site Fire Brigade Response Strategies** as described in the Emergency Plan and Fire Protection Planning guide?
B15.	☐	☐	Any plant radiation control boundaries?
B16.	☐	☐	Any HVAC flow changes include air intake/exhaust changes in radiation control areas?

§50.54(q) Screening Evaluation Form

BLOCK 1

Activity Description and References:
RP/0/A/1000/002, Control Room Emergency Coordinator Procedure, Rev 009

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Per PIP O-15-03952, during the conduct of the Oconee Emergency Response Organization quarterly drill on May 5, 2015, all facilities were paged to activate when only the OSC and TSC were scheduled to participate. As a result, EOF staff reporting had to be redirected not to report from members of the EOF staff. A corrective action for ONS EP is to revise procedure RP/0/A/1000/002, Enclosure 4.11, ERONS Notification Codes and Titles, to include notifications to TSC/OSC ONLY personnel.

BLOCK 2

Activity Scope:

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

BLOCK 3

Change Type:

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

BLOCK 4

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

BLOCK 5

Planning Standard Impact Determination:

☐ §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

BLOCK 6

Commitment Impact Determination:

☐ The activity does involve a site specific EP commitment
☒ 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: Mike Stephens	Preparer Signature Mike Stephens	Date: 4-20-15
Reviewer Name: Don Crowl	Reviewer Signature Don Crowl	Date: 5-18-15

Revision 12

§50.54(q) Effectiveness Evaluation Form

Activity Description and References: RP/0/A/1000/002, Control Room Emergency Coordinator Procedure, Rev 009

BLOCK 1

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Activity Type:

BLOCK 2

☐ The activity is a *change* to the *emergency plan*

☒ The activity affects implementation of the *emergency plan*, but is not a *change* to the *emergency plan*

Impact and Licensing Basis Determination: **BLOCK 3**

Licensing Basis:

- **10CFR50.47 (b)(5):** Procedures have been established for notification, by the licensee, of State and local response organizations and for notification of emergency personnel by all organizations; the content of initial and follow-up messages to response organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
- **REG Guide:** The regulation at 10 CFR 50.47(b)(5) states the following:
  a) Procedures have been established for notification, by the licensee, of State and local response organizations and for notification of emergency personnel by all organizations; the content of initial and follow-up messages to response organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
  b) Three emergency planning functions have been defined for this planning standard:
     (1) Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications.
     (2) Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway.
     (3) The public ANS meets the design requirements of FEMA-REP-10, "Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants" (Ref. 12), or is compliant with the licensee's FEMA-approved ANS design report
     - and supporting FEMA approval letter.
- **ONS E Plan Section E.3 & E.4, Initial and Follow-up Message Formats**, A single message format has been established that will be used by the Oconee Nuclear Site to properly notify Oconee and Pickens Counties and the South Carolina Emergency Management Division of an emergency situation at the facility. Notification and authentication procedures are in place for all designated agencies.
- **10CFR50 Appendix E, D. Notification Procedures:**
  1. Administrative and physical means for notifying local, State, and Federal officials and agencies and agreements reached with these officials and agencies for the prompt notification of the public and for public evacuation or other protective measures, should they become necessary, shall be described. This description shall include identification of the appropriate officials, by title and agency, of the State and local government agencies within the EPZs.
  2. Provisions shall be described for yearly dissemination to the public within the plume exposure pathway EPZ of basic emergency planning information, such as the methods and times required for public notification and the protective actions planned if an accident occurs, general information as to the nature and effects of radiation, and a listing of local broadcast stations that will be used for dissemination of information during an emergency. Signs or other measures shall also be used to disseminate to any transient population within the plume exposure pathway EPZ appropriate information that would be helpful if an accident occurs.
  3. A licensee shall have the capability to notify responsible State and local governmental agencies within 15 minutes after declaring an emergency. The licensee shall demonstrate that the appropriate governmental authorities have the capability to make a public alerting and notification decision promptly on being informed by the licensee of an emergency condition. Prior to initial operation greater than 5 percent of rated thermal power of the first reactor at a site, each nuclear power reactor licensee shall demonstrate that administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway EPZ. The design objective of the prompt public alert and notification system shall be to have the capability to essentially complete the initial alerting and initiate notification of the public within the plume exposure pathway EPZ within about 15 minutes. The use of this alerting and notification capability will range from immediate alerting and notification of the public (within 15 minutes of the time that State and local officials are notified that a situation exists requiring urgent action) to the more likely events where there is substantial time available for the appropriate governmental authorities to make a judgment whether or not to activate the public alert and notification system. The alerting and notification capability shall additionally include administrative and physical means for a backup method of public alerting and notification capable of being used in the event the primary method of alerting and notification is unavailable during an emergency to alert or notify all or portions of the plume exposure pathway EPZ population. The backup method shall have the capability to alert and notify the public within the plume exposure pathway EPZ, but does not need to meet the 15-minute design objective for the primary prompt public alert and notification system. When there is a decision to activate the alert and notification system, the appropriate governmental authorities will determine whether to activate the entire alert and notification system simultaneously or in a graduated or staged manner. The responsibility for activating such a public alert and notification system shall remain with the appropriate governmental authorities.

Compliance Evaluation and Conclusion: **BLOCK 4**

The proposed change continues to comply with all applicable rules and regulations and ensures that all required license activities are completed in a timely manner as prescribed in the ONS E-Plan. The proposed change continues to ensure that the primary responsivities are defined and assigned and meets regulatory requirements. The replacement of the Selective Signaling system to the Duke Emergency Management Network is a change in the notification / commination device and does not reduce effectiveness. Therefore all regulations and commitments continue to be met.

Conclusion:
The proposed activity ☒ does / ☐ does not continue to comply with the requirements.

Reduction in Effectiveness (RIE) Evaluation and Conclusion: **BLOCK 5**

Evaluation:
As can be seen by the above, compliance with regulations is assured.

The functions of 10CFR50.47b(5) per RG 1.219 are:
Three emergency planning functions have been defined for this planning standard of which one of the three is impacted:
(1) Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications.
This function was maintained by ensuring notifications can be conducted through DEMNET which replaced Selective Signaling.

The functions of 10CFR50.47b(16) per RG 1.219 are:
Two emergency planning functions have been defined for this planning standard of which one of the two is impacted::
(1) Responsibility for emergency plan development and review is established.
This function was maintained by ensuring notifications can be conducted through DEMNET which replaced Selective Signaling. Therefore the proposed changes continue to ensure compliance with the regulations and the ONS Emergency Plan.

Conclusion:
The change in RP/0/A/1000/002 associated with the replacement of the Selective Signaling system to the Duke Emergency Management Network is a change in the notification / communication device and does not reduce effectiveness. The system review was conducted and documented in the 50.54q review for AD-EP-ALL-0406, Duke Emergency Management Network.

The proposed activity ☐ does / ☒ does not constitute a RIE.

Effectiveness Evaluation Results **BLOCK 6**

☒ 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.

☐ 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.

Preparer Name: Natalie Harness	Preparer Signature Natalie Harness	Date: 4/30/15
Reviewer Name: Don Crowl	Reviewer Signature Don Crowl	Date: 5-15-15
Approver Name: Pat Street	Approver Signature Pat Street	Date: 5/21/15

Change #	Section, page	Current wording	Proposed wording	Reason for change
1	Page 4 of 11 (Note)	Clarification added to address the following: * What is the proper information to provide on an ENF if there are two units that are under the same level Unusual Event classification but for different EALs * When should a follow up notification be provided for an Unusual Event classification with two units affected but for different EALs, how do you indicate the affected units, what information should be provided, and what is considered timely in performing this follow up.	For the case of dual Notifications Of Unusual Events (NOUEs) on more than one unit with different EAL entry conditions, the SM would declare the NOUE on the first unit to meet an EAL threshold and perform an initial ENF. When the subsequent unit meets a different NOUE EAL condition, a follow-up notification should be completed in a timely manner which is interpreted to be within 60 minutes. The 60 minute timeframe follows the guidance already in place for ALERT and above classification follow-up notifications. The indicated affected unit(s) on the follow-up notification would be marked ALL since more than one unit is now affected with the same level EAL classification. The other unit that has now met a NOUE EAL classification should be noted under Line 13 Remarks section along with what EAL condition is now met for that unit.	Recent review and discussion between EP, OPS, and OPS Training on Emergency Action Levels (EALs) and the subsequent filling out of Emergency Notification Forms (ENFs), some improvements were noted as needing to be made to the RP procedures associated with Classification and Notification Clarification has been added to ensure consistent response/notification to off-site agencies for the case of dual Notifications of Unusual Events (NOUEs) on more than one unit with the same EAL classification.

Attachment to 50.54q

RP/0/A/1000/002, Control Room Emergency Coordinator Procedure, Revision 00~~8~~9

#	Page /Section	Current	Proposed Change	Reason
2.	Enclosure 4.2, Note	A loss of offsite communications capabilities (Selective Signaling and the Wide Area Network - WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started **as soon as possible.**	A loss of offsite communications capabilities (DEMNET and the Wide Area Network - WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started **as soon as possible.**	Editorial: changed Selective Signaling to DEMNET
3.	Enclosure 4.2, 2.3.1	**REFER TO** Selective Signaling Section of the Emergency Telephone Directory (page 13).	**REFER TO** DEMNET Section of the Emergency Telephone Directory (page 13).	Editorial: changed Selective Signaling to DEMNET
4.	Enclosure 4.9		... 17. PIP O-14-07653 18. PIP O-15-03952	add PIP references
5.	Enclosure 4.11 **2. Emergency ERONS Notification Codes: NOUE**		E1b ONS Drill - TSC/OSC ONLY - **NOUE** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)
6.	Enclosure 4.11 **2. Emergency ERONS Notification Codes: ALERT**		E2b ONS Drill - TSC/OSC ONLY - **ALERT** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)
7.	Enclosure 4.11 **2. Emergency ERONS Notification Codes: SAE**		E3b ONS Drill - TSC/OSC ONLY - **ALERT** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)
8.	Enclosure 4.11 **2. Emergency ERONS Notification Codes: GE**		E4b ONS Drill - TSC/OSC ONLY - **ALERT** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)
9.	Enclosure 4.11 **3. Drill ERONS Notification Codes: NOUE**		D1b ONS Drill - TSC/OSC ONLY - **NOUE** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)

Attachment to 50.54q

RP/0/A/1000/002, Control Room Emergency Coordinator Procedure, Revision 00~~8~~9

#	Page /Section	Current	Proposed Change	Reason
10.	Enclosure 4.11 **3. Drill ERONS Notification Codes: ALERT**		D2b ONS Drill - TSC/OSC ONLY - **ALERT** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)
11.	Enclosure 4.11 **3. Drill ERONS Notification Codes: SAE**		D3b ONS Drill - TSC/OSC ONLY - **ALERT** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)
12.	Enclosure 4.11 **3. Drill ERONS Notification Codes: GE**		D4b ONS Drill - TSC/OSC ONLY - **ALERT** Activates the TSC and OSC.	PIP O-15-03952: add codes for TSC/OSC notifications ONLY (not EOF)

Form 703-2. Procedure Change Process Record
(R08-10)

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/002 Revision No. 009
(2) Station: OCONEE NUCLEAR STATION
(3) Procedure Title: Control Room Emergency Coordinator Procedure
(4) Section(s) of Procedure Affected: Enclosures 4.2, 4.9, & 4.11
(5) Requires NSD 228 Applicability Determination?
☒ Yes (Procedure change with major changes) - Attach NSD 228 documentation.
☐ No (Procedure change with minor changes)
(6) Description of Change: *(Attach additional pages, if necessary.)*
Revision 009 of RP/0/A/1000/002 consists of changes resulting from a fleet wide initiative to replace the Selective Signaling System with "Duke Emergency Management Network (DEMNET)". The replacement of the Selective Signaling System with DEMNET is described in EC 113233 and the 50.54q screen has been completed and approved for the system upgrade. .

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D2b ONS Drill - TSC & OSC ONLY - ALERT
D3b ONS Drill - TSC & OSC ONLY - SAE
D4b ONS Drill - TSC & OSC ONLY - GE

(7) Reason for Change:
See attached change matrix

(8) Prepared By* Mike Stephens & Natalie Harness Date 4/14/2015
(9) Reviewed By* Donald A. Crawford (QR)(KI) Date 5-18-15
Cross-Disciplinary Review By* _____ (QR)(KI) NA Date 5-18-15
Reactivity Mgmt. Review By* _____ (QR) NA Date 5-18-15
Mgmt. Involvement Review By* _____ (Ops. Supt.) NA Date 5-18-15
(10) Additional Reviews
Reviewed By* _____ Date _____
Reviewed By* _____ Date _____
(11) Approved By* Patrick M Street Date 5/21/15

* *Printed Name and Signature*

Duke Energy Oconee Nuclear Station **ERDS OPERATION** **Reference Use**	Procedure No. RP/0/A/1000/003 A Revision No. 001 Electronic Reference No. OP009ADL

ERDS Operation

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be:

- Reviewed in accordance with 10CFR50.54(q) prior to approval.
- Forwarded to Emergency Preparedness within seven (7) working days of approval.

1. Symptoms

An Alert, Site Area Emergency, or General Emergency has been declared and ERDS is required to provide data to the NRC. ERDS is to be started within one (1) hour of the emergency declaration.

2. Immediate Actions

☐ 2.1 ERDS Activation

☐ 2.1.1 ERDS Operation Started By: _____

NOTE:
- ERDS can only be activated using the following business workstations: TSC NRC Communicator, TSC Operations, Unit 1 Control Room SRO, Unit 2 Control Room SRO, Unit 3 Control Room SRO, Process Computer Systems Unit 1 OAC Room or Process Computer Systems OOB Computer Room.
- ERDS activation is performed by an SRO or the TSC NRC Communicator.

☐ 2.1.2 If required refer to *KVM Usage Instructions* to login to user console and select the Business **(BUS)** workstation menu selection.

☐ 2.1.3 Log onto the TSC NRC Communicator Business **(BUS)** workstation or other authorized business workstations for ERDS activation using your normal network login id.

☐ 2.1.4 From the Windows Desktop, **Double-Click** on the ERDS Activation Icon to activate ERDS Link Control and Status Display.

☐ 2.1.5 Examine the OAC time information on the right side of the display and verify that OAC Time is current time and OAC Time Rate is anything other than zero (0) for each Unit to be activated.

☐ A. Unit 1
☐ B. Unit 2
☐ C. Unit 3

☐ 2.1.6 **IF** OAC time issues are experienced,

THEN go to step 2.1.9.

☐ 2.1.7 Select the Connect (Activate) Target Area with the mouse to initiate ERDS communication for each ONS Unit requiring activation.

☐ A. Record the Date and Time ERDS communication was initiated below:

Unit 1 Date _____ Time _____ Initials _____

Unit 2 Date _____ Time _____ Initials _____

Unit 3 Date _____ Time _____ Initials _____

NOTE:

- The Status Column can indicate **Connecting, Reconnecting, Connected, LINK Sent, Waiting for ACCEPT, ACCEPT Received, Waiting for INITIATE** and **Transmitting Data**. However, some responses may not have been seen during actual connection due to response time and update of display. The Status of **Transmitting Data** with Messages Sent incrementing indicates appropriate connectivity for communications.
- Other possible Statuses are:

  Suspended -> NRC has suspended transmission temporarily.
  Denied -> Plant's request for a connection has been denied by NRC.
- If the connection is lost for some reason, the Status Column will display Connecting then Reconnecting, followed by Connected, LINK Sent, Waiting for ACCEPT, ACCEPT Received, Waiting for INITIATE and Transmitting Data.

☐ 2.1.8 **VERIFY** that the ERDS Link Control and Status Display for each Unit activated, indicates Current Mode = Connect, Status = Transmitting Data and Messages Sent = "*Incrementing*".

☐ A. Unit 1

☐ B. Unit 2

☐ C. Unit 3

☐ 2.1.9 **IF** ERDS does not connect with the NRC after several minutes or activation problem experienced,

THEN Notify the NRC using the ENS Phone Line.

☐ A. Record the Date and Time of this notification.

Date _____ Time _____ Initials _____

☐ 2.1.10 **IF** Instructed by the NRC to restart ONS ERDS communication,

THEN Re-perform steps 2.1.7 and 2.1.8.

3. Subsequent Actions

3.1 **IF** required to return to your login screen

THEN refer to Steps 2.1.2, 2.1.3 and 2.1.4 for guidance

3.2 Stopping ERDS transmission after event termination.

NOTE: The Status Column should indicate Terminating followed by Disconnected.

☐ 3.2.1 On the ERDS Link Control and Status Display for ONS, Select the Disconnect (Deactivate) Target Area with the mouse to terminate ERDS communication for each ONS Unit activated.

A. Record the Date and Time ERDS communication was terminated below:

☐ Unit 1 Date _____ Time _____ Initials _____

☐ Unit 2 Date _____ Time _____ Initials _____

☐ Unit 3 Date _____ Time _____ Initials _____

☐ 3.2.2 **VERIFY** that the ERDS Link Control and Status Display for each Unit activated, indicates Current Mode = Disconnect, Status = Disconnected and Messages Sent = 0.

☐ A. Unit 1

☐ B. Unit 2

☐ C. Unit 3

Form 703-1. Procedure Process Record (PPR)

(R08-10)

Duke Energy

PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/1000/003A

Revision No. 001

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title ERDS Operation

(4) Prepared By* Natalie Harness Natalie Harness Date 5/14/2015

(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* Donald A. Cecil (QR)(KI) Date 5-18-15

Cross-Disciplinary Review By* (QR)(KI) NA Date 5-18-15

Reactivity Mgmt Review By* (QR) NA Date 5-18-15

Mgmt Involvement Review By* (Ops. Supt.) NA Date 5-18-15

(7) Additional Reviews

Reviewed By* Date

Reviewed By* Date

(8) Approved By* Patrick H Stilges Date 5/20/15

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*

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/003A
2. Revision No.: 001
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: ERDS Operation
5. For changes only, enter procedure sections affected: __
6. Prepared By: Natalie Harness NH
7. Preparation Date: 5/14/2015
8. PCR Numbers Included in Revision:

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Form 703-2. Procedure Change Process Record
(R08-10)

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No.RP/0/A/1000/003A

Revision No.001 Change No.
Permanent/Restricted to
_____

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: ERDS Operation

(4) Section(s) of Procedure Affected:

Page 2 of 4

(5) Requires NSD 228 Applicability Determination?

☐ Yes (Procedure change with major changes) - Attach NSD 228 documentation.

☒ No (Procedure change with minor changes)

(6) Description of Change: *(Attach additional pages, if necessary.)*
Per PIP G-14-00238, add the following update to the notes section on Page 2 of 4:

NOTE:	This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be: 1. Reviewed in accordance with 10CFR50.54(q) prior to approval. 2. Forwarded to Emergency Preparedness within seven (7) working days of approval.

(7) Reason for Change:
Editorial

(8) Prepared By* Natalie Harness Date 5/14/2015

(9) Reviewed By* Douglas A. Cline Date 5-18-15

Cross-Disciplinary Review By* _____ (QR)(KI) NA Date 5-18-15

Reactivity Mgmt. Review By* _____ (QR) NA Date 5-18-15

Mgmt. Involvement Review By* _____ (Ops. Supt.) NA Date 5-18-15

(10) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(11) Approved By* Patrick H Street Date 5/20/15 *
Printed Name and Signature

§50.54(q) Screening Evaluation Form

Activity Description and References: **BLOCK 1**

RP/0/A/1000/003A, Rev 001, ERDS Operation, Rev 001

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

Editorial

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: **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: Natalie Harness	Preparer Signature: Natalie Harness	Date: 5/14/14
Approver Name: Don Crowl	Approver Signature: [signature]	Date: 5-18-15

Procedure Title: ERDS Operation

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

Per PIP G-14-00238, add the following update to the notes section on Page 2 of 4:

NOTE:	This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be: 1. Reviewed in accordance with 10CFR50.54(q) prior to approval. 2. Forwarded to Emergency Preparedness within seven (7) working days of approval.

PCR Numbers Incorporated

Enclosure

Duke Energy Company OCONEE NUCLEAR STATION **Offsite Communications From The Control Room**	Procedure No. **RP/0/A/1000/015 A**
	Revision No. **004**

Reference Use

PERFORMANCE

This Procedure was printed on 6/1/2015 2:36 PM from the electronic library as:

(ISSUED) - 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 _____
** Printed Name and Signature*

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 attachments included?
- ☐ 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 ** Printed Name and Signature*	Date
Procedure Completion Approved ** Printed Name and Signature*	Date

Remarks (*attach additional pages, if necessary*)

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

Attachment Number: *TBD*

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

Printed Date: *6/1/15*

Revision No.: *004*

Duke Energy Oconee Nuclear Station **Offsite Communications From The Control Room** **Reference Use**	Procedure No. **RP/0/A/1000/015 A** Revision No. **004** Electronic Reference No. **OP009A66**

PERFORMANCE

* * * * * * * * * * UNCONTROLLED FOR PRINT * * * * * * * * * *

(ISSUED) - PDF Format

Offsite Communications From The Control Room

NOTE:
- This procedure is an implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be reviewed in accordance with 10CFR50.54(q) by Emergency Preparedness and forwarded to Emergency Preparedness within seven (7) working days of approval.
- For an outside line dial "9" for long distance dial "1".

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.
- Emergency Notification Forms (ENF) for an Initial or Upgrade are typically completed by the SM. When the SM is not available, or when directed by the SM, 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.
- For the case of dual Notification of Unusual Events (NOUEs) on more than one unit with different EAL entry conditions, the SM would declare the NOUE on the first unit to meet an EAL threshold and perform an initial ENF.

  When the subsequent unit meets a different NOUE EAL condition, a follow-up notification should be completed in a timely manner, which is interpreted to be within 60 minutes. The 60 minute timeframe follows the guidance already in place for ALERT and above classification follow-up notifications.

  The indicated affected unit(s) on the follow-up notification would be marked ALL since more than one unit is now affected with the same EAL classification.

  The other unit that has now met a NOUE EAL classification should be noted under line 13 Remarks section along with what EAL condition is now met for that unit.

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 SM/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 SM Emergency Coordinator/Dose Assessment Liaison and marked as "Initial" on Emergency Notification form.

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 SM review the SM/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). This should be marked as "**INITIAL**" on the Emergency Notification form.

☐ 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 Sequencing To Contact Agencies

4.10 Turnover Checklist

4.11 Response to Offsite Agency Questions

4.12 Acronym Listing

4.13 DEMNET Notification Form Quick Reference

4.14 References

Enclosure 4.1

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.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ Obtain one of the following, as appropriate, and complete the forms as follows:

- Enclosure 4.1.A (Nuclear Power Plant Emergency Notification Form - GENERAL EMERGENCY)
- Enclosure 4.1.B (Nuclear Power Plant Emergency Notification Form - Hostile Action Based Event - GENERAL EMERGENCY)

☐ **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 SM/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 **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

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **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 SM/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 SM/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-upnotification. Follow-up due in 60 minutes.

☐ **Line 10** Enter Time in military units and Date the SM/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 SM/EC. If there are no remarks write "None".

NOTE: Lines 14, 15, & 16 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 SM/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

GENERAL EMERGENCY

Enclosure 4.1.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # ___
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT EMERGENCY [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE PICKENS CO.: A0, A1, B1, C1 OCONEE CO.: A0, D1, E1, F1

[C] SHELTER PICKENS CO.: A2, B2, C2 OCONEE CO.: D2, E2, F2

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

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

[A] U1 _____% Power Shutdown at Time _____ Date ___/____/___

[B] U2 _____% Power Shutdown at Time _____ Date ___/____/___

[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/___Stop Time _____ Date ___/____/___

[B] 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 ___/____/___

Nuclear Power Plant Emergency Notification Form

Hostile Action Based Event - GENERAL EMERGENCY

Enclosure 4.1.B

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # ___
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT EMERGENCY [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL
BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE
[B] EVACUATE PICKENS CO.: OCONEE CO.:
[C] SHELTER PICKENS CO.: A0, A1, B1, C1 OCONEE CO.: A0, D1, E1, F1
[D] CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS:
(Unaffected Unit(s) Status Not Required for Initial Notifications)
[A] U1 _____% Power Shutdown at Time _____ Date ___/____/____
[B] U2 _____% Power Shutdown at Time _____ Date ___/____/____
[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec
MAGNITUDE: Noble Gases:_____ Iodines:_____ Particulates:_____ Other: _____
FORM: [A] Airborne Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____
[B] 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 ___/____/____

Enclosure 4.2

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.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ 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 SM/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 **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

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **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 SM/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 SM/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 SM/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 SM/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}

Enclosure 4.2

Guidelines for MANUALLY Completing an INITIAL Message for a

SITE AREA EMERGENCY EVENT

NOTE:	Lines 14, 15, & 16 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 SM/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

SITE AREA EMERGENCY

Enclosure 4.2.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE

[C] SHELTER

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS: [A] U1 ____% Power Shutdown at Time _____ Date ___/____/____
(Unaffected Unit(s) Status Not Required for Initial Notifications) [B] U2 ____% Power Shutdown at Time _____ Date ___/____/____
[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec
MAGNITUDE: Noble Gases:_____ Iodines:_____ Particulates:_____ Other: _____
FORM: [A] Airborne Start Time _____ Date ___/____/____ Stop Time _____ Date ___/____/____
[B] 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 ___/____/____

Enclosure 4.3

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.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ 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 SM/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

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **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 SM/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 SM/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 SM/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 SM/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 SM/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

ALERT

Enclosure 4.3.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: __Oconee Nuclear Site Confirmation Phone # (864) 882-7076_____
4. EMERGENCY CLASSIFICATION: [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

   BASED ON EAL #_____ EAL DESCRIPTION: _____
5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

   [B] EVACUATE _____

   [C] SHELTER _____

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

   [E] OTHER_____
6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred
7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS: [A] U1 ____% Power Shutdown at Time _____ Date ___/____/___

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

    [C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

    FORM: [A] Airborne Start Time _____ Date ___/____/___Stop Time _____ Date ___/____/___

    [B] 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 ___/____/___

Enclosure 4.4

Guidelines for MANUALLY Completing an INITIAL Message for an UNUSUAL EVENT

NOTE:

- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
- The SM 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# and EAL Description may be used in lieu of Enclosure 4.4.A
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ 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 SM/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 **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

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **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 SM/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 SM/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 SM/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 SM/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 SM/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

UNUSUAL EVENT

Enclosure 4.4.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: __Oconee Nuclear Site Confirmation Phone # (864) 882-7076
4. EMERGENCY CLASSIFICATION: [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

   BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

   [B] EVACUATE _____

   [C] SHELTER _____

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

   [E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred
7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS:

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

    [A] U1 _____% Power Shutdown at Time _____ Date ___/____/___

    [B] U2 _____% Power Shutdown at Time _____ Date ___/____/___

    [C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

    FORM: [A] Airborne Start Time _____ Date ___/____/___Stop Time _____ Date ___/____/___

    [B] 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 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 SM Emergency Coordinator/RP Shift Dose Assessor. Mark as "Initial" on Emergency Notification Form.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

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).

NOTE: For a change to Protective Action Recommendations (PARs) mark Emergency Notification Form as "**INITIAL**".

☐ **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 SM/EC has **NOT** upgraded them. If they have changed, revise PARs as directed by the SM/EC or RP Shift Dose Assessor. Mark as Initial on Emergency Notification Form.

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."

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

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

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

Guidelines for MANUALLY Completing a FOLLOW-UP Message

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 SM/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.

☐ **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 SM/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 SM/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

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076_____

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE _____

[C] SHELTER _____

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

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

[A] U1 _____% Power Shutdown at Time _____ Date ___/____/___

[B] U2 _____% Power Shutdown at Time _____ Date ___/____/___

[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/___Stop Time _____ Date ___/____/___

[B] 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 ___/____/___

Enclosure 4.6

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 SM/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 SM/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

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY
BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE
[B] EVACUATE _____
[C] SHELTER _____
[D] CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS: [A] U1 ____% Power Shutdown at Time _____ Date ___/____/___
(Unaffected Unit(s) Status Not Required for Initial Notifications) [B] U2 ____% Power Shutdown at Time _____ Date ___/____/___
[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec
MAGNITUDE: Noble Gases:_____ Iodines:_____ Particulates:_____ Other: _____
FORM: [A] Airborne Start Time _____ Date ___/____/___Stop Time _____ Date ___/____/___
[B] 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 ___/____/___

Message Transmission

NOTE:
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).
- 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).

☐ Select the orange oval group button for "ONS Notify" on the DEMNET 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 DEMNET phone.

Check off the following MINIMUM required agencies as they answer the phone and record time and date in table below. {4}

Date: _____

☐ **Oconee County** (Staffed 24 hrs.) **Law Enforcement Center** 864-638-4111, FAX: 864-638-4434 Initial notification time: _____ Follow-up notification time: _____	**OR**	☐ **Oconee County** (M-F 8:30 am -5 pm) **Emergency Management** 864-638-4200, FAX: 864-638-4216 Initial notification time: _____ Follow-up notification time: _____
☐ **Pickens County** (Staffed 24 hrs) **Law Enforcement Center** 864-898-5500, FAX: 864-898-5531 Initial notification time: _____ Follow-up notification time: _____	**OR**	☐ **Pickens County** (M-F 8:30 am.-5 pm) **Emergency Management** 864-898-5943, FAX: 864-898-5797 Initial notification time: _____ Follow-up notification time: _____
☐ **South Carolina State Warning Point** (Staffed 24 hrs) 803-737-8500 FAX: 803-737-8575 Initial notification time: _____ Follow-up notification time: _____	**OR**	☐ **Alternate South Carolina State Warning Point** 803-896-9621 FAX: 803-896-8352 Initial notification time: _____ Follow-up notification time: _____

NOTE: DHEC receives FAX, **NO** action required. DHEC may verify receipt of FAX with a call back.

☐ **IF** Required minimum agencies did not answer the phone

THEN Dial a point- to-point call to the absent agency.

- If agency does not answer, then call the direct line from table in preceding 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.

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."*

☐ Document name of each person contacted. {4}

Initial Notification

Oconee County Law Enforcement Center	Name: _____
Oconee County Emergency Management	Name: _____
Pickens County Law Enforcement Center	Name: _____
Pickens County Emergency Management	Name: _____
South Carolina State Warning Point (or alternate)	Name: _____

Follow-Up Notification

Oconee County Law Enforcement Center	Name: _____
Oconee County Emergency Management	Name: _____
Pickens County Law Enforcement Center	Name: _____
Pickens County Emergency Management	Name: _____
South Carolina State Warning Point (or alternate)	Name: _____

☐ **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.

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?"

☐	**Georgia Emergency Management Agency (GEMA) (404-635-7000 or 404-635-7200)** FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) **Name:** _____ Time/Date: _____ ___/___/___ Eastern MM DD YY
☐	**National Weather Service (NWS) (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
☐	**Hart County Emergency Management Agency - Georgia (GEMA will notify)** Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event)
☐	**Elbert County Emergency Management Agency - Georgia (GEMA will notify)** Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event)

☐ 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 DEMNET, 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.

☐ 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 SM/Emergency Coordinator with completed notification form.

☐ Provide the SM/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

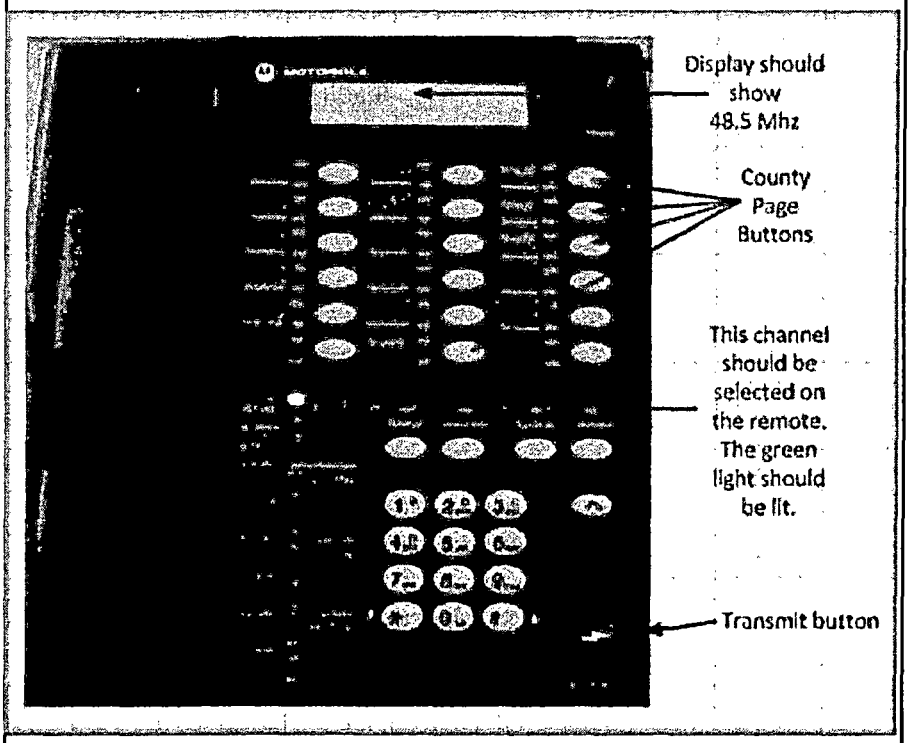
C. Press START button

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 Sequencing To Contact Agencies

Motorola 48.5 Mhz Radio	*Agency /Location*	*Person Contacted*	*Time*	*Comments*
1. Select channel 1 on the remote if not already selected. 2. Top display on remote should display "48.5Mhz" 3. Press the button that corresponds to the county you wish to page. 4. The green light next to the button will flash. 5. Press the transmit button on the remote or the desk microphone to send the encoder tones to the county radio to open the radios receiver at the county for communications. 6. You will hear the tones and the display will show county being paged. 7. When the tones finish and the light beside the button goes off then you can use the handset or desk microphone to communicate with the county locations.	Oconee County LEC (KNBE-488)			
	Pickens County LEC (KNBZ-965)			
	Pickens County EMA (KNBE-480)			



"Oconee/Pickens, this is Oconee Nuclear Station WQC-699, please respond with your name and if you read this transmission loud and clear."

NOTE:

- Phone numbers and operating instructions are included in the Emergency Telephone Directory.
- Pickens County EMA is not staffed after 1700 hours Monday-Friday or on weekends and holidays.
- Control Room Satellite telephones are located in Unit(s) 1&2 SM office and Unit 3 procedure room.

Enclosure 4.10

Turnover Checklist

Date: _____ Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

Indicate which agencies have been contacted:	**YES**	**NO**
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)_____

Enclosure 4.11

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 _____

ACRONYM LISTING

CAN	Community Alert Network
CDEP	County Director of Emergency Preparedness
DEMNET	Duke Emergency Management Network
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
PAR	Protective Action Recommendation
SCEHD	South Carolina Highway Department
SDEM	State Director of Emergency Management
SEOC	State Emergency Operations Center
SM	Shift Manager
SRG	Safety Review Group
SSG	Site Services Group
SWP	State Warning Point
TS	Technical Specifications
TSC	Technical Support Center

DEMNET Notification Form Quick Reference

☐ To initiate a group call to the pre-selected OROs during an Emergency:
1. Select the Home Button
2. Select the (Site) Notify Folder Icon
3. Select the Orange (Site) Notify Button

☐ To initiate a Point to Point call to one specific facility:
1. Select the Home Button
2. Select the Notify Folder Icon
3. Use Navigate Arrow(s) to access the desired Facility Button
4. Select the Facility Button

☐ To initiate a custom Conference call to a selected set of facilities:
1. Select the Home Button
2. Select (Site) Notify Folder Icon
3. Select the Custom Conference Icon (the icon will change color to red)
4. Use Navigate Arrow(s) to access the desired Facility Buttons
5. Select each Facility Button to be included in the call
6. Select the Custom Conference Icon again to initiate the call

☐ Press and hold the Push to Talk Button on the handset when speaking
☐ Communicate with facilities per governing procedure
☐ Hang up the handset to terminate the call

Device	Function	Supplemental Information
Home Button	Navigates to the Home Screen	Not available when a call is in progress
Home Screen	Enables navigation to the (Site) Notify or (Site) Decision Initiate Call Screens	Screen includes: ▯ (Site) Notify Folder Icon ▯ (Site) Decision Folder Icon
(Site) Notify Folder Icon	Navigates to the Notify Initiate Call Screen	
Initiate Call Screen	Calls are initiated from this screen to: • Pre-selected ORO group "(Site) Notify" • Caller selected custom group "Conference" • Caller selected Point to Point	Screen also includes: • Individual Facility Buttons • Land Line and Satellite Status Indication • Page Navigation Arrow
(Site) Notify Button	Initiates a group call to the pre-selected OROs	Primary means of contact to State and County WPs and EOCs during an Emergency
Conference Icon (Megaphone Icon)	Enables the caller to establish a custom group Conference call with multiple facilities	The Conference Icon must be selected twice to make a Conference call. First to enable facility selection and second to initiate the call.
Individual Facility Buttons	Enables the caller to select a facility to participate in a Point to Point or custom Conference call. Buttons are labeled with the facility's name	Button colors indicates facility phone status: **Grey**: One or more phones at a facility inoperable **Blue**: Operable but not connected
Land line Status Indicator	Determines if the Land line is functional. The Land line is primary means of communication via the Wide Area Network	Indicator status colors are: **Green**: In service **Red**: Unavailable
Satellite Status Indicator	Determines if the Satellite is functional. The Satellite is a backup to Land line	Indicator status colors are: **Blue**: In Standby **Green**: In Service **Red**: Unavailable
Page Navigation Arrow(s)	Navigates to pages that contain Individual Facility Buttons	Facility buttons are located on multiple pages which are numbered Page x of x
Call in Progress Screen	Provides call connection status and enables phone controls. To initiate another call, the call in progress must be terminated	Call in Progress Screen includes: • Connected to (facility) status • Microphone and Speaker volume controls • Push to talk Speaker Phone button • Hangup button

1. PIP G-07-0127
2. PIP O-11-9459
3. PIP O-12-1590
4. PIP O-13-04559
5. PIP O-13-13560
6. PIP G-14-00577
7. PIP O-14-02653
8. PIP O-14-09103
9. AD-EP-ALL-0102 (WebEOC maintenance and administration)
10. AD-EP-ALL-0202 (Emergency Response Offsite Dose Assessment)
11. AD-EP-ALL-0406 (Duke Emergency Management Network)

Form 703-1. Procedure Process Record (PPR)

(R08-10)

Duke Energy

PROCEDURE PROCESS RECORD

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

Revision No. 004

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Offsite Communications from the Control Room

(4) Prepared By* Natalie Harness (Signature) Natalie Harness Date 4/18/2015

(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* Dennis A. Crouch (QR)(KI) Date 5-19-15

Cross-Disciplinary Review By* _____ (QR)(KI) NA ~~N/A~~ Date 5-19-15

Reactivity Mgmt Review By* _____ (QR) NA ~~N/A~~ Date 5-19-15

Mgmt Involvement Review By* _____ (Ops. Supt.) NA ~~N/A~~ Date 5-19-15

(7) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(8) Approved By* Patrick M Stalter Date 5/21/15

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*

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/015A
2. Revision No.: 004
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Offsite Communications from the Control Room
5. For changes only, enter procedure sections affected: __
6. Prepared By: Natalie Harness NH
7. Preparation Date: 4/18/2015
8. PCR Numbers Included in Revision: _

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Procedure Title: Offsite Communications from the Control Room

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E.
See attached change matrix.

- Minor typographical and spelling errors corrected
- Changed OSM to SM, ONS refers to the position as Shift Manager
- Selective Signaling replaced by DEMNET
- DEMNET procedure AD-EP-ALL-0406 references
- Added *Alternate* State of South Carolina Warning Point contact information into Enclosure 4.7
- Revised Enclosure 4.9, to reference new radio instructions Motorola 48.5Mhz from obsolete radio console (PIP O-13-13560)
- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade
- Added fleet procedure references AD-EP-ALL- 0102, 0202, & 0406

PCR Numbers Incorporated

Enclosure

Attachment to 50.54q

RP/0/A/1000/015A, Rev 004, Offsite Communications from the Control Room

#	Page /Section	Current	Proposed Change	Reason
1.	Page 2 of 6 Note	This procedure is an implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be reviewed in accordance with 10CFR50.54(q) by Emergency Prepardness and forwarded to Emergency Preparedness within seven (7) working days of approval.	This procedure is an implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be reviewed in accordance with 10CFR50.54(q) by Emergency Preparedness and forwarded to Emergency Preparedness within seven (7) working days of approval.	Editorial: spelling correction Preparedness (added an e)
2.	Page 3 of 6 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.	Emergency Notification Forms (ENF) for an Initial or Upgrade are typically completed by the SM. When the SM is not available, or when directed by the SM, 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.	Editorial: changed OSM to SM (3 places)
3.	Page 3 of 6 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.	Obtain the portable phone (864-882-7076) located on column in Unit 1&2 or Unit 3 CR and report to the SM/EC.	Editorial: changed OSM to SM
4.	Page 4 of 6 Note	**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.	**PROTECTIVE ACTION RECOMMENDATION (PAR) changes** must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the SM Emergency Coordinator/Dose Assessment Liaison.	Editorial: changed OSM to SM
5.	Page 5 of 6 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.	If directed by the SM review the SM/EC Log to determine plant conditions. Verify correct enclosure for applicable emergency event is selected.	Editorial: changed OSM to SM (2 places)
6.	Page 5 of 6 Note	If changes are made to PAR's, use Enclosure 4.5 (Guidelines for Manually Completing a Follow-Up Message to complete Message Sheet).	If changes are made to PAR's, use Enclosure 4.5 (Guidelines for Manually Completing a Follow-Up Message to complete Message Sheet). This should be marked as "**INITIAL**" on the Emergency Notification Form.	NEI 99-02, Rev 6, added statement : This should be marked as "INITIAL" on the Emergency Notification Form.
7.	Page 6 of 6 Enclosures	... 4.13 References	... 4.13 DEMNET Notification Form Quick Reference 4.14 References	Added 4.13 DEMNET Enclosure and changed Reference to 4.14

#	Page /Section	Current	Proposed Change	Reason
8.	Enclosure 4.1 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# and EAL Description may be used in lieu of Enclosure 4.1.A.	• 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. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added statement to reference fleet DEMNET procedure
9.	Enclosure 4.1 Page 1 of 3 Line 4	Enter/Verify EAL# provided by OSM/EC (use Emergency Action Level Guideline Manual).	Enter/Verify Emergency Classification and EAL# provided by SM/EC (use Emergency Action Level Guideline Manual).	Editorial: changed OSM to SM
10.	Enclosure 4.1 Page 2 of 3 New NOTE		A liquid release is considered to be in progress if any of the following are met: • A known unmonitored release AND radioactive material exists. • Alternate method of release determination. • Field monitoring team results provide indications that a release is occurring.	per PIP G-14-1860, CCA 1 & procedure SH/0/B/2005/001 (indications)
11.	Enclosure 4.1 Page 2 of 3 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.	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 SM/EC.	Editorial: changed OSM to SM
12.	Enclosure 4.1 Page 2 of 3 Line 8	Mark Box A, B, or C as directed by the OSM/EC.	Mark Box A, B, or C as directed by the SM/EC.	Editorial: changed OSM to SM
13.	Enclosure 4.1 Page 2 of 3 Line 10	Enter Time in military units and Date the OSM/EC officially declares a General Emergency Event.	Enter Time in military units and Date the SM/EC officially declares a General Emergency Event.	Editorial: changed OSM to SM
14.	Enclosure 4.1 Page 3 of 3 Line 13	Add any remarks as requested by the OSM/EC. If there are no remarks write "None".	Add any remarks as requested by the SM/EC. If there are no remarks write "None".	Editorial: changed OSM to SM
15.	Enclosure 4.1 Page 3 of 3 Line 17	Obtain the OSM/EC signature/time/date of approval.	Obtain the SM/EC signature/time/date of approval.	Editorial: changed OSM to SM

#	Page /Section	Current	Proposed Change	Reason
16.	Enclosure 4.2 Page 1 of 4 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.	• 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. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added statement to reference fleet DEMNET procedure
17.	Enclosure 4.2 Page 1 of 4 Line 4	Enter/Verify EAL# provided by OSM/EC (use Emergency Action Level Guideline Manual).	Enter/ EAL# provided by SM/EC (use Emergency Action Level Guideline Manual).	Editorial: changed OSM to SM
18.	Enclosure 4.2 Page 2 of 4 New NOTE		A liquid release is considered to be in progress if any of the following are met: • A known unmonitored release AND radioactive material exists. • Alternate method of release determination. • Field monitoring team results provide indications that a release is occurring.	per PIP G-14-1860, CCA 1 & procedure SH/0/B/2005/001 (indications)
19.	Enclosure 4.2 Page 2 of 4 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.	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 SM/EC.	Editorial: changed OSM to SM
20.	Enclosure 4.2 Page 2 of 4 Line 8	Mark Box A, B, or C as directed by the OSM/EC.	Mark Box A, B, or C as directed by the SM/EC.	Editorial: changed OSM to SM
21.	Enclosure 4.2 Page 2 of 4 Line 10	Enter Time in military units and Date the OSM/EC officially declares a General Emergency Event.	Enter Time in military units and Date the SM/EC officially declares a General Emergency Event.	Editorial: changed OSM to SM
22.	Enclosure 4.2 Page 3 of 4 Line 13	Add any remarks as requested by the OSM/EC. If there are no remarks write "None".	Add any remarks as requested by the SM/EC. If there are no remarks write "None".	Editorial: changed OSM to SM
23.	Enclosure 4.2 Page 4 of 4 Line 17	Obtain the OSM/EC signature/time/date of approval.	Obtain the SM/EC signature/time/date of approval.	Editorial: changed OSM to SM

#	Page /Section	Current	Proposed Change	Reason
24.	Enclosure 4.3 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# and EAL Description may be used in lieu of Enclosure 4.3.A.	• 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. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added statement to reference fleet DEMNET procedure
25.	Enclosure 4.3 Page 1 of 3 Line 4	Enter/Verify EAL# provided by OSM/EC (use Emergency Action Level Guideline Manual).	Enter/Verify EAL# provided by SM/EC (use Emergency Action Level Guideline Manual).	Editorial: changed OSM to SM
26.	Enclosure 4.3 Page 2 of 3 New NOTE		A liquid release is considered to be in progress if any of the following are met: • A known unmonitored release AND radioactive material exists. • Alternate method of release determination. • Field monitoring team results provide indications that a release is occurring.	per PIP G-14-1860, CCA 1 & procedure SH/0/B/2005/001 (indications)
27.	Enclosure 4.3 Page 2 of 3 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.	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 SM/EC.	Editorial: changed OSM to SM
28.	Enclosure 4.3 Page 2 of 3 Line 8	Mark Box A, B, or C as directed by the OSM/EC.	Mark Box A, B, or C as directed by the SM/EC.	Editorial: changed OSM to SM
29.	Enclosure 4.3 Page 2 of 3 Line 10	Enter Time in military units and Date the OSM/EC officially declares a General Emergency Event.	Enter Time in military units and Date the SM/EC officially declares a General Emergency Event.	Editorial: changed OSM to SM
30.	Enclosure 4.3 Page 3 of 3 Line 13	Add any remarks as requested by the OSM/EC. If there are no remarks write "None".	Add any remarks as requested by the SM/EC. If there are no remarks write "None".	Editorial: changed OSM to SM
31.	Enclosure 4.3 Page 3 of 3 3rd NOTE box	/NOTE:	NOTE:	Editorial: removed the hash mark in front of the word Note
32.	Enclosure 4.3 Page 3 of 3 Line 17	Obtain the OSM/EC signature/time/date of approval.	Obtain the SM/EC signature/time/date of approval.	Editorial: changed OSM to SM

#	Page /Section	Current	Proposed Change	Reason
33.	Enclosure 4.4 Page 1 of 3 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	• The initial notification is required to be made within 15 minutes from the official declaration time on Line 10. • The SM 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# and EAL Description may be used in lieu of Enclosure 4.4.A • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added statement to reference fleet DEMNET procedure and make the numbered items bullets to be consistent with the entire procedure and changed OSM to SM for bullet
34.	Enclosure 4.4 Page 1 of 3 Line 4	Enter/Verify EAL# provided by OSM/EC (use Emergency Action Level Guideline Manual).	Enter/Verify EAL# provided by SM/EC (use Emergency Action Level Guideline Manual).	Editorial: changed OSM to SM
35.	Enclosure 4.4 Page 2 of 3 New NOTE		A liquid release is considered to be in progress if any of the following are met: • A known unmonitored release AND radioactive material exists. • Alternate method of release determination. • Field monitoring team results provide indications that a release is occurring.	per PIP G-14-1860, CCA 1 & procedure SH/0/B/2005/001 (indications)
36.	Enclosure 4.4 Page 2 of 3 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.	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 SM/EC.	Editorial: changed OSM to SM
37.	Enclosure 4.4 Page 2 of 3 Line 8	Mark Box A, B, or C as directed by the OSM/EC.	Mark Box A, B, or C as directed by the SM/EC.	Editorial: changed OSM to SM
38.	Enclosure 4.4 Page 2 of 3 Line 10	Enter Time in military units and Date the OSM/EC officially declares a General Emergency Event.	Enter Time in military units and Date the SM/EC officially declares a General Emergency Event.	Editorial: changed OSM to SM
39.	Enclosure 4.4 Page 3 of 4 Line 13	Add any remarks as requested by the OSM/EC. If there are no remarks write "None".	Add any remarks as requested by the SM/EC. If there are no remarks write "None".	Editorial: changed OSM to SM
40.	Enclosure 4.4 Page 4 of 4 Line 17	Obtain the OSM/EC signature/time/date of approval.	Obtain the SM/EC signature/time/date of approval.	Editorial: changed OSM to SM

#	Page /Section	Current	Proposed Change	Reason
41.	Enclosure 4.5 Page 1 of 4 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. • □□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.	• 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 SM Emergency Coordinator/RP Shift Dose Assessor. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added statement to reference fleet DEMNET procedure and make the numbered items bullets to be consistent with the entire procedure and changed OSM to SM for bullet
42.	Enclosure 4.5 Page 1 of 4 New NOTE		For a change to Protective Action Recommendations (PARs) mark Emergency Notification Form as **"INITIAL."**	NEI 99-02, Rev 6 clarification
43.	Enclosure 4.5 Page 2 of 4 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.	Copy the same Protective Action Recommendations from the previous message Sheet if the SM/EC has **NOT** upgraded them. If they have changed, revise PARs as directed by the OSM/EC or RP Shift Dose Assessor. Mark as **"INITIAL"** on Emergency Notification Form.	Editorial: changed OSM to SM and added Mark as **"INITIAL"** on Emergency Notification Form per NEI 99-02, rev 6 clarification
44.	Enclosure 4.5 Page 2 of 4 New NOTE		A liquid release is considered to be in progress if any of the following are met: • A known unmonitored release AND radioactive material exists. • Alternate method of release determination. • Field monitoring team results provide indications that a release is occurring.	per PIP G-14-1860, CCA 1 & procedure SH/0/B/2005/001 (indications)
45.	Enclosure 4.5 Page 2 of 4 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.	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 SM/EC.	Editorial: changed OSM to SM

#	Page /Section	Current	Proposed Change	Reason
46.	Enclosure 4.5 Page 2 of 4 Line 8	Mark Box A, B, or C as directed by the OSM/EC.	Mark Box A, B, or C as directed by the SM/EC.	Editorial: changed OSM to SM
47.	Enclosure 4.5 Page 3 of 4 Line 13	Add any remarks as requested by the OSM/EC. If there are no remarks write "None".	Add any remarks as requested by the SM/EC. If there are no remarks write "None".	Editorial: changed OSM to SM
48.	Enclosure 4.5 Page 3 of 4 Line 17	Obtain the OSM/EC signature/time/date of approval.	Obtain the SM/EC signature/time/date of approval.	Editorial: changed OSM to SM
49.	Enclosure 4.6 Page 1 of 1 Line 10	Mark Box B and enter the time in military units and date OSM/EC terminated the event.	Mark Box B and enter the time in military units and date SM/EC terminated the event.	Editorial: changed OSM to SM
50.	Enclosure 4.6 Page 1 of 1 Line 17	Obtain the OSM/EC signature/time/date of approval.	Obtain the SM/EC signature/time/date of approval.	Editorial: changed OSM to SM
51.	Enclosure 4.7 Page 1 of 5 Note	Emergency Action Level Guidelines Manual and yellow folder are needed for this enclosure.	• DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET). • Emergency Action Level Guidelines Manual and yellow folder are needed for this enclosure.	Added statement to reference fleet DEMNET procedure and added bullets
52.	Enclosure 4.7 Page 1 of 5 Box bullet 3	Dial *4 on selective signaling phone	Select the orange oval group button for "ONS Notify" on the DEMNET phone.	Added the new DEMNET instructions, replacing selective signaling
53.	Enclosure 4.7 Page 1 of 5 Box bullet 5	Document on Line 2 of the ENF, the time/date when the first agency answers the Selective Signaling phone.	Document on Line 2 of the ENF, the time/date when the first agency answers the DEMNET phone.	Replacing selective signaling with DEMNET
54.	Enclosure 4.7 Page 1 of 5 Table	Selective Signaling 416 Selective Signaling 417 Selective Signaling 410 Selective Signaling 419 Selective Signaling 518		Removed all reference to Selective Signaling
55.	Enclosure 4.7 Page 1 of 5 Contacts Table		Alternate State of South Carolina Warning Point 803-896-9621 FAX: 803-896-8352	Added the *Alternate* State of South Carolina Warning Point contact info per PIP G-15-0323
56.	Enclosure 4.7 Page 2 of 5 first THEN	**THEN** Dial the absent agency selective signaling number. (get agency number from table in preceding step) • If agency does not answer, then go to next step.	**THEN** Dial a point-to-point call to absent agency. • If agency does not answer, then call direct line from table in proceeding table.	Instructions for use of DEMNET phone

#	Page /Section	Current	Proposed Change	Reason
57.	Enclosure 4.7 Page 3 of 5 Initial Notification	South Carolina Warning Point	South Carolina Warning Point (or Alternate)	added alternate contact into listing
58.	Enclosure 4.7 Page 3 of 5 Follow-up Notification	South Carolina Warning Point	South Carolina Warning Point (or Alternate)	added alternate contact into listing
59.	Enclosure 4.7 Page 4 of 5 First IF	A Keowee dam/dike condition "A" or "B" or external flood condition exist for the site	A Keowee dam/dike condition "A" or "B" or external flood condition exist for the site	Editorial: correct the alignment for the word site
60.	Enclosure 4.7 Page 4 of 5 Bullet box 4	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.	If one of the required agencies did not answer, 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.	These calls are made by land lines not selective signaling or DEMNET, removed the word "selective signaling" (no replacement)
61.	Enclosure 4.7 Bullet box 2	Provide OSM/Emergency Coordinator with completed notification form.	Provide SM/Emergency Coordinator with completed notification form.	Editorial: changed OSM to SM
62.	Enclosure 4.7 Bullet box 3	Provide the OSM/Emergency Coordinator with a status of offsite notifications:	Provide the SM/Emergency Coordinator with a status of offsite notifications:	Editorial: changed OSM to SM
63.	Enclosure 4.9	complete replacement of directions for radio contact to OROs (PIP O-13-13560)		The previous radio system was obsolete and replaced with a Motorola 48.5 Mhz
64.	Enclosure 4.12	SS Selective Signaling	DEMNET Duke Emergency Management Network	remove SS and add DEMNET
65.	Enclosure 4.13	1. PIP - G-07-0127 2. PIP O-11-9459 3. PIP O-12-1590 4. PIP O-13-04559	1. PIP - G-07-0127 2. PIP O-11-9459 3. PIP O-12-1590 4. PIP O-13-04559 5. PIP O-13-13560 6. AD-EP-ALL- 0102 (WebEOC Maintenance and Administration) 7. AD-EP-ALL- 0202 (Emergency Response Offsite Dose Assessment) 8. AD-EP-ALL- 0406 (Duke Emergency Management Network)	added PIP regarding radio replacement, bullet 5 and added fleet procedure references AD-EP-ALL- 6. 0102, 7. 0202, & 8. 0406

APPENDIX C. APPLICABILITY DETERMINATION (Rev. 10)

PART I – ACTIVITY DESCRIPTION

DUKE ENERGY CAROLINAS, LLC SITE	UNIT(S)
☒ Oconee ☐ McGuire ☐ Catawba	☒ Unit 1 ☒ Unit 2 ☒ Unit 3
ACTIVITY TITLE/DOCUMENT/REVISION:	**RP/0/A/1000/015A, Offsite Communications from the Control Room, Rev 004**

PART II – PROCESS REVIEW

For each activity, address all of the questions below. If the answer is "YES" for any portion of the activity, apply the identified process(es) to that portion of the activity. Note: It is not unusual to have more than one process apply to a given activity.

Will implementation of the above activity require a change to the:

1.	Technical Specifications (TS) or Operating License?	☒ NO	☐ YES	If YES, process as a license amendment per NSD 227.
2.	Quality Assurance Topical?	☒ NO	☐ YES	If YES, seek assistance from Independent Nuclear Oversight.
3.	Security Plans? (See Appendix H)	☒ NO	☐ YES	If YES, process per the Nuclear Security Manual.
4.	Emergency Plan?	☐ NO	☒ YES	If YES, process per the Emergency Planning Functional Area Manual.
5.	Inservice Testing Program Plan?	☒ NO	☐ YES	If YES, process per site IST Program for ASME code compliance and related facility changes.
6.	Inservice Inspection Program Plan?	☒ NO	☐ YES	If YES, process per Materials, Metallurgy and Piping Inservice Inspection FAM for ASME code compliance and related facility or procedure changes.
7.	Fire Protection Program Plan?	☒ NO	☐ YES	If YES, evaluate activity in accordance with NSD 320.
	7a -Utilize Appendix E to address Fire Protection Program Plan Impact.		☒	Check to confirm use of Appendix E Screening Questions.
8.	Regulatory Commitments?	☒ NO	☐ YES	If YES, process per NSD 214.
9.	Code of Federal Regulations?	☒ NO	☐ YES	If YES, contact the Regulatory Affairs group.
10.	Programs and manuals listed in the Administrative Section of the TS?	☒ NO	☐ YES	If YES, contact the Regulatory Affairs group.

PART IIIa - 10 CFR 72.48 APPLICABILITY

For each activity, address the question below. If the answer to question 11 is "YES," and questions 14 and 17 are answered "NO", then process the activity per NSD 211 - 10 CFR 72.48 does apply.

11.	Does the activity involve SSCs, procedures or conduct tests or experiments that support/impact the loading or transport of the canister/cask to the ISFSI, the ISFSI facility, spent fuel cask design?	☒ NO	☐ YES

PART IIIb – 10 CFR 50.59 APPLICABILITY

For each activity, address all of the questions below. If the answer to question 18 is "YES," then 10 CFR 50.59 does not apply. If the answer to questions 18 is "NO," then process the activity per NSD 209 – 10 CFR 50.59 applies.

12.	Does the activity involve a procedure, governed by NSD 703 that has been excluded from the 10 CFR 50.59 process per NSD 703 and the exclusion status remains valid?	☒ NO	☐ YES
13.	Does the activity involve an administrative procedure governed by NSD 100 or AD-DC-ALL-0201 that does not contain information regarding the operation and control of Structures, Systems and Components?	☒ NO	☐ YES
14.	Does the activity involve a type of Engineering Change that NSD 301 excludes from the 10 CFR 50.59 and/or 10 CFR 72.48 Processes? Consult NSD 301 for assistance.	☒ NO	☐ YES
15.	Does the activity involve (a) maintenance activities that restore SSCs to their as-designed condition (including activities that implement approved design changes) or (b) temporary alterations supporting maintenance that will be in effect during at-power operations for 90 days or less?	☒ NO	☐ YES
16.	Does the activity involve a UFSAR modification that NSD 220 excludes from the 10 CFR 50.59 Process? Consult NSD 220 for assistance.	☒ NO	☐ YES
17.	Does the activity involve NRC and/or Duke Energy Carolinas, LLC approved changes to the licensing basis?	☒ NO	☐ YES
18.	Are **ALL** aspects of the activity bounded by one or more "YES" answers to questions 1 through 17, above?	☐ NO	☒ YES

PART IV - UFSAR REVIEW

19.	Does the activity require a modification, deletion, or addition to the UFSAR to satisfy the UFSAR content requirements of 10 CFR 50.34 (b), 10 CFR 50.71 (e), or Regulatory Guide (RG) 1.70? Consult NSD 220 for Assistance. IF YES, process per NSD 220.	☒ NO	☐ YES

PART V – SIGNOFF

(Print Name) Donald R. Crawl (Sign) [signature] DATE 5-15-15

Applicability Determination Preparer

APPENDIX E. FIRE PROTECTION PROGRAM SCREENING

The following screening questions are used to assist the Applicability Determination preparer to answer PART II – PROCESS REVIEW question number 7.

A "Yes" answer to any of the screening questions would indicate the Fire Protection Program Licensing Basis may be affected, and Question # 7 on the Applicability Determination Form (Appendix C) should be checked "Yes" and a review in accordance with NSD 320 is required.

PART A

New procedure or a major procedure change FPP Licensing Applicability impact screening:

NOTE: **IF** the procedure change is a result of a Plant Modification or Engineering Change that has previously been evaluated for impact to the FPP, then question #7 should be checked "No".

	Yes	No	
A1.	☐	✓	Does the proposed activity change any plant responses, operator responses or emergency lighting associated with Post Fire Safe Shutdown (PFSS) response procedures?
A2.	☐	✓	Does the proposed activity add, remove or revise any fire protection features as described in the UFSAR or SLCs from any performance test procedures?
A3.	☐	✓	Does the proposed activity add, remove or revise any procedures related to fire protection features as described in the UFSAR or SLCs?
A4.	☐	✓	Does the proposed activity add, remove or revise any performance test Acceptance Criteria for any fire protection features as described in the UFSAR or SLCs?

PART B

Plant Modification/Engineering Change FPP Licensing Basis impact screening:

Does the proposed activity impact .....?

B1.	☐	☐	Any **fire rated assemblies/boundaries** (walls, floors, ceilings, etc.), including fire doors, fire dampers, penetration seals, fire rated wraps, radiant energy heat shields, structural fireproofing, etc. as described the UFSAR or SLCs?
B2.	☐	☐	Any **water based fixed fire suppression systems** (including water supply flow paths and main fire pumps) as described in UFSAR or SLCs?
B3.	☐	☐	Any **gaseous fire suppression systems** (CO_2, Halon) as described in the UFSAR or SLCs?
B4.	☐	☐	Any **manual fire fighting equipment** such as hose stations and fire hydrants as described in the UFSAR or SLCs?
B5.	☐	☐	Any **portable fire extinguishers** located in safety-related and/or safe shutdown areas of theplant or power block?
B6.	☐	☐	Any **fire detection systems** as described in the UFSAR or SLCs?
B7.	☐	☐	Any **water and/or combustible fluid containment devices** such as curbs, dikes, drains, fire protection system spray shields, etc. located in safety-related and/or safe shutdown areas?
B8.	☐	☐	Any **administrative control** documents for the Fire Protection Program such as NSD 313 (Control of Combustible/Flammable Materials), NSD 314 (Hot Work Authorization), and NSD 316 (Fire Protection Impairment)?
B9.	☐	☐	Any **fire brigade equipment, including communication equipment or fire brigade administrative controls** as outlined in NSD 112 (Fire Brigade Organization, Training, and Responsibilities)?
B10.	☐	☐	The **Reactor Coolant Pump Lube Oil Collection System**?
B11.	☐	☐	The **Fire Safety/Hazards Analysis** as documented in the plant level Design Basis Document for Fire Protection (CNS-1465.00-00.0006, MCS-1465.00-00-0008, OSS-0254.00-00-4008)?
B12.	☐	☐	Any **PFSS/Nuclear Safety Capability Assessment/Non-Power Operations equipment, emergency lighting, communications, circuits, and/or cable routes** as described in the site PFSS DBD and associated analysis (CNS-1435.00-00.0002, MCS-1465.00-00-0022, OSS-0254.00-00-4008)?
B13.	☐	☐	Combustible/Flammable Material or an Ignition Source?
B14.	☐	☐	Any **Site Fire Brigade Response Strategies** as described in the Emergency Plan and Fire Protection Planning guide?
B15.	☐	☐	Any plant radiation control boundaries?
B16.	☐	☐	Any HVAC flow changes include air intake/exhaust changes in radiation control areas?

Form 703-2. Procedure Change Process Record
(R08-10)

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

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

Revision No. 004 Change No.
Permanent/Restricted to
_____

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Offsite Communications from the Control Room

(4) Section(s) of Procedure Affected: Pages 2-6, Enclosures 4.1-4.4.7, 4.9, 4.12 & 4.13

(5) Requires NSD 228 Applicability Determination?

☒ Yes (Procedure change with major changes) - Attach NSD 228 documentation.

☐ No (Procedure change with minor changes)

(6) Description of Change: *(Attach additional pages, if necessary.)*

(7) Reason for Change:

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E.
See attached change matrix.

- Minor typographical and spelling errors corrected
- Changed OSM to SM, ONS refers to the position as Shift Manager
- Selective Signaling replaced by DEMNET
- DEMNET procedure AD-EP-ALL-0406 references
- Added *Alternate* State of South Carolina Warning Point contact information into Enclosure 4.7
- Revised Enclosure 4.9, to reference new radio instructions Motorola 48.5Mhz from obsolete radio console (PIP O-13-13560)
- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade
- Added fleet procedure references AD-EP-ALL- 0102, 0202, & 0406

(8) Prepared By* Natalie Harness (Signature) _____ Date 4/18/2015

(9) Reviewed By* Douglas A. Grant _____ (QR)(KI) Date 5-19-15

Cross-Disciplinary Review By* _____ (QR)(KI) NA DAG Date 5-19-15

Reactivity Mgmt. Review By* _____ (QR) NA DAG Date 5-19-15

Mgmt. Involvement Review By* _____ (Ops. Supt.) NA DAG Date 5-19-15

(10) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(11) Approved By* Patrick M Storey _____ Date 5/21/15

* *Printed Name and Signature*

§50.54(q) Screening Evaluation Form

Activity Description and References: RP/0/A/1000/015A, Offsite Communications from the Control Room, Rev 004 — **BLOCK 1**

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E.
See attached change matrix.

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- Added PIP O-13-13560 regarding radio upgrade
- Added fleet procedure references AD-EP-ALL- 0102, 0202, & 0406

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 ☒ 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: Natalie Harness	Preparer Signature Natalie Harness	Date: NH 4/18/15
Reviewer Name: Don Crowl	Reviewer Signature	Date: 5-19-15

Revision 12

§50.54(q) Effectiveness Evaluation Form

Activity Description and References: RP/0/A/1000/015A, Offsite Communications from the Control Room, Rev 004

BLOCK 1

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E.
See attached change matrix.

- Minor typographical and spelling errors corrected
- Changed OSM to SM, ONS refers to the position as Shift Manager
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- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade
- Added fleet procedure references AD-EP-ALL- 0102, 0202, & 0406

Activity Type:

BLOCK 2

☒ The activity is a *change* to the *emergency plan*
☐ The activity affects implementation of the *emergency plan*, but is not a *change* to the *emergency plan*

Impact and Licensing Basis Determination:

BLOCK 3

Licensing Basis:

- **10CFR50.47 (b)(5):** Procedures have been established for notification, by the licensee, of State and local response organizations and for notification of emergency personnel by all organizations; the content of initial and follow-up messages to response organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
- **10CFR50.47 (b)(16):** Responsibilities for plan development and review and for distribution of emergency plans are established, and planners are properly trained.
- **10CFR50 Appendix E, D. Notification Procedures:**
  1. Administrative and physical means for notifying local, State, and Federal officials and agencies and agreements reached with these officials and agencies for the prompt notification of the public and for public evacuation or other protective measures, should they become necessary, shall be described. This description shall include identification of the appropriate officials, by title and agency, of the State and local government agencies within the EPZs.
  2. Provisions shall be described for yearly dissemination to the public within the plume exposure pathway EPZ of basic emergency planning information, such as the methods and times required for public notification and the protective actions planned if an accident occurs, general information as to the nature and effects of radiation, and a listing of local broadcast stations that will be used for dissemination of information during an emergency. Signs or other measures shall also be used to disseminate to any transient population within the plume exposure pathway EPZ appropriate information that would be helpful if an accident occurs.
  3. A licensee shall have the capability to notify responsible State and local governmental agencies within 15 minutes after declaring an emergency. The licensee shall demonstrate that the appropriate governmental authorities have the capability to make a public alerting and notification decision promptly on being informed by the licensee of an emergency condition. Prior to initial operation greater than 5 percent of rated thermal power of the first reactor at a site, each nuclear power reactor licensee shall demonstrate that administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway EPZ. The design objective of the prompt public alert and notification system shall be to have the capability to essentially complete the initial alerting and initiate notification of the public within the plume exposure pathway EPZ within about 15 minutes. The use of this alerting and notification capability will range from immediate alerting and notification of the public (within 15 minutes of the time that State and local officials are notified that a situation exists requiring urgent action) to the more likely events where there is substantial time available for the appropriate governmental authorities to make a judgment whether or not to activate the public alert and notification system. The alerting and notification capability shall additionally include administrative and physical means for a backup method of public alerting and notification capable of being used in the event the primary method of alerting and notification is unavailable during an emergency to alert or notify all or portions of the plume exposure pathway EPZ population. The backup method shall have the capability to alert and notify the public within the plume exposure pathway EPZ, but does not need to meet the 15-minute design objective for the primary prompt public alert and notification system. When there is a decision to activate the alert and notification system, the appropriate governmental authorities will determine whether to activate the entire alert and notification system simultaneously or in a graduated or staged manner. The responsibility for activating such a public alert and notification system shall remain with the appropriate governmental authorities.

- **NUREG-0654, Section II. Planning Standards and Evaluation Criteria,**
  - **E. Notification Methods and Procedures,** Procedures have been established for notification, by the licensee of State and local response organizations and for notification of emergency personnel by all response organizations; the content of initial and follow-up messages to response organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
    P. Responsibility for the Planning Effort: Development, Periodic Review and Distribution of the Emergency Plans, Responsibilities for plan development and review and for distribution of emergency plans are established, and planners are properly trained.

ONS Emergency Plan

- **ONS E Plan Section E.3 & E.4, Initial and Follow-up Message Formats**, A single message format has been established that will be used by the Oconee Nuclear Site to properly notify Oconee and Pickens Counties and the South Carolina Emergency Management Division of an emergency situation at the facility. Notification and authentication procedures are in place for all designated agencies.
- **ONS E Plan Section P, Responsibility for the Planning Effort: Development, Periodic Review and Distribution of the Emergency Plans**, P.7, Implementing Procedures Written procedures will be established, implemented and maintained covering the activities associated with emergency plan implementation. Each procedure and changes thereto, shall be approved by the responsible manager prior to implementation. Implementing procedures are indexed and cross referenced to the section applicable in NUREG 0654. (Figure P-1)

Compliance Evaluation and Conclusion: **BLOCK 4**

These functions continue to be provide timeliness as the Emergency Notification Form (ENF) must be transmitted within 15 minutes to state/local agencies. There has been no change in the timing (15 minute requirement) since the proposed revision continues to ensure that the Offsite Communications from the Control Room to support the emergency plan is provided and maintained. The replacement of the selective signaling system to the Duke Emergency Management Network is a change in the notification / commination device and does not reduce effectiveness. Therefore all regulations and commitments continue to be met.

Conclusion:
The proposed activity ☒ does / ☐ does not continue to comply with the requirements.

Reduction in Effectiveness (RIE) Evaluation and Conclusion: **BLOCK 5**

Evaluation:
As can be seen by the above, compliance with regulations is assured.

The functions of 10CFR50.47b(5) per RG 1.219 are:
Three emergency planning functions have been defined for this planning standard of which one of the three is impacted:
(1) Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications.
This function was maintained by ensuring notifications can be conducted through DEMNET which replaced Selective Signaling.

The functions of 10CFR50.47b(16) per RG 1.219 are:
Two emergency planning functions have been defined for this planning standard of which one of the two is impacted::
(1) Responsibility for emergency plan development and review is established.
This function was maintained by ensuring notifications can be conducted through DEMNET which replaced Selective Signaling. Therefore the proposed changes continue to ensure compliance with the regulations and the ONS Emergency Plan.

The proposed changes are being made for the reasons as listed below:
Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E.
See attached change matrix.

- Minor typographical and spelling errors corrected
- Changed OSM to SM, ONS refers to the position as Shift Manager
- Selective Signaling replaced by DEMNET
- DEMNET procedure AD-EP-ALL-0406 references
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- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade
- Added fleet procedure references AD-EP-ALL- 0102, 0202, & 0406

Conclusion:
The change in RP/0/A/1000/015A associated with the replacement of the Selective Signaling system to the Duke Emergency Management Network is a change in the notification / communication device and does not reduce effectiveness. The system review was conducted and documented in the 50.54q review for AD-EP-ALL-0406, Duke Emergency Management Network.

The proposed activity ☐ does / ☒ does not constitute a RIE.

Effectiveness Evaluation Results **BLOCK 6**

☒ 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.

☐ 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.

Preparer Name: Natalie Harness	Preparer Signature	Date: 4/18/15
Reviewer Name: Don Crowl	Reviewer Signature	Date: 5-19-18
Approver Name: Pat Street	Approver Signature	Date: 5/21/15

Duke Energy Company OCONEE NUCLEAR STATION **Offsite Communications From The Technical Support Center**	Procedure No. **RP/0/A/1000/015 B** Revision No. **003**

Reference Use

PERFORMANCE

This Procedure was printed on 6/1/2015 2:35 PM 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 _____
** Printed Name and Signature*

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 attachments included?
- ☐ 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 ** Printed Name and Signature*	Date
Procedure Completion Approved ** Printed Name and Signature*	Date

Remarks (*attach additional pages, if necessary*)

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

Printed Date: *6/1/15*

Attachment Number: *TBD*

Revision No.: *003*

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

Duke Energy Oconee Nuclear Station **Offsite Communications From The Technical Support Center** **Reference Use**	Procedure No. **RP/0/A/1000/015 B** Revision No. **003** Electronic Reference No. **OP009A67**

PERFORMANCE

* * * * * * * * * * UNCONTROLLED FOR PRINT * * * * * * * * * *

(ISSUED) - PDF Format

Offsite Communications From The Technical Support Center

NOTE:
- This procedure is an implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be:
  - ◊ Review in accordance with 10CFR50.54(q) by Emergency Preparedness prior to approval.
  - ◊ Forwarded to Emergency Preparedness within seven (7) working days approval.
- For an outside line dial "9" for long distance dial "1".

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 Cabinet or Position Specific Notebook.

_____ 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.

NOTE:	Enclosure 4.13 (WebEOC Notification Form Quick Reference) contains instructions for using WebEOC in filling out the Emergency Notification Form (ENF), including offsite agencies notification and documentation.

☐ 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 and marked as **INITIAL** on Emergency Notification form.

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.

For the case of dual Notifications Of Unusual Events (NOUEs) on more than one unit with different EAL entry conditions, the OSM would declare the NOUE on the first to meet an EAL threshold and perform the initial ENF.

When the subsequent unit meets a different NOUE EAL condition, a follow-up notification should be completed in a timely manner which is interpreted to be within 60 minutes. The 60 minute timeframe follows the guidance already in place for ALERT an above classification follow-up notification.

The indicated affected unit(s) on the follow-up notification would be marked ALL since more than one unit is now affected with the same level EAL classification.

The other unit that has now met a NOUE EAL classification should be noted under Line 13 Remarks section along with what EAL condition is now met for that unit.

☐ 2.7.1 If electronically completing a form, use information in Enclosures 4.1 - 4.6 or go to Enclosure 4.13 (WebEOC Notification Form Quick Reference).

☐ 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) and marked as **INITIAL** on Emergency Notification form.

☐ 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 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: Environmental Services 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 Environmental Services.

☐ 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 WebEOC Notification Form Quick Reference

4.14 DEMNET Notification Form Quick Reference

4.15 References

Enclosure 4.1

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. • DEMNET instructions are located in AD-EP-ALL-406 (Duke Emergency Management Network (DEMNET)).

☐ 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 (WebEOC Notification Form Quick Reference):

☐ **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.

NOTE:	A **Liquid** release is considered to be in progress if a known unmonitored release path exists **AND** radioactive material exists. "Alternate method determination" **or** "Field Monitoring Team results" provide indication that a release is occurring.

☐ **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."

Guidelines for Completing an INITIAL Message for a GENERAL EMERGENCY EVENT

☐ **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 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 <u>All</u> 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".

Enclosure 4.1

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

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015 B

GENERAL EMERGENCY

Enclosure 4.1.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: __Oconee Nuclear Site Confirmation Phone # (864)_882-7076_____

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

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

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

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/_____/_____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS: [A] U1 ____% Power Shutdown at Time _____ Date ___/____/____

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

[B] U2 ____% Power Shutdown at Time _____ Date ___/____/____

[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____

[B] 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 ___/____/____

Enclosure 4.2

Guidelines for 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 number and EAL description may be used in lieu of Enclosure 4.2.A or WebEOC.
- DEMNET instructions are located in AD-EP-ALL-406 (Duke Emergency Management Network (DEMNET)).

☐ 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 (WebEOC Notification Form Quick Reference):

☐ **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.

NOTE: A **Liquid** release is considered to be in progress if a known unmonitored release path exists **AND** radioactive material exists. "Alternate method determination" **or** "Field Monitoring Team results" provide indication that a release is occurring.

☐ **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."

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

☐ **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 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}

Enclosure 4.2

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

RP/0/A/1000/015 B

SITE AREA EMERGENCY

Enclosure 4.2.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE

[C] SHELTER

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

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

[A] U1 _____% Power Shutdown at Time _____ Date ___/____/____

[B] U2 _____% Power Shutdown at Time _____ Date ___/____/____

[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____

[B] 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 ___/____/____

Enclosure 4.3

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.
- 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 4.3.A or WebEOC.
- DEMNET instructions are located in AD-EP-ALL-406 (Duke Emergency Management Network (DEMNET)).

☐ 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 (WebEOC Notification Form Quick Reference):

☐ **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.

NOTE: A **Liquid** release is considered to be in progress if a known unmonitored release path exists **AND** radioactive material exists. "Alternate method determination" **or** "Field Monitoring Team results" provide indication that a release is occurring.

☐ **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

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: Oconee Nuclear Site Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE _____

[C] SHELTER _____

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

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

[A] U1 _____% Power Shutdown at Time _____ Date ___/____/____

[B] U2 _____% Power Shutdown at Time _____ Date ___/____/____

[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____

[B] 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 ___/____/____

Enclosure 4.4

Guidelines for Completing an INITIAL Message for an UNUSUAL EVENT

NOTE:
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
- 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.
- DEMNET instructions are located in AD-EP-ALL-406 (Duke Emergency Management Network (DEMNET)).

☐ 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 (WebEOC Notification Form Quick Reference):

☐ **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.

NOTE: A **Liquid** release is considered to be in progress if a known unmonitored release path exists **AND** radioactive material exists. "Alternate method determination" **or** "Field Monitoring Team results" provide indication that a release is occurring.

☐ **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.

Guidelines for Completing an INITIAL Message for an UNUSUAL 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 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 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

RP/0/A/1000/015 B

UNUSUAL EVENT

Enclosure 4.4.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE _____

[C] SHELTER _____

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

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

[A] U1 _____% Power Shutdown at Time _____ Date ___/____/____

[B] U2 _____% Power Shutdown at Time _____ Date ___/____/____

[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____

[B] 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 ___/____/____

Enclosure 4.5

Guidelines for 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 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, except for an Unusual Event.
- 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. Mark as "**INITIAL**" on the Emergency Notification form.
- Pre-printed Emergency Notification forms containing specific EAL number and EAL description may be used in lieu of Enclosure 4.5.A or WebEOC.
- DEMNET instructions are located in AD-EP-ALL-406 (Duke Emergency Management Network (DEMNET)).

☐ Obtain Enclosure 4.5.A (Nuclear Power Plant Emergency Notification Form, Follow-Up) and complete as directed below for a FOLLOW-UP message or use Enclosure 4.13 (WebEOC Notification Form Quick Reference):

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

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

NOTE: If follow up is a change in Protective Action Recommendation's (PAR's), mark box A as **INITIAL**. PIP-O-14-0577

☐ **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.

Guidelines for Completing a FOLLOW-UP Message

☐ **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.

☐ **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.

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

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE _____

[C] SHELTER _____

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

[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/_____/_____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

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

[A] U1 _____% Power Shutdown at Time _____ Date ___/_____/____

[B] U2 _____% Power Shutdown at Time _____ Date ___/_____/____

[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/_____/____ Stop Time _____ Date ___/_____/____

[B] 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 ___/_____/____

Enclosure 4.6

Guidelines for Completing a
TERMINATION Message

NOTE:	• Only required to complete lines 1, 3, 10, and 17. All other lines are left BLANK. • DEMNET instructions are located in AD-EP-ALL-406 (Duke Emergency Management Network (DEMNET)).

☐ Obtain Enclosure 4.6.A (Nuclear Power Plant Emergency Notification Form) and complete as follows for a TERMINATION message or use Enclosure 4.13 (WebEOC Notification Form Quick Reference).

☐ **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

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY
BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE
[B] EVACUATE _____
[C] SHELTER _____
[D] CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
[E] OTHER_____

6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] 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. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS: [A] U1 ____% Power Shutdown at Time _____ Date ___/____/___
(Unaffected Unit(s) Status Not Required for Initial Notifications) [B] U2 ____% Power Shutdown at Time _____ Date ___/____/___
[C] 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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec
MAGNITUDE: Noble Gases:_____ Iodines:_____ Particulates:_____ Other: _____
FORM: [A] Airborne Start Time _____ Date ___/____/___Stop Time _____ Date ___/____/___
[B] 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 ___/____/___

Enclosure 4.7

Guidelines For Transmitting A Message

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).

☐ Select the orange oval group button for "ONS Notify" on the DEMNET 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 DEMNET phone.

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

Date:_____

☐ **Oconee County** (Staffed 24 hrs.) **Law Enforcement Center** 864-638-4111 FAX: 864-638-4434 Initial Notification Time:_____ Follow-up Notification Time:_____	**OR**	☐ **Oconee County** (M-F 8:30 am -5 pm) **Emergency Management** 864-638-4200 FAX: 864-638-4216 Initial Notification Time:_____ Follow-up Notification Time:_____
☐ **Pickens County** (Staffed 24 hrs) **Law Enforcement Center** 864-898-5500 FAX: 864-898-5531 Initial Notification Time:_____ Follow-up Notification Time:_____	**OR**	☐ **Pickens County** (M-F 8:30 am.-5 pm) **Emergency Management** 864-898-5943 FAX: 864-898-5797 Initial Notification Time:_____ Follow-up Notification Time:_____
☐ **South Carolina State Warning Point** (Staffed 24 hours) 803-737-8500 FAX: 803-737-8575 Initial Notification Time:_____ Follow-up Notification Time:_____	**OR**	☐ **Alternate South Carolina State Warning Point** 803-896-9621 FAX 803-896-8532 Initial Notification Time:_____ Follow-up Notification Time:_____

NOTE: DHEC receives FAX, NO action required. DHEC may verify receipt of FAX with a call back.

☐ **IF** Required minimum agencies did not answer the phone, see agency numbers in table above to call.

THEN Dial a point-to-point call to the absent agency.

- If agency does not answer, then call the direct line from the table in preceding step.

Guidelines For Transmitting A Message

☐ If requested, authenticate message. Write in number provided by agency on line 2 and provide corresponding code word from authentication list in yellow folder.

NOTE:	For Follow-Up or Termination Messages, only verification that all agencies have received a fax is necessary. Do **NOT** read form. If message is a change in Protective Actions Recommendation's (PARs), ensure box A is marked as INITIAL.

☐ **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 **or** Alternate	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 **or** Alternate	Name: _____	Time _____

☐ **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.

☐ **Georgia Emergency Management Agency (GEMA 404-635-7000 or 404-635-7200)** FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) **Name:** _____ Time/Date: _____ ____/____/____ Eastern MM DD YY
☐ **National Weather Service (NWS 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
☐ **Hart County Emergency Management Agency - Georgia (GEMA will notify)** Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event)
☐ **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 DEMNET, 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.

☐ 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

Enclosure 4.8

COPY/FAX Operation

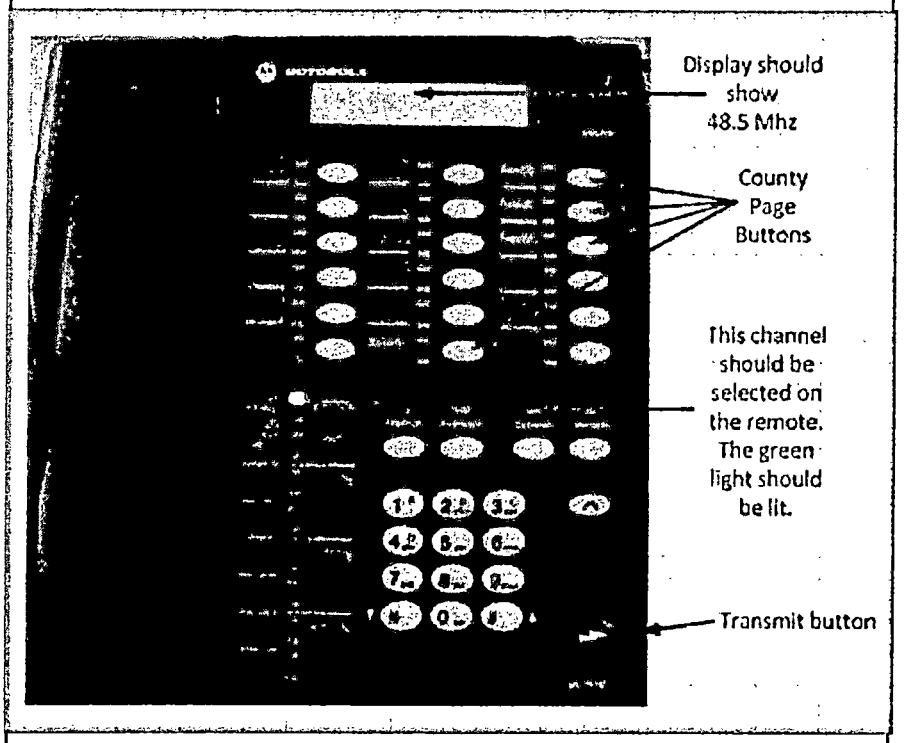
The following Speed Dial Codes have been programmed into the fax in the TSC/Unit 1&2 Control Room/OSC/EOF:

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	TSC Backup Emergency Response Facility (ERF)	
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	

Enclosure 4.9

Alternate Method and Sequence to Contact Agencies

Motorola 48.5 Mhz Radio	*Agency /Location*	*Person Contacted*	*Time*	*Comments*
1. Select channel 1 on the remote if not already selected. 2. Top display on remote should display "48.5Mhz" 3. Press the button that corresponds to the county you wish to page. 4. The green light next to the button will flash. 5. Press the transmit button on the remote or the desk microphone to send the encoder tones to the county radio to open the radios receiver at the county for communications. 6. You will hear the tones and the display will show county being paged. 7. When the tones finish and the light beside the button goes off then you can use the handset or desk microphone to communicate with the county locations.	Oconee County LEC (KNBE-488)			
	Pickens County LEC (KNBZ-965)			
	Pickens County EMA (KNBE-480)			



"Oconee/Pickens, this is Oconee Nuclear Station WQC-699, please respond with your name and if you read this transmission loud and clear."

NOTE:
- Phone numbers and operating instructions are included in the Emergency Telephone Directory.
- Pickens County EMA is not staffed after 1700 hours Monday-Friday or on weekends and holidays.
- Control Room Satellite telephones are located in Unit(s) 1&2 SM office and Unit 3 procedure room.

Enclosure 4.10

Turnover Checklist

Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

COMMUNICATIONS STATUS

Indicate which agencies have been contacted:	**YES**	**NO**
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 _____

Backup Emergency Response Facility (ERF) 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 704-382-0722.

Enclosure 4.11

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

CDEP	County Director of Emergency Preparedness
DEMNET	Duke Emergency Management Network
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
SWP	State Warning Point
TS	Technical Specifications
TSC	Technical Support Center

Select **DAE**; Search DAE for WebEOC. Click **WebEOC**. On Login Screen for **Position** select ONS TSC Off-site Communicator and for **Incident** select appropriate incident and click OK. Click **EN Form**. Click **Add Emergency Notification.**

NOTE:
- The required EN Form fields will have a green background.
- Clicking on the "Save Draft" button on the EN Form will close the EN form and open the Emergency Notification Messages Panel
- For a termination message, only Lines 1, 3 10, and 17 are required.
- Lines 1, 3, 4, 5, 6, 9, 10, and 11 are required to be correct for Performance Indicator Credit

Line	Description	Source
1	▪ Select A for **Drill** or B for **Actual Event**. ▪ Ensure Record Message # is correct (message number is auto-populated sequentially with each new ENF).	**Comm.**
2	Select A for **Initial** or B for **Follow-up** **NOTE**: Notification Time/Date and Authentication will be auto-populated during message transmission.	**Comm.**
3	▪ **Select "Oconee"** with the pull-down menu ▪ **Select** appropriate Confirmation Phone Number with the pull-down menu (e.g. TSC (864)-882-7076).	**Comm.**
4	▪ Ensure the appropriate **Event Classification** radio button is selected. ▪ Ensure the appropriate **EAL #** from the "Based on EAL" drop-down menu is selected. ▪ Verify **EAL Description** matches EAL Number.	**Ops**
5	**Protective Action Recommendations** ▪ **IF** Unusual Event, Alert, or Site Area Emergency, Select A **None** (Except for dam failure, see 3rd. bullet) ▪ **IF** General Emergency, 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)** **/TSC Dose Assessor**
6	▪ **Emergency Release** Verify/Select as appropriate: A **- None** B **- Is Occurring** C **- Has Occurred**	**TSC Dose Assessor**
NOTE:	Clicking on the "Import Dose Data Projection Data" button will auto-populate the fields in lines 14 through 16 if a Unified RASCAL Interface (URI) dose run has been performed. Clicking on the "Clear Dose Data" button will clear the fields in lines 14 through 16.	
7	**Release Significant**: Verify/Select box **A, B, C** or **D** as directed by the facility Dose Assessor.	**TSC Dose Assessor**
8	**Event Prognosis:** Select A **Improving,** B **Stable**, or C **Degrading** as directed by facility mgr.	**FM**

NOTE:
- Clicking on the "Import Plant/MET Data" will fill in the Meteorological Data fields in line 9 and the unit power if the unit(s) is **NOT** in shutdown.
- Meteorological data is **NOT** required on initial notifications, but if available and time allows, import Met Data.

9	**Meteorological Data:** ▪ Select the "Import Plant/MET Data button to auto-populate Wind Direction, Wind Speed, Precipitation and Stability Class. ▪ Ensure MET Data is correct.	**TSC Dose Assessor**
10	▪ Select A for **Declaration** or B for **Termination** as appropriate. ▪ Enter the time. ▪ Select the **Get Date** button to acquire the current date, and adjust as necessary.	**FM /Ops**
11	**Affected Units** ▪ **IF** the classification affects more than one unit select the "**ALL**" radio button. ▪ **IF** the classification only affects one unit, select the radio button for the affected unit.	**Ops**

12	**Unit Status -** IF the affected Unit(s) is Shutdown, ▪ Record "0" in % Power. ▪ Record time of shutdown. ▪ Enter the date of the shutdown. IF the affected Unit(s) is NOT Shutdown, ▪ Click "Import Plant/MET Data" button from field 9. ▪ Ensure correct plant status for the affected unit(s).	**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. Select "Import Dose Projection Data" button from before Line 7 to auto-populate the data in lines 14 through 16. ▪ IF URI data has changed, review entire form. {3}	**URI**
NOTE:	Select the **Save Draft** button to return to the Emergency Notification Messages panel. (remains enabled to edit in draft) If the Approved button is inadvertently selected prior to the end of actions required to complete line 17, the form will be locked, and any edits that must be made or fields to be entered will require the entire form to be recompleted.	
17	**Approved By:** ▪ Assure all sections are complete by clicking the **Validate** button. (except 17 Approved By) ▪ Review the EN Form in "Edit" mode with ERO TSC facility personnel for validation (Edit mode will allow for changes to be made during the review process). ▪ Enter the **Approver's name** (Emergency Coordinator) in the "Approved by" field. o Select the **appropriate title** from the "Title" pull-down menu. o Select the "Get Time" button and adjust as necessary. o Select the "Get Date" button and adjust as necessary. ▪ **Record** the name of the Communicator making the call on the **Notified by** line. ▪ **Select** the "**Approve**" button at the bottom of the form. (no additional edits can be made once Approved)	**Comm.**
NOTE:	The Emergency Notification Fax Management panel will open automatically when the "Approve" button is selected on the EN Form Panel.	
WEB EOC FAX	**FAX** the EN Form to the State and County Agencies: ▪ Access the appropriate EN Form on the Emergency Notification Fax Management panel. ▪ Verify Fax "Recipient name" list is correct. ▪ Verify the Fax Confirmation Email Address is correct. ▪ Select the "Send Fax" button. ▪ Select "OK."	**Comm.**
Manual Approval	IF manually faxing (web EOC is NOT successful), perform the following to obtain hard copy approvals: ▪ From the Emergency Notification Panel, select the correct message and click **View** under the EN Form: ▪ **Obtain** Emergency Coordinator review and signature on the EN Form hard copy. ▪ **Select** the **Edit** button in the Details column to open the EN Form. o Correct any discrepancies identified in EC's review. o Upon review completion and the form is ready for the EC approval signature: **Select** the **View** button in the EN Form column to open a printable EN Form. o **Select** the **Print** button on the EN Form and follow the prompts to open a .pdf file. o **Print** the .pdf file. ▪ **Select** the printer icon or print from the file drop down menu and follow the prompts to print the EN Form. o **Select** the **Return** button on the EN Form to open the Emergency Notification Messages panel.	**Comm.**
DEMNET/Manual Faxing	Refer to Enclosure 4.7 for Guidelines for Transmitting A Message.	**Comm.**

Enclosure 4.14

DEMNET Notification Form Quick Reference

☐ To initiate a group call to the pre-selected OROs during an Emergency:
1. Select the Home Button
2. Select the (Site) Notify Folder Icon
3. Select the Orange (Site) Notify Button

☐ To initiate a Point to Point call to one specific facility:
1. Select the Home Button
2. Select the Notify Folder Icon
3. Use Navigate Arrow(s) to access the desired Facility Button
4. Select the Facility Button

☐ To initiate a custom Conference call to a selected set of facilities:
1. Select the Home Button
2. Select (Site) Notify Folder Icon
3. Select the Custom Conference Icon (the icon will change color to red)
4. Use Navigate Arrow(s) to access the desired Facility Buttons
5. Select each Facility Button to be included in the call
6. Select the Custom Conference Icon again to initiate the call

☐ Press and hold the Push to Talk Button on the handset when speaking
☐ Communicate with facilities per governing procedure
☐ Hang up the handset to terminate the call

Device	Function	Supplemental Information
Home Button	Navigates to the Home Screen	Not available when a call is in progress
Home Screen	Enables navigation to the (Site) Notify or (Site) Decision Initiate Call Screens	Screen includes: • (Site) Notify Folder Icon • (Site) Decision Folder Icon
(Site) Notify Folder Icon	Navigates to the Notify Initiate Call Screen	
Initiate Call Screen	Calls are initiated from this screen to: • Pre-selected ORO group "(Site) Notify" • Caller selected custom group "Conference" • Caller selected Point to Point	Screen also includes: • Individual Facility Buttons • Land Line and Satellite Status Indication • Page Navigation Arrow
(Site) Notify Button	Initiates a group call to the pre-selected OROs	Primary means of contact to State and County WPs and EOCs during an Emergency
Conference Icon (Megaphone Icon)	Enables the caller to establish a custom group Conference call with multiple facilities	The Conference Icon must be selected twice to make a Conference call. First to enable facility selection and second to initiate the call.
Individual Facility Buttons	Enables the caller to select a facility to participate in a Point to Point or custom Conference call. Buttons are labeled with the facility's name	Button colors indicates facility phone status: **Grey**: One or more phones at a facility inoperable **Blue**: Operable but not connected
Land line Status Indicator	Determines if the Land line is functional. The Land line is primary means of communication via the Wide Area Network	Indicator status colors are: **Green**: In service **Red**: Unavailable
Satellite Status Indicator	Determines if the Satellite is functional. The Satellite is a backup to Land line	Indicator status colors are: **Blue**: In Standby **Green**: In Service **Red**: Unavailable
Page Navigation Arrow(s)	Navigates to pages that contain Individual Facility Buttons	Facility buttons are located on multiple pages which are numbered Page x of x
Call in Progress Screen	Provides call connection status and enables phone controls. To initiate another call, the call in progress must be terminated	Call in Progress Screen includes: • Connected to (facility) status • Microphone and Speaker volume controls • Push to talk Speaker Phone button • Hangup button

Enclosure 4.15

References

1. PIP-O-06-6511
2. PIP-G-07-0127
3. PIP-G-09-1159
4. PIP-O-11-9459
5. PIP-O-13-13560
6. AD-EP-ALL-0102 (WeBEOC Maintenance and Administration)
7. AD-EP-ALL-0202 (Emergency Response Offsite Dose Assessment)
8. AD-EP-ALL-0406 (Duke Emergency Management Network)
9. PIP-G-14-0577
10. PIP-O-14-7653

Form 703-1. Procedure Process Record (PPR)

(R08-10)

Duke Energy

PROCEDURE PROCESS RECORD

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

Revision No. 003

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Offsite Communications from the Technical Support Center

(4) Prepared By* Natalie Harness (Signature) Natalie Harness Date 3/18/2015

(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* Dennis A. Carl (QR)(KI) Date 5-18-15

Cross-Disciplinary Review By* _____ (QR)(KI) NA ~~Date~~ Date 5-18-15

Reactivity Mgmt Review By* _____ (QR) NA ~~Date~~ Date 5-18-15

Mgmt Involvement Review By* _____ (Ops. Supt.) NA ~~Date~~ Date 5-18-15

(7) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(8) Approved By* Pamela M Street Date 5/21/15

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*

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/015B
2. Revision No.: 003
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Offsite Communications from the Technical Support Center
5. For changes only, enter procedure sections affected: __
6. Prepared By: Natalie Harness
7. Preparation Date: 3/18/2015
8. PCR Numbers Included in Revision: _

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Procedure Title: Offsite Communications from the Technical Support Center

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E.
See attached change matrix.

- Minor typographical and spelling errors corrected
- Selective Signaling replaced by DEMNET
- DEMNET procedure AD-EP-ALL-0406 references
- Added *Alternate* State of South Carolina Warning Point contact information into Enclosure 4.7
- Revised Enclosure 4.7, to reference new DEMNET system and not Selective Signaling
- Revised Enclosure 4.9, to reference new radio instructions Motorola 48.5Mhz from obsolete radio console (PIP O-13-13560)
- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade

PCR Numbers Incorporated

Enclosure

APPENDIX C. APPLICABILITY DETERMINATION (Rev. 10)

PART I – ACTIVITY DESCRIPTION

DUKE ENERGY CAROLINAS, LLC SITE	UNIT(S)
☒ Oconee ☐ McGuire ☐ Catawba	☒ Unit 1 ☒ Unit 2 ☒ Unit 3
ACTIVITY TITLE/DOCUMENT/REVISION:	**RP/0/A/1000/015B, Offsite Communications from the Technical Support Center, Rev 003**

PART II – PROCESS REVIEW

For each activity, address all of the questions below. If the answer is "YES" for any portion of the activity, apply the identified process(es) to that portion of the activity. Note: It is not unusual to have more than one process apply to a given activity.

Will implementation of the above activity require a change to the:

1.	Technical Specifications (TS) or Operating License?	☒ NO	☐ YES	If YES, process as a license amendment per NSD 227.
2.	Quality Assurance Topical?	☒ NO	☐ YES	If YES, seek assistance from Independent Nuclear Oversight.
3.	Security Plans? (See Appendix H)	☒ NO	☐ YES	If YES, process per the Nuclear Security Manual.
4.	Emergency Plan?	☐ NO	☒ YES	If YES, process per the Emergency Planning Functional Area Manual.
5.	Inservice Testing Program Plan?	☒ NO	☐ YES	If YES, process per site IST Program for ASME code compliance and related facility changes.
6.	Inservice Inspection Program Plan?	☒ NO	☐ YES	If YES, process per Materials, Metallurgy and Piping Inservice Inspection FAM for ASME code compliance and related facility or procedure changes.
7.	Fire Protection Program Plan?	☒ NO	☐ YES	If YES, evaluate activity in accordance with NSD 320.
	7a -Utilize Appendix E to address Fire Protection Program Plan Impact.		☒	Check to confirm use of Appendix E Screening Questions.
8.	Regulatory Commitments?	☒ NO	☐ YES	If YES, process per NSD 214.
9.	Code of Federal Regulations?	☒ NO	☐ YES	If YES, contact the Regulatory Affairs group.
10.	Programs and manuals listed in the Administrative Section of the TS?	☒ NO	☐ YES	If YES, contact the Regulatory Affairs group.

PART IIIa - 10 CFR 72.48 APPLICABILITY

For each activity, address the question below. If the answer to question 11 is "YES," and questions 14 and 17 are answered "NO", then process the activity per NSD 211 - 10 CFR 72.48 does apply.

11.	Does the activity involve SSCs, procedures or conduct tests or experiments that support/impact the loading or transport of the canister/cask to the ISFSI, the ISFSI facility, spent fuel cask design?	☒ NO	☐ YES

PART IIIb – 10 CFR 50.59 APPLICABILITY

For each activity, address all of the questions below. If the answer to question 18 is "YES," then 10 CFR 50.59 does not apply. If the answer to questions 18 is "NO," then process the activity per NSD 209 – 10 CFR 50.59 applies.

12.	Does the activity involve a procedure, governed by NSD 703 that has been excluded from the 10 CFR 50.59 process per NSD 703 and the exclusion status remains valid?	☒ NO	☐ YES
13.	Does the activity involve an administrative procedure governed by NSD 100 or AD-DC-ALL-0201 that does not contain information regarding the operation and control of Structures, Systems and Components?	☒ NO	☐ YES
14.	Does the activity involve a type of Engineering Change that NSD 301 excludes from the 10 CFR 50.59 and/or 10 CFR 72.48 Processes? Consult NSD 301 for assistance.	☒ NO	☐ YES
15.	Does the activity involve (a) maintenance activities that restore SSCs to their as-designed condition (including activities that implement approved design changes) or (b) temporary alterations supporting maintenance that will be in effect during at-power operations for 90 days or less?	☒ NO	☐ YES
16.	Does the activity involve a UFSAR modification that NSD 220 excludes from the 10 CFR 50.59 Process? Consult NSD 220 for assistance.	☒ NO	☐ YES
17.	Does the activity involve NRC and/or Duke Energy Carolinas, LLC approved changes to the licensing basis?	☒ NO	☐ YES
18.	Are **ALL** aspects of the activity bounded by one or more "YES" answers to questions 1 through 17, above?	☐ NO	☒ YES

PART IV - UFSAR REVIEW

19.	Does the activity require a modification, deletion, or addition to the UFSAR to satisfy the UFSAR content requirements of 10 CFR 50.34 (b), 10 CFR 50.71 (e), or Regulatory Guide (RG) 1.70? Consult NSD 220 for Assistance. IF YES, process per NSD 220.	☒ NO	☐ YES

PART V – SIGNOFF

(Print Name) Donald A. Crew (Sign) [signature] DATE 5-18-15

Applicability Determination Preparer

APPENDIX E. FIRE PROTECTION PROGRAM SCREENING

The following screening questions are used to assist the Applicability Determination preparer to answer PART II – PROCESS REVIEW question number 7.

A "Yes" answer to any of the screening questions would indicate the Fire Protection Program Licensing Basis may be affected, and Question # 7 on the Applicability Determination Form (Appendix C) should be checked "Yes" and a review in accordance with NSD 320 is required.

PART A

New procedure or a major procedure change FPP Licensing Applicability impact screening:

NOTE: **IF** the procedure change is a result of a Plant Modification or Engineering Change that has previously been evaluated for impact to the FPP, then question #7 should be checked "No".

	Yes	No	
A1.	€	x	Does the proposed activity change any plant responses, operator responses or emergency lighting associated with Post Fire Safe Shutdown (PFSS) response procedures?
A2.	€	x	Does the proposed activity add, remove or revise any fire protection features as described in the UFSAR or SLCs from any performance test procedures?
A3.	€	x	Does the proposed activity add, remove or revise any procedures related to fire protection features as described in the UFSAR or SLCs?
A4.	€	x	Does the proposed activity add, remove or revise any performance test Acceptance Criteria for any fire protection features as described in the UFSAR or SLCs?

PART B

Plant Modification/Engineering Change FPP Licensing Basis impact screening:

Does the proposed activity impact .....?

B1.	€	x	Any **fire rated assemblies/boundaries** (walls, floors, ceilings, etc.), including fire doors, fire dampers, penetration seals, fire rated wraps, radiant energy heat shields, structural fireproofing, etc. as described the UFSAR or SLCs?
B2.	€	x	Any **water based fixed fire suppression systems** (including water supply flow paths and main fire pumps) as described in UFSAR or SLCs?
B3.	€	x	Any **gaseous fire suppression systems** (CO2, Halon) as described in the UFSAR or SLCs?
B4.	€	x	Any **manual fire fighting equipment** such as hose stations and fire hydrants as described in the UFSAR or SLCs?
B5.	€	x	Any **portable fire extinguishers** located in safety-related and/or safe shutdown areas of theplant or power block?
B6.	€	x	Any **fire detection systems** as described in the UFSAR or SLCs?
B7.	€	x	Any **water and/or combustible fluid containment devices** such as curbs, dikes, drains, fire protection system spray shields, etc. located in safety-related and/or safe shutdown areas?
B8.	€	x	Any **administrative control** documents for the Fire Protection Program such as NSD 313 (Control of Combustible/Flammable Materials), NSD 314 (Hot Work Authorization), and NSD 316 (Fire Protection Impairment)?
B9.	€	x	Any **fire brigade equipment, including communication equipment** or **fire brigade administrative controls** as outlined in NSD 112 (Fire Brigade Organization, Training, and Responsibilities)?
B10.	€	x	The **Reactor Coolant Pump Lube Oil Collection System**?
B11.	€	x	The **Fire Safety/Hazards Analysis** as documented in the plant level Design Basis Document for Fire Protection (CNS-1465.00-00.0006, MCS-1465.00-00-0008, OSS-0254.00-00-4008)?
B12.	€	x	Any **PFSS/Nuclear Safety Capability Assessment/Non-Power Operations equipment, emergency lighting, commnuciations, circuits, and/or cable routes** as described in the site PFSS DBD and associated analysis (CNS-1435.00-00.0002, MCS-1465.00-00-0022, OSS-0254.00-00-4008)?
B13.	€	x	Combustible/Flammable Material or an Ignition Source?
B14.	€	x	Any **Site Fire Brigade Response Strategies** as described in the Emergency Plan and Fire Protection Planning guide?
B15.	€	x	Any plant radiation control boundaries?
B16.	€	x	Any HVAC flow changes include air intake/exhaust changes in radiation control areas?

Form 703-2. Procedure Change Process Record
(R08-10)

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

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

Revision No. 003 Change No.
Permanent/Restricted to

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Offsite Communications from the Technical Support Center

(4) Section(s) of Procedure Affected: Enclosures 4.1-4.4.7, 4.9, 4.12, 4.13 & 4.14

(5) Requires NSD 228 Applicability Determination?

☒ Yes (Procedure change with major changes) - Attach NSD 228 documentation.

☐ No (Procedure change with minor changes)

(6) Description of Change: *(Attach additional pages, if necessary.)*

(7) Reason for Change:

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E.
See attached change matrix.

- Minor typographical and spelling errors corrected
- Selective Signaling replaced by DEMNET
- DEMNET procedure AD-EP-ALL-0406 references
- Added *Alternate* State of South Carolina Warning Point contact information into Enclosure 4.7
- Revised Enclosure 4.7, to reference new DEMNET system and not Selective Signaling
- Revised Enclosure 4.9, to reference new radio instructions Motorola 48.5Mhz from obsolete radio console (PIP O-13-13560)
- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade

(8) Prepared By* Natalie Harness (Signature) Natalie Harness Date 3/18/2015

(9) Reviewed By* Donnie A. Crawford (QR)(KI) Date 5-18-15

Cross-Disciplinary Review By* _____ (QR)(KI) NA DC Date 5-18-15

Reactivity Mgmt. Review By* _____ (QR) NA DC Date 5-18-15

Mgmt. Involvement Review By* _____ (Ops. Supt.) NA DC Date 5-18-15

(10) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(11) Approved By* Patrick M Sturgis Date 5/21/15

* *Printed Name and Signature*

§50.54(q) Screening Evaluation Form

Activity Description and References: RP/0/A/1000/015B, Offsite Communications from the Technical Support Center, Rev 003 — **BLOCK 1**

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E. See attached change matrix.

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- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade

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
☒ 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: Natalie Harness	Preparer Signature Natalie Harness	Date: 3/18/15
Reviewer Name: Don Crowl	Reviewer Signature	Date: 5-18-15

Revision 12

§50.54(q) Effectiveness Evaluation Form

Activity Description and References: RP/0/A/1000/015A, Offsite Communications from the Control Room, Rev 004

BLOCK 1

Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E. See attached change matrix.

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- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade

Activity Type:

BLOCK 2

☒ The activity is a *change* to the *emergency plan*

☐ The activity affects implementation of the *emergency plan*, but is not a *change* to the *emergency plan*

Impact and Licensing Basis Determination:

BLOCK 3

Licensing Basis:

- **10CFR50.47 (b)(5):** Procedures have been established for notification, by the licensee, of State and local response organizations and for notification of emergency personnel by all organizations; the content of initial and follow-up messages to response organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
- **10CFR50.47 (b)(16):** Responsibilities for plan development and review and for distribution of emergency plans are established, and planners are properly trained.
- **10CFR50 Appendix E, D. Notification Procedures:**
  1. Administrative and physical means for notifying local, State, and Federal officials and agencies and agreements reached with these officials and agencies for the prompt notification of the public and for public evacuation or other protective measures, should they become necessary, shall be described. This description shall include identification of the appropriate officials, by title and agency, of the State and local government agencies within the EPZs.
  2. Provisions shall be described for yearly dissemination to the public within the plume exposure pathway EPZ of basic emergency planning information, such as the methods and times required for public notification and the protective actions planned if an accident occurs, general information as to the nature and effects of radiation, and a listing of local broadcast stations that will be used for dissemination of information during an emergency. Signs or other measures shall also be used to disseminate to any transient population within the plume exposure pathway EPZ appropriate information that would be helpful if an accident occurs.
  3. A licensee shall have the capability to notify responsible State and local governmental agencies within 15 minutes after declaring an emergency. The licensee shall demonstrate that the appropriate governmental authorities have the capability to make a public alerting and notification decision promptly on being informed by the licensee of an emergency condition. Prior to initial operation greater than 5 percent of rated thermal power of the first reactor at a site, each nuclear power reactor licensee shall demonstrate that administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway EPZ. The design objective of the prompt public alert and notification system shall be to have the capability to essentially complete the initial alerting and initiate notification of the public within the plume exposure pathway EPZ within about 15 minutes. The use of this alerting and notification capability will range from immediate alerting and notification of the public (within 15 minutes of the time that State and local officials are notified that a situation exists requiring urgent action) to the more likely events where there is substantial time available for the appropriate governmental authorities to make a judgment whether or not to activate the public alert and notification system. The alerting and notification capability shall additionally include administrative and physical means for a backup method of public alerting and notification capable of being used in the event the primary method of alerting and notification is unavailable during an emergency to alert or notify all or portions of the plume exposure pathway EPZ population. The backup method shall have the capability to alert and notify the public within the plume exposure pathway EPZ, but does not need to meet the 15-minute design objective for the primary prompt public alert and notification system. When there is a decision to activate the alert and notification system, the appropriate governmental authorities will determine whether to activate the entire alert and notification system simultaneously or in a graduated or staged manner. The responsibility for activating such a public alert and notification system shall remain with the appropriate governmental authorities.

- **NUREG-0654, Section II. Planning Standards and Evaluation Criteria,**
  - **E. Notification Methods and Procedures,** Procedures have been established for notification, by the licensee of State and local response organizations and for notification of emergency personnel by all response organizations; the content of initial and follow-up messages to response organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
    P. Responsibility for the Planning Effort: Development, Periodic Review and Distribution of the Emergency Plans, Responsibilities for plan development and review and for distribution of emergency plans are established, and planners are properly trained.

ONS Emergency Plan

- **ONS E Plan Section E.3 & E.4, Initial and Follow-up Message Formats,** A single message format has been established that will be used by the Oconee Nuclear Site to properly notify Oconee and Pickens Counties and the South Carolina Emergency Management Division of an emergency situation at the facility. Notification and authentication procedures are in place for all designated agencies.
- **ONS E Plan Section P, Responsibility for the Planning Effort: Development, Periodic Review and Distribution of the Emergency Plans**, P.7, Implementing Procedures Written procedures will be established, implemented and maintained covering the activities associated with emergency plan implementation. Each procedure and changes thereto, shall be approved by the responsible manager prior to implementation. Implementing procedures are indexed and cross referenced to the section applicable in NUREG 0654. (Figure P-1)

Compliance Evaluation and Conclusion: **BLOCK 4**

These functions continue to be provide timeliness as the Emergency Notification Form (ENF) must be transmitted within 15 minutes to state/local agencies. There has been no change in the timing (15 minute requirement) since the proposed revision continues to ensure that the Offsite Communications from the Technical Support Center (TSC) to support the emergency plan is provided and maintained. The replacement of the Selective Signaling system to the Duke Emergency Management Network is a change in the notification / commination device and does not reduce effectiveness. Therefore all regulations and commitments continue to be met.

Conclusion:
The proposed activity ☒ does / ☐ does not continue to comply with the requirements.

Reduction in Effectiveness (RIE) Evaluation and Conclusion: **BLOCK 5**

Evaluation:
As can be seen by the above, compliance with regulations is assured.

The functions of 10CFR50.47b(5) per RG 1.219 are:
Three emergency planning functions have been defined for this planning standard of which one of the three is impacted:
(1) Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications.
This function was maintained by ensuring notifications can be conducted through DEMNET which replaced Selective Signaling.

The functions of 10CFR50.47b(16) per RG 1.219 are:
Two emergency planning functions have been defined for this planning standard of which one of the two is impacted::
(1) Responsibility for emergency plan development and review is established.
This function was maintained by ensuring notifications can be conducted through DEMNET which replaced Selective Signaling. Therefore the proposed changes continue to ensure compliance with the regulations and the ONS Emergency Plan.

The proposed changes are being made for the reasons as listed below:
Selective Signaling System has been replaced with DEMNET in support of a Duke Energy fleetwide initiative and is an overall enhancement for offsite notifications during an emergency. This change continues to comply with 10 CFR 50.47(b) planning standards and NRC requirements, as described in 10 CFR 50, Appendix E. See attached change matrix.

- Minor typographical and spelling errors corrected
- Selective Signaling replaced by DEMNET
- DEMNET procedure AD-EP-ALL-0406 references
- Added *Alternate* State of South Carolina Warning Point contact information into Enclosure 4.7
- Revised Enclosure 4.7, to reference new DEMNET system and not Selective Signaling
- Revised Enclosure 4.9, to reference new radio instructions Motorola 48.5Mhz from obsolete radio console (PIP O-13-13560)
- Added Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system.
- Added PIP O-13-13560 regarding radio upgrade

Conclusion:
The change in RP/0/A/1000/015B associated with the replacement of the Selective Signaling system to the Duke Emergency Management Network is a change in the notification / communication device and does not reduce effectiveness. The system review was conducted and documented in the 50.54q review for AD-EP-ALL-0406, Duke Emergency Management Network.

The proposed activity ☐ does / ☒ does not constitute a RIE.

Effectiveness Evaluation Results **BLOCK 6**

☒ 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.

☐ 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.

Preparer Name: Natalie Harness	Preparer Signature Natalie Harness	Date: 3/18/15
Reviewer Name: Don Crowl	Reviewer Signature	Date: 5-18-15
Approver Name: Pat Street	Approver Signature	Date: 5/21/15

Attachment to 50.54q

RP/0/A/1000/015B, Rev 003, Offsite Communications from the Technical Support Center

#	Page /Section	Current	Proposed Change	Reason
1.	Page 7 of 7 4. Enclosures	4.14 References	4.14 DEMNET Notification Form Quick Reference 4.15 References	Added reference to new Enclosure 4.14, DEMNET Notification Form Quick Reference which includes instructions to operate the DEMNET system (renumbered bullets)
2.	Enclosure 4.1 Page 1 of 3 Note	The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.	• The initial notification is required to be made within 15 minutes from the official declaration time on Line 10. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added this statement to reference DEMNET fleet procedure guidelines and bulleted both
3.	Enclosure 4.2 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.	• 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. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added this statement to reference DEMNET fleet procedure guidelines and bulleted all 3, removed space between bulleted items
4.	Enclosure 4.2 Page 1 of 3 Line 1	Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).	Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).	Editorial: correct the alignment
5.	Enclosure 4.2 Page 1 of 3 Line 2	Mark/verify "initial" notification. Time, date, and authentication completed after line 17.	Mark/verify "initial" notification. Time, date, and authentication completed after line 17.	Editorial: correct the alignment
6.	Enclosure 4.2 Page 1 of 3 Line 4	Verify with Operations Support which EAL# to use and enter the number on the form.	Verify with Operations Support which EAL# to use and enter the number on the form.	Editorial: correct the alignment
7.	Enclosure 4.2 Page 2 of 3 Line 10	Enter Time in military units and Date the Emergency Coordinator officially declares a SITE AREA EMERGENCY EVENT.	Enter Time in military units and Date the Emergency Coordinator officially declares a SITE AREA EMERGENCY EVENT.	Editorial: correct the alignment
8.	Enclosure 4.2 Page 2 of 3 Line 12	Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.	Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.	Editorial: correct the alignment

#	Page /Section	Current	Proposed Change	Reason
9.	Enclosure 4.2 Page 2 of 3 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.	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.	Editorial: correct the alignment
10.	Enclosure 4.3 Page 1 of 2 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.	• 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. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added this statement to reference DEMNET fleet procedure guidelines and bulleted all 3, removed space between bulleted items
11.	Enclosure 4.4 Page 1 of 2 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.	• The initial notification is required to be made within 15 minutes from the official declaration time on Line 10. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET). • 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.	Added this statement to reference DEMNET fleet procedure guidelines and bulleted all 4, removed numbering and spaces between bulleted items

#	Page /Section	Current	Proposed Change	Reason
12.	Enclosure 4.5 Page 1 of 2 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, except for an Unusual Event. • 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.	• 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, except for an Unusual Event. • 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. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added this statement to reference DEMNET fleet procedure guidelines and bulleted all 5 and removed the spaces between bulleted items
13.	Enclosure 4.5 Page 3 of 3 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.	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.	Editorial: correct the alignment
14.	Enclosure 4.5 Page 3 of 3 Line 15	Copy the same information from the previous message sheet. If changes have occurred see TSC Dose Assessor for this information.	Copy the same information from the previous message sheet. If changes have occurred see TSC Dose Assessor for this information.	Editorial: correct the alignment
15.	Enclosure 4.5 Page 3 of 3 Line 16	Copy the same information from the previous message sheet. If changes have occurred see TSC Dose Assessor for this information.	Copy the same information from the previous message sheet. If changes have occurred see TSC Dose Assessor for this information.	Editorial: correct the alignment

#	Page /Section	Current	Proposed Change	Reason
16.	Enclosure 4.6 Page 1 of 2 Note	Only required to complete lines 1, 3, 10, and 17. All other lines are left BLANK.	• Only required to complete lines 1, 3, 10, and 17. All other lines are left BLANK. • DEMNET instructions are located in Fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET).	Added this statement to reference DEMNET fleet procedure guidelines and bulleted both
17.	Enclosure 4.7 Page 1 of 4 Box bullet 3	Dial *4 on selective signaling phone	Select the orange oval group button for "ONS Notify" on the DEMNET phone.	Added the new DEMNET instructions, replacing selective signaling
18.	Enclosure 4.7 Page 1 of 4 Box bullet 5	Document on Line 2 of the ENF, the time/date when the first agency answers the Selective Signaling phone.	Document on Line 2 of the ENF, the time/date when the first agency answers the DEMNET phone.	Replacing selective signaling with DEMNET
19.	Enclosure 4.7 Page 1 of 4 Table	Selective Signaling 416 Selective Signaling 417 Selective Signaling 410 Selective Signaling 419 Selective Signaling 518		Removed all reference to Selective Signaling
20.	Enclosure 4.7 Page 1 of 4 Contacts Table		Alternate State of South Carolina Warning Point 803-896-9621 FAX: 803-896-8352	Added the *Alternate* State of South Carolina Warning Point contact info per PIP G-15-0323
21.	Enclosure 4.7 Page 1 of 4 first THEN	**THEN** Dial the absent agency selective signaling number. (get agency number from table in preceding step) • If agency does not answer, then go to next step.	**THEN** Dial a point-to-point call to absent agency. • If agency does not answer, then call direct line from table in proceeding table.	Instructions for use of DEMNET phone
22.	Enclosure 4.7 Page 2 of 4 Initial Notification	South Carolina Warning Point	South Carolina Warning Point (or Alternate)	added alternate contact into listing
23.	Enclosure 4.7 Page 2 of 4 Follow-up Notification	South Carolina Warning Point	South Carolina Warning Point (or Alternate)	added alternate contact into listing

#	Page /Section	Current	Proposed Change	Reason
24.	Enclosure 4.7 Page 3 of 4 Bullet box 4	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.	If one of the required agencies did not answer, 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.	These calls are made by land lines not selective signaling or DEMNET, removed the word "selective signaling" (no replacement)
25.	Enclosure 4.9 Page 1 of 1	complete replacement of directions for radio contact to OROs (PIP O-13-13560)		The previous radio system was obsolete and replaced with a Motorola 48.5 Mhz
26.	Enclosure 4.12 Page 1 of 1	SS Selective Signaling	DEMNET Duke Emergency Management Network	remove SS and add DEMNET
27.	Enclosure 4.13 Page 2 of 2 Last box	Selective Signaling/Manual Faxing	DEMNET/Manual Faxing	remove Selective Signaling and added DEMNET
28.	Enclosure 4.14 Page 1 of 1	DEMNET Notification Form Quick Reference		Selective Signaling replaced by DEMNET this provides the new addition of instructions for DEMNET
29.	Enclosure ~~4.14~~ 4.15 Page 1 of 1	1. PIP O-06-6511 2. PIP G-07-0127 3. PIP G-09-1159 4. PIP O-11-9459 5. AD-EP-ALL-0102 (WebEOC Maintenance and Administration) 6. AD-EP-ALL-0202 (Emergency Response Offsite Dose Assessment)	1. PIP O-06-6511 2. PIP G-07-0127 3. PIP G-09-1159 4. PIP O-11-9459 5. PIP O-13-13560 6. AD-EP-ALL-0102 (WebEOC Maintenance and Administration) 7. AD-EP-ALL-0202 (Emergency Response Offsite Dose Assessment) 8. AD-EP-ALL-0406 (Duke Emergency Management Network)	Change enclosure from 4.14 to 4.15. Added PIP regarding radio replacement, bullet 5 and added DEMNET fleet procedure reference bullet 8

Attachment 3.10.7.2§50.54(q) Screening Evaluation Form

Activity Description and References: RP/O/A/1000/15B Rev. 3 (Offsite Communications From The Control Room)
PIP G-14-00577 & PIP O-14-07653

BLOCK 1

See attached change matrix for all changes pertaining to this procedure.

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: **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: Mike Stephens	Preparer Signature: Mike Stephens	Date: 5-14-15
Reviewer Name: Don Crowl	Reviewer Signature: Don Crowl	Date: 5-18-15

§50.54(q) Effectiveness Evaluation Form

Activity Description and References: RP/O/A/1000/15B Rev. 3 (Offsite Communications From The Control Room)
PIP G-14-00577 & PIP O-14-07653

BLOCK 1

See attached change matrix for all changes pertaining to this procedure.

Activity Type:

BLOCK 2

☐ The activity is a *change* to the *emergency plan*
☒ The activity affects implementation of the *emergency plan*, but is not a *change* to the *emergency plan*

Impact and Licensing Basis Determination:

BLOCK 3

Licensing Basis:
Reg. Guide 1.219
(Guidance on Making Changes to E-Plans for Nuclear Power Reactors)

10 CFR 50.47(b)(9) Emergency Assessment Capability
Adequate methods, systems, and equipment for assessing and monitoring actual or potential offsite consequences of a radiological emergency condition are in use.
10 CFR Appendix E Part 50:
B. Assessment Actions
1. The means to be used for determining the magnitude of, and for continually assessing the impact of, the release of radioactive materials shall be described, including emergency action levels that are to be used as criteria for determining the need for notification and participation of local and State agencies, the Commission, and other Federal agencies, and the emergency action levels that are to be used for determining when and what type of protective measures should be considered within and outside the site boundary to protect health and safety. The emergency action levels shall be based on in-plant conditions and instrumentation in addition to onsite and offsite monitoring. By June 20, 2012, for nuclear power reactor licensees, these action levels must include hostile action that may adversely affect the nuclear power plant. The initial emergency action levels shall be discussed and agreed on by the applicant or licensee and state and local governmental authorities, and approved by the NRC. Thereafter, emergency action levels shall be reviewed with the State and local governmental authorities on an annual basis.
ONS E-Plan Section J (Protective Response states):
J. 7 Protective Actions Recommendations
The Emergency Coordinator (Operations Shift Manager or Station Manager) or the EOF Director (depending on the facility activation) will be responsible for contacting the State and/or local governments to give prompt notification for implementing protective measures within the plume exposure pathway, and beyond it if necessary. Procedure RP/0/A/1000/024, "Protective Action Recommendations" and SR/0/A/2000/003, "Activation of the Emergency Operations Facility" has been written to provide specific guidance for issuing protective action recommendations under various plant conditions to the Emergency Coordinator in the TSC and the EOF Director in the EOF Figure respectively. Protective Action Recommendations (PARs) provided to
offsite officials take into account a range of protective actions including sheltering and evacuation. Discussions conducted with offsite officials determined that sheltering would be recommended during a hostile action based event in which no release of radioactive materials has occurred or is expected.

The decision to use sheltering as an alternative to evacuation forimpediments and special populations is one that will be made by offsite officials. If dose projections show that PAGs have been exceeded at 10 miles, the dose assessment code and in-field measurements, when available, shall be used to calculate doses at various distances down- wind to determine how far from the site PAG levels are exceeded. The Radiological Assessment Manager shall forward the results to the EOF Director who will communicate this information to the offsite authorities.

Reg. Guide 1.219 (Guidance on Making Changes to E-Plans for Nuclear Power Reactors)

10 CFR 50.47(b)(10)—Emergency Protective Actions

a. The regulation at 10 CFR 50.47(b)(10) states the following:

A range of protective actions has been developed for the plume exposure pathway EPZ for emergency workers and the public. In developing this range of actions, consideration has been given to evacuation, sheltering, and, as a supplement to these, the prophylactic use of potassium iodide (KI), as appropriate. Evacuation time estimates have been developed by applicants and licensees. Licensees shall update the evacuation time estimates on a periodic basis. Guidelines for the choice of protective actions during an emergency, consistent with Federal guidance, are developed and in place, and protective actions for the ingestion exposure pathway EPZ appropriate to the locale have been developed.

b. Three emergency planning functions have been defined for this planning standard:

(1) A range of public PARs is available for implementation during emergencies.

(2) Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities.

(3) A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.

Reg. Guide 1.219 (Guidance on Making Changes to E-Plans for Nuclear Power Reactors)

1.4 Timeliness as an Evaluation Consideration

a. By its very nature, an emergency instills a sense of urgency and dictates the necessity for prompt action, which is a fundamental aspect of the licensee's emergency plan. Consistent with this imperative, the NRC has specified timeliness criteria in regulations for three specific emergency response activities: emergency declaration, emergency notifications, and public alerts. The NRC's emergency planning guidance provides additional time-based criteria. Licensees commit to staff augmentation times for their ERFs as part of their compliance with the planning standard in 10 CFR 50.47(b)(2). Licensees' initial emergency notifications must contain a PAR. Because the licensee must make the notification within 15 minutes of the emergency declaration, **it must also deliver a PAR within 15 minutes**. Proposed changes that could delay emergency declarations, notifications, or PARs may reduce the effectiveness of the emergency plan in that subsequent emergency response actions may not be timely and emergency response personnel, facilities, and equipment may not be in position if it becomes necessary to implement measures to protect the public health and safety. Generally, the licensee should view any change that could delay an activity or relax a timeliness criterion for the activity as a potential reduction in effectiveness and should evaluate it accordingly. This evaluation would include any change that modifies how the timeliness criterion is evaluated (e.g., "when the clock starts and stops"). For example, the purpose of the emergency response organization (ERO) activation is to augment the on-shift staff and relieve it of those functions assigned to the technical support center (TSC), the operations support center (OSC), and the emergency operations facility (EOF). The ERO activation is not complete until the ERO is actively performing those functions at the TSC, OSC, and EOF; actuating a "clock stop" before this would be premature.

Appendix E to 10 CFR Part 50 does not contain any support requirements.

NUREG- 0654 States:
As demonstrated in biennial evaluated exercises, licensees include a PAR with the General Emergency notification. The 15-minute notification requirement remains in effect regardless of differences in the licensee PAR tools used by shift and augmented ERO personnel. The PAR must be made rapidly, in accordance with approved procedures, and the licensee should develop those procedures in partnership with the ORO(s) responsible for protective action decision making.

2.2

Notification of Protective Action Recommendations at a General Emergency

Licensees are required to be able to provide immediate notification (i.e., within 15 minutes) to OROs upon the declaration of a General Emergency. The General Emergency notification is expected to include a PAR. The PAR must be developed in accordance with the approved onsite emergency plan the PAR procedure and should be coordinated with OROs.

2.6

Expansion of Initial Protective Action Recommendations

The emergency action level scheme used at nuclear power plants is designed to be anticipatory. A General Emergency is expected to be declared, based on plant conditions, before a radiological release could potentially begin. Licensees will perform radiological assessments throughout the emergency and will recommend to OROs the need to take or expand protective actions if dose projections show that protective action criteria could be exceeded. Dose projections that are based on effluent monitor data and verified by field monitoring data would provide the strongest basis for a PAR; however, effluent monitor data alone can be sufficient if other data (e.g., plant conditions, area or process monitors) verify the occurrence of a radiological release. Although verification of dose projection data is desirable, the licensee should not delay PARs unduly while waiting for field monitoring data or sample analysis.

NEI 99-02 States:
(17) Timely means:

- Classifications are made consistent with the goal of 15 minutes once available plant parameters reach an Emergency Action Level (EAL)
- PARs are made consistent with the goal of 15 minutes once data is available.
- **Offsite notifications are initiated within 15 minutes of event classification and/or PAR development.**

Compliance Evaluation and Conclusion: **BLOCK 4**

1. Evaluation:

   The proposed changes continue to comply with all applicable rules and regulations and ensure that all required license activities are completed in a timely manner as prescribed in the ONS E-Plan. The proposed changes continue to ensure that the primary responsibilities are defined and assigned (consistent response between OROs) and meet regulatory requirements.

   Conclusion:

   The proposed activity ☒ does / ☐ does not continue to comply with the requirements.

Reduction in Effectiveness (RIE) Evaluation and Conclusion: **BLOCK 5**

1. Evaluation:

   The proposed changes are being made for the reasons as listed below:

   - Changes 1, 3, 8, 9, 10 & 11 are enhancements to ensure consistent response between OROs, as well as aligning with current guidance in NEI 99-02 Rev. 6 "Regulatory Assessment Performance Indicator Guidelines".
   - Change 2 adds clarification to ensure consistent response/notification to off-site agencies for the case of dual notifications of Unusual Events on more than one unit with the same EAL classification.
   - Changes 4, 5, 6 & 7 are enhancements to add notes defining "liquid release in-progress" taken from the list of indicators listed in SH/O/B/2005/001"ERO Dose Projections".
   - Change 11 updates list of references.

   Conclusion:

   The proposed activity ☐ does / ☒ does not constitute a RIE.

Effectiveness Evaluation Results **BLOCK 6**

☒ 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.

☐ 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.

Preparer Name: Mike Stephens	Preparer Signature: Mike Stephens	Date: 5-14-15
Reviewer Name: Don Crowl	Reviewer Signature: Don Crowl	Date: 5-18-15
Approver Name: Pat Street	Approver Signature: Pat Street	Date: 5/21/15

Attachment to 50.54q

RP/0/A/1000/015 B Revision 003 Offsite Communications From The Technical Support Center

Change #	Page #	Current	Proposed	Reason
1.	Page 4 of 8 Note:	Protective Action Recommendation (PAR) changes must.....	Add the following: "Mark as Initial on ENF".	Fleet EP has determined that the ENF used to report a change in initial PARs be treated as an "Initial" notification rather than a "Follow-up" notification. This is consistent with industry and DEP practice, as well as, guidance given in NEI 99-02, Revision 6, "Regulatory Assessment Performance Indicator Guideline". Clarification is being added to ensure consistent response between ORO's.

2.	Page 5 of 8 NOTE 1	Clarification added to address the following: * What is the proper information to provide on an ENF if there are two units that are under the same level Unusual Event classification but for different EALs * When should a follow up notification be provided for an Unusual Event classification with two units affected but for different EALs, how do you indicate the affected units, what information should be provided, and what is considered timely in performing this follow-up.	For the case of dual Notifications Of Unusual Events (NOUEs) on more than one unit with different EAL entry conditions, the OSM would declare the NOUE on the first unit to meet an EAL threshold and perform an initial ENF. When the subsequent unit meets a different NOUE EAL condition, a follow-up notification should be completed in a timely manner which is interpreted to be within 60 minutes. The 60 minute timeframe follows the guidance already in place for ALERT and above classification follow-up notifications. The indicated affected unit(s) on the follow-up notification would be marked ALL since more than one unit is now affected with the same level EAL classification. The other unit that has now met a NOUE EAL classification should be noted under Line 13 Remarks section along with what EAL condition is now met for that unit.	Recent review and discussion between EP, OPS, and OPS Training on Emergency Action Levels (EALs) and the subsequent filling out of Emergency Notification Forms (ENFs). Clarification has been added to ensure consistent response/notificati on to off-site agencies for the case of dual notifications of Unusual Events (NOUEs) on more than one unit with the same EAL classification.
3.	Page 6 of 8 Note	If changes in Protective Action Recommendations are made.....	Add the following: "Mark as Initial on ENF".	See change #1
4.	Enc. 4.1 page 1 of -3 Above line 4	N/A	**Note:** A liquid release is considered to be in progress if a known unmonitored release path exists, AND radioactive material exists," "alternate method of release determination," or "Field Monitoring Team results provide indication that a release is occurring"	Procedure SH/0/B/2005/001, Emergency Response Offsite Dose Projections, Revision 6, Step 4.7.2 does not DEFINE release. Rather, it provides a list of indicators than an Emergency

				Release is occurring or has occurred and needs to be reported as such on the emergency notification form. Re: PIP G-14-1860 CCA # 1.
5.	Enc. 4.2 page 1 of 3 Above line 4	N/A	**Note:** A liquid release is considered to be in progress if a known unmonitored release path exists, AND radioactive material exists," "alternate method of release determination," or "Field Monitoring Team results provide indication that a release is occurring"	Procedure SH/0/B/2005/001, Emergency Response Offsite Dose Projections, Revision 6, Step 4.7.2 does not DEFINE release. Rather, it provides a list of indicators than an Emergency Release is occurring or has occurred and needs to be reported as such on the emergency notification form. Re: PIP G-14-1860 CCA # 1.
6	Enc. 4.3 page 1 of 2 Above line 4	N/A	**Note:** A liquid release is considered to be in progress if a known unmonitored release path exists, AND radioactive material exists," "alternate method of release determination," or "Field Monitoring Team results provide indication that a release is occurring"	Procedure SH/0/B/2005/001, Emergency Response Offsite Dose Projections, Revision 6, Step 4.7.2 does not DEFINE release. Rather, it provides a list of indicators than an Emergency Release is occurring or has occurred and needs to be reported as such on the

				emergency notification form. Re: PIP G-14-1860 CCA # 1.
7	Enc. 4.4 page 1 of 2 Above line 4	N/A	**Note:** A liquid release is considered to be in progress if a known unmonitored release path exists, AND radioactive material exists," "alternate method of release determination," or "Field Monitoring Team results provide indication that a release is occurring"	Procedure SH/0/B/2005/001, Emergency Response Offsite Dose Projections, Revision 6, Step 4.7.2 does not DEFINE release. Rather, it provides a list of indicators than an Emergency Release is occurring or has occurred and needs to be reported as such on the emergency notification form. Re: PIP G-14-1860 CCA # 1.
8	Enclosure 4.5 Note #1 Page 1 of ~~3~~ 4	A change in Protective Action Recommendations (PARS) is due.....	Add the following: "Mark as Initial on ENF".	See change #1
9	Enclosure 4.5 Page 1 of 4	N/A	Add the following above instructions for "Line 2": **Note:** If changes are made to Protective Action Recommendations (PARS), mark box A as Initial~~. on ENF.~~	See change #1
10	Enc. 4.5.A	Follow up is currently marked in Rev. 3 line 2	Remove back ground on line 2 follow up	Form is currently used for follow up notification and also a change in PARs which will

				be marked initial.
11	Enclosure 4.7 Page 2 of 4 Note #1	For Follow-Up or Termination.....	Added the following to note: If message is a change in Protective Action Recommendations (PARS), ensure box A is mark as INITIAL.	See change #1
12	Enclosure 4.15 References # 9 & 10	N/A	Add the following: PIP-G-14-00577 PIP O-14-07653	Update references

Duke Energy Oconee Nuclear Station **Spill Response**	Procedure No. **RP/0/A/1000/017**
	Revision No. **004**
Reference Use	Electronic Reference No. **OP009A88**

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: *02/04/2015*

Enclosure No.: *FULL*

Revision No.: *004*

Procedure No.: *RP/0/A/1000/017*

Spill Response

NOTE:
- This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be:
  - ◊ Reviewed in accordance with 10CFR50.54(q) by Emergency Prepardness prior to approval
  - ◊ Forwarded to Emergency Prepardness within seven (7) working days of approval.
- For an outside line, dial "9", for long distance dial "1".

1. Symptoms

1.1 An unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters has occurred or is occurring and has been reported to the Control Room.

1.1.1 A chemical or substance can include:

- Products with an MSDS or Chemical Fact Sheet
- Hazardous wastes (included fluorescent bulbs)
- Liquid releases suspected to contain radionuclides
- Oil and petroleum products
- Insulation containing, or potentially containing asbestos
- Any of the above materials contained in or on plant equipment, systems or components such as RCW water, wet layup water, etc.

NOTE: To access MSDS information:

1. Go to "Shortcuts" tab on DAE and type "MSDS" in the search window
2. Select "e-TRAC MSDS Search" and install this application under "My Shortcuts"
3. Go to "My Shortcuts", select "e-TRAC MSDS", and select "Run Application"
4. When program opens, enter information on screen. All fields do not need to be completed. Usually only one field such as MSDS Code, Trade Name, or Material Name needs to be entered to retrieve the information.
5. After SEARCH is performed, select "VIEW" for the desired product or chemical.

   This will display the MSDS for the selected chemical. IDLH, Potential Health Effects, First Aid Measures, etc. can be determined from the MSDS.

2. Immediate Actions

NOTE:

- **All** spills or releases reported to the Control Room should be documented in the Problem Investigation Program (PIP), reference the PIP Spill Report Template in Enclosure 4.1.
- Steps 2.1 through 2.5 need to be addressed before allowing caller to hang up the phone.
- Contact Environmental Services Duty Person.
- N/A steps that are Not Applicable

_____ 2.1 Obtain the specifics of the spill/release from the person reporting the spill/release.

Name _____ Date _____

Phone Ext. _____

Spill Location _____

Material Spilled _____

Phone ext. or pager # that person can be reached at a later time. This number will be entered on Line 1 of Enclosure 4.2 (Spill Report Form). _____

Other Pertinent Information _____

_____ 2.2 **IF** the event involves a fire, explosion hazard, or a release of toxic gas such as ammonia, hydrazine or chlorine gas

THEN relocate/evacuate all personnel from the spill area and downwind areas.

_____ 2.2.1 The Fire Brigade leader will determine the scope of the evacuation.

_____ 2.2.2 Notify OSM to consult RP/0/A/1000/001 (Emergency Classification) whenever flammable or toxic gasses are detected/reported within or have the potential for entering the site area boundary.

NOTE:	Environmental Services has determined that sewage spills do **NOT** require a HAZMAT response. {1}

_____ 2.3 **IF** the spill involves sewage

THEN perform the following actions:

- Secure the spill if possible
- Warn others to stay clear of the area
- Consider closing restrooms that could affect the spill area
- Consider making PA announcements to cease using restroom facilities which drain to the spill area
- Consider opening breakers to pumps which are contributing to the spill
- Notify Environmental Services Duty Person
- Environmental Services will determine if the spill is reportable to DHEC. If it is determined to be reportable to DHEC, the Regulatory Compliance Duty Person or the OSM will evaluate reportability to the Nuclear Regulatory Commission.
- Initiate a PIP referencing Enclosure 4.1 (PIP Spill Report Template)
- End of procedure

_____ 2.4 **IF** there is procedural guidance for handling a spill of this material and quantity

THEN instruct the caller to follow guidance found in Nuclear Environmental Work Practices (NEWP) 5.1

_____ 2.5 **IF** the spill is suspected to contain radionuclides

THEN perform the following: {2,3}

_____ Initiate actions to isolate spill

_____ Notify RP to monitor the spill and establish radiological boundaries

_____ Request Chemistry to determine the radionuclide concentration from previous samples or from a grab sample

_____ If the spill is expected to reach CTP-3, then request Environmental Chemistry to initiate PT/0/A/5001/011 (Composite Sampling of #3 CTP Effluent for Radioactivity), Enclosure 13.12 (Sampling During Abnormal Releases Through #3 CTP Effluent).

_____ If the spill is expected to reach CTP-3, then request SPOC to lower the CTP-3 weir gate

_____ Notify the OSM to refer to RP/0/A/1000/001 (Emergency Classification), Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent)

_____ Notify RP to review SRPMP 8-2 (Investigation of Unusual Radiological Occurrences)

_____ Start/Stop the Keowee Hydro Station as directed by Chemistry for additional dilution

_____ Estimate the quantity of liquid released and provide this information to Chemistry for the preparation of a Liquid Waste Release

_____ 2.6 **IF** **Any** of the following conditions exist:

- Release is still in progress
- Release continues to spread
- No procedural guidance exist for handling this release

THEN dispatch a Fire Brigade member to perform the following:

- Assess the event
- Warn others of any known danger
- Remain in a safe area and monitor the situation until emergency personnel arrive

_____ 2.7 **IF** The conditions listed in Step 2.6 are **NOT** met and the HAZMAT team has **NOT** been requested to respond

THEN Contact the Environmental Services Duty Person for all spills reported

Complete Enclosure 4.1 (PIP Spill Report Template)

Exit this procedure

_____ 2.8 **IF** the Fire Brigade requests site HAZMAT Team responders **or** the event is a petroleum product that has reached water **or** is likely to reach water through floor drains, sumps or storm drains

THEN page out the ONS HAZMAT Team, by having the switchboard operator activate the HAZMAT Team pagers.

- Activate the MERT team using the following method: {5}
  1. Use plant page to request all MERT members to respond to the incident.
  2. Use the radio paging system to request MERT members to respond to the incident.

- Use the following directions to activate radios and pagers encoded to the MERT alert tones:
  1. Press the "Green" button labeled "MERT" on the paging console.
  2. Press the "Red" button labeled "transmit" on the right bottom of the console and wait approximately 3 seconds.
  3. Pick up telephone "handset" on console and press the lever located inside the handset.
  4. Transmit message.

2.9 **IF** paging system is inoperable in Unit 1 Control Room

THEN request Unit 3 Control Room to activate MERT or use paging system located in TSC.

_____ 2.9.1 Use plant P/A system and make following announcement twice

_____ **IF Drill:** "This is a drill. This is a drill. All HAZMAT team personnel please respond to the Oconee Office Building staging area. All HAZMAT members please respond to the Oconee Office Building staging area. This is a drill. This is a drill."

_____ **IF an actual event:** "May I have your attention please. May I have your attention please. All HAZMAT members please respond to the Oconee Office Building staging area. All HAZMAT members please respond to the Oconee Office Building staging area."

_____ 2.9.2 Call Security at 3508/2309 and request officers in the search lobby to post the following information on column adjacent to x-ray machine in the PAP area:

- Incident Location
- Chemicals involved, if known
- Any other pertinent information that may be available for the site HAZMAT Team responders

_____ 2.9.3 **IF** HAZMAT incident is outside protected area and during normal working hours

THEN call bus shuttle service at extension 5353 and request bus to meet HAZMAT members at main entrance of protected area for transport to emergency scene.

- Make PA/Radio announcement that a bus has been requested to meet HAZMAT members at main entrance of protected area for transport to emergency scene.

NOTE:
- The request for offsite HAZMAT team assistance should be made simultaneous with the request for fire department assistance. Offsite HAZMAT teams will **NOT** respond unless the fire department is also responding.
- Request for assistance from the Oconee County HAZMAT Team must be made through the local Oconee County Fire Department.

_____ 2.10 **IF** conditions warrant assistance from the local county HAZMAT teams as determined by the Fire Brigade Leader or the HAZMAT Team Leader

THEN contact the appropriate County Rural Fire Department by calling the number listed in Section 8 of the Emergency Telephone Directory and request assistance of the County HAZMAT Team and local fire department.

_____ 2.11 **IF** the HAZMAT event is located at Keowee Hydro

THEN request assistance from the Pickens County HAZMAT Team through the local Pickens County fire department. This number is listed in Section 8 of the Emergency Telephone Directory.

_____ 2.12 Use Enclosure 4.1 as a reference for collecting the necessary information to initiate a PIP.

_____ 2.13 Initiate AD-OP-ALL-0101 (Event Response and Notifications) notifications as required. {7}

_____ 2.14 Reference AD-LS-ALL-0006 (Notification/Reportability Evaluation) requirements to offsite agencies (e.g. NRC, National Response Center, SCDHEC).

_____ 2.15 Contact the Environmental Services Duty Person for all spills reported.

- During normal day shift hours (0700-1730, Monday – Thursday) contact Environmental Services at ext. 5001.
- During backshift, weekends, have switchboard page Environmental Services Duty Person.

_____ 2.15.1 From the information provided from the caller and Fire Brigade Leader ask the Environmental Services Duty Person to determine the spill reportability to offsite agencies (e.g. SCDHEC, National Response Center).

_____ 2.16 Request that the Environmental Services Duty Person inform you if it appears that the time required to make a determination of reportability will be longer than originally expected.

NOTE: Radionuclide liquid release/spill will require calculating the Curies released to determine if an RQ value was exceeded. Chemistry assistance may be required to calculate the curies release.

If Curies released exceeds RQ value listed in 40 CFR 302 the following information will be required on Enclosure 4.2 (Reportable Spill Report Form):

- Line 11: List radionuclide and curies released
- Line 12: Insert - The radiation exposure would be equivalent to less than 2 chest x-rays if you were standing at the plant boundary.

_____ 2.17 **IF** the release is reportable

THEN perform the following:

_____ Request from the HAZMAT Incident Commander the information that is required to complete line numbers 11 through 13 on the Reportable Spill Report Form.

_____ Have the Operations Shift Manager or Emergency Coordinator sign the "Approved For Release" space at the bottom of the form.

NOTE: Reportable releases require notification of off-site emergency and regulatory agencies. The telephone notification to the Nuclear Regulatory Commission in Step 2.23 must be made within 4 hours after Step 2.18 has begun.

_____ 2.18 Fax the approved form to the Oconee County Emergency Preparedness Agency at the fax number listed in the Emergency Telephone Directory, Section 4.

_____ 2.19 Fax the approved form to the Oconee County Law Enforcement Center to the fax number listed in the Emergency Telephone Directory, Section 5.

_____ 2.19.1 Contact Oconee County Law Enforcement Center using DEMNET and the number listed in the Emergency Telephone Directory, Section 5.

_____ A. Write the contact information for the Oconee County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.2 (Reportable Spill Report Form).

_____ 2.20 **IF** the release is to Keowee River

THEN fax the form to the Pickens County Emergency Preparedness Agency to the fax terminal number listed in the Emergency Telephone Directory, Section 4.

_____ 2.20.1 Contact the Pickens County Law Enforcement Center using DEMNET and the number listed in the Emergency Telephone Directory, Section 5 after Oconee County notification is made.

_____ A. Write the contact information for the Pickens County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.2 (Reportable Spill Report Form).

NOTE: The 24-hour contact number for the S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) is State Emergency Response Commission. It may be necessary to wait for a return call from the BSHWM Duty Person. The State Emergency Response Commission's normal working hours are 0830 – 1700, after this time you will reach a recording.

_____ 2.21 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at **803-253-6488 or 888-481-0125.**

_____ 2.21.1 Write the contact information for the S.C. Bureau of Solid and Hazardous Waste Management in the appropriate spaces in the top section of Enclosure 4.2 (Reportable Spill Report Form).

_____ 2.21.2 Provide the information from lines 2 through 13 on Enclosure 4.2 (Reportable Spill Report Form) to the BSHWM Duty Person.

_____ 2.21.3 Obtain the South Carolina Department of Health and Environmental Control file number from the BSHWM Duty Person and enter that file number in the appropriate space at the top of Enclosure 4.2 (Reportable Spill Report Form).

_____ 2.22 Contact National Response Center at **800-424-8802**

_____ 2.22.1 Write the contact information for the National Response Center in the 'National Response Center Contact" space in the top section of Enclosure 4.2 (Reportable Spill Report Form).

_____ 2.22.2 Provide the information from lines 2 through 13 on Enclosure 4.2 (Reportable Spill Report Form) to the National Response Center Duty Person.

_____ 2.22.3 Obtain the National Response Center file number and enter the number in the "National Response Center File Number" space at the top of Enclosure 4.2 (Reportable Spill Report Form).

NOTE:

- For reports made under NEI 07-07, "Industry Ground Water Protection Initiative", the start of the reportability clock to the notify the NRC within 4 hours for an NRC Event Notification under 10CFR50.72(b)(2)(xi) is whichever of the following occurs first: (Notification to the NRC should begin prior to notifying the first State/Local official or the press, if possible.)

  * The Site Vice President (or designee) approves a written communication plan and a completed communication message for State/Local officials as part of the NEI 07-07, "Industry Ground Water Protection Initiative."

  * A formal press release or a report to another government agency has been made.

{11}

_____ 2.23 Make ENS call to the Nuclear Regulatory Commission. (OMP 1-14, Notifications)

_____ 2.23.1 Provide all the information from Enclosure 4.2 (Reportable Spill Report Form) including the offsite agencies notified.

_____ 2.24 Notify the Regulatory Compliance Duty Person that a NRC four hour ENS call has been made.

_____ 2.24.1 Ask the Regulatory Compliance Duty Person to notify the NRC Resident Inspector on duty that a four hour ENS call has been made.

_____ 2.25 Notify the World of Energy Duty Person of any releases reported to offsite agencies.

_____ 2.26 Go to Section 3, Subsequent Actions, of this procedure.

3. Subsequent Actions

_____ 3.1 Contact the person who reported the spill/release (from Step 2.1 of this procedure) for any information regarding the department/division that is responsible for the spill.

_____ 3.1.1 Verify that this person can be reached at a later date at the telephone number listed in Step 2.1.

_____ 3.2 Initiate/Complete the Problem Investigation Process (PIP).

_____ 3.3 Ensure AD-OP-ALL-0101 (Event Response And Notifications) notifications are completed as required.

_____ 3.4 Write the PIP number in the appropriate space at the top of the Reportable Spill Report Form.

_____ 3.5 Send the original approved Reportable Spill Report Form to Environmental Services (ON03EHS) for reporting to offsite agencies along with any additional notes or information that will assist in the problem investigation.

_____ 3.6 Forward completed procedure to Emergency Planning ON03EP.

4. Enclosures

4.1 PIP Spill Report Template

4.2 Reportable Spill Report Form

4.2 References

Enclosure 4.1

PIP Spill Report Template

A PIP shall be initiated within 24 hours of a spill reported to 4911. The following information should be included in the PIP:

NOTE:	The caller's name and contact information should not be given in the PIP. Step 2.1 of this procedure will record this information.

- Time and date of discovery
- Time and date of spill (if known)
- Substance spilled and approximate quantity (gallons or pounds). Quantity "unknown" is **NOT** acceptable for documenting the amount of substance spilled.
- If material is insulation, is it asbestos or not, or don't know
- Location of spill
- Source of spill (e.g. equipment, container, tank)
- What caused the spill (e.g. hydraulic hose break, fuel tank overfill)
- Actions taken to stop or contain the spill
- Material used to contain and clean up the spill
- Did the substance reach a storm drain, ditch, floor drain or sump? If yes, where does it discharge?
- Weather conditions (if outdoors)
- Environmental Services determination of reportability (if reportable complete Enclosure 4.2)
- The team performing clean-up of insulation spills shall update the PIP and work request, if one was written, stating whether the material was asbestos or not and how it was cleaned up and the quantity.
- Note in the PIP that the OSM has been notified and has considered AD-OP-ALL-0101 (Event Response And Notifications) for making the necessary notifications.

Enclosure 4.2

Reportable Spill Report Form

NOTE: This form shall be filled out for reportable spills other than sewage spills. This form is **NOT** required for reportable sewage spills.

PIP No._____ SCDHEC File No. _____ National Response Center File No. _____

Oconee County Law Enforcement Center Contact	Telephone	Date	Time
Pickens County Law Enforcement Center Contact	Telephone	Date	Time
State Emergency Response Committee (SCBSHWM) Contact	888-481-0125 803-253-6488 Telephone	Date	Time
National Response Center Contact	800-424-8802 Telephone	Date	Time
1. Name of Person Reporting Release to 4911	Telephone	Date	Time

2. This is _____ at Duke Energy Corporation's Oconee Nuclear Site, Seneca, SC
The telephone number is (864)873-3312.

3. A release of _____ occurred at _____ on _____.
(Name of Product) (Time) (Date)

4. An estimated quantity of _____ of the substance was released for a duration of _____.
(lbs./gal.) (Hours/Minutes)
The release [is, is not] continuing. **(Circle one)**

5. The material was released to the _____ and covers an area of _____.
(Air/Water/Soil) (Length and Width)

6. The source of the release was _____ located at or from _____.
(Drum, Tank, Piping, etc.) (Unit, Building, Vehicle #, System, etc.)

7. It was attributed to _____.
(Cause of incident)

8. Corrective action being taken or planned: _____
_____.

9. There were _____ injuries and _____ fatalities related to the release.
(numbers) (numbers)

10. Extent of property damage was _____.

11. List the hazardous substances in the material and their respective statutory listing:

HAZARDOUS SUBSTANCE	CERCLA OR EHS LIST

12. Health risks associated with the release: _____
_____
_____

13. Recommendations for the public and the emergency response personnel: _____
_____

HAZMAT Incident Commander	Telephone	Date	Time
Environmental Services	Telephone	Date	Time

APPROVED FOR RELEASE: _____ _____ _____
Operations Shift Manager/Emergency Coordinator Date Time

1. References

1.1 PIP O-05-05761

1.2 PIP O-05-20980

1.3 PIP O-06-01154

1.4 PIP O-07-01841

1.5 PIP O-07-04896

1.6 PIP O-09-07054

1.7 PIP O-10-4593

1.8 AD-LS-ALL-0006 (Notification/Reportability Evaluation)

1.9 AD-OP-ALL-0101 (Event Response and Notifications)

1.10 PIP O-13-04057

1.11 PIP C-13-4111

1.12 SRPMP 8-2 "Investigation of Unusual Radiological Occurrence"

1.13 OMP 1-14 "Notifications"

1.14 Duke Energy Guidance Document "Fleet Interim Guidance on NRC Event Notifications"

1.15 NEI 07-07 "Ground Water Protection Initiative Voluntary Communications"

1.16 PIP O-14-07922

Form 703-1. Procedure Process Record (PPR)

(R08-10)

Duke Energy

PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/1000/017

Revision No. 004

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Spill Response

(4) Prepared By Natalie Harness Date 2/5/2015

(5) Requires NSD 228 Applicability Determination?

☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.

☒ No (Minor Editorial Changes)

(6) Reviewed By* Donald A Carr (QR)(KI) Date 2/24/15

Cross-Disciplinary Review By* (QR)(KI) NA Date 2/24/15

Reactivity Mgmt Review By* (QR) NA Date 2/24/15

Mgmt Involvement Review By* (Ops. Supt.) NA Date 2/24/15

(7) Additional Reviews

Reviewed By* Date

Reviewed By* Date

(8) Approved By* Patrick M Sturgis Date 5/21/15

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*

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/017
2. Revision No.: 004
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Spill Response
5. For changes only, enter procedure sections affected: __
6. Prepared By: Natalie Harness
7. Preparation Date: 2/5/2015
8. PCR Numbers Included in Revision: ONS-14-05920

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Procedure Title: Spill Response

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

Revision 004 of RP/0/A/1000/017 consists of changes resulting from a fleet wide initiative to replace the Selective Signaling System with "Duke Emergency Management Network (DEMNET)".

The replacement of the Selective Signaling System with DEMNET is described in EC 113233.

In general, this revision consists of equipment title changes from Selective Signaling to DEMNET in sections of the procedure describing notifications to Oconee County and Pickens County from the Control Room in the event of an unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters. These changes reflect the replacement of the Selective Signaling System with DEMNET which supports a fleetwide initiative to align State/county notification methodology at all Duke Energy nuclear plant sites.

A new fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET), has been developed to provide instructions for notifying State/county organizations using DEMNET. Applicable sections of the Oconee Nuclear Station Emergency Plan, emergency plan implementing procedures, and support procedures are being revised to implement these changes. These changes are being screened / evaluated in accordance with 10 CFR 50.54(q) under separate cover.

Revision 004 of RP/0/A/1000/017 consists of the following changes:

- Section 2.19.1: Changed "Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5." to "Contact Oconee County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5."
- Section 2.20.1: Changed "Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made" to "Contact the Pickens County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5 after Oconee County notification is made."

PCR Numbers Incorporated

ONS-14-05920

Enclosure

Attachment to 50.54q

RP/0/A/1000/017, Rev 004, Spill Response

#	Page /Section	Current	Proposed Change	Reason
1.	Section 2.19.1	Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5.	Contact Oconee County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5.	Editorial: to reflect replacement of Selective Signaling System with DEMNET and change in process for making notifications based on equipment change
2.	Section 2.20.1	Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made.	Contact the Pickens County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5 after Oconee County notification is made.	Editorial: to reflect replacement of Selective Signaling System with DEMNET and change in process for making notifications based on equipment change

Form 703-2. Procedure Change Process Record
(R08-10)

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/017 Revision No.004

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Spill Response

(4) Section(s) of Procedure Affected: Pages 9 & 10 of 12, Section 2.19 & 2.20.1

(5) Requires NSD 228 Applicability Determination?

☐ Yes (Procedure change with major changes) - Attach NSD 228 documentation.
☒ No (Procedure change with minor changes)

(6) Description of Change: *(Attach additional pages, if necessary.)*
See attached change matrix.

(7) Reason for Change:
Revision 004 of RP/0/A/1000/017 consists of the following changes:

- Section 2.19.1: Changed "Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5." to "Contact Oconee County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5."
- Section 2.20.1: Changed "Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made" to "Contact the Pickens County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5 after Oconee County notification is made."

(8) Prepared By Natalie Harness Date 2/5/2015

(9) Reviewed By* Donald A. Crawl (QR)(KI) Date 2/24/15

Cross-Disciplinary Review By* _____ (QR)(KI) NA DK Date 2/24/15

Reactivity Mgmt. Review By* _____ (QR) NA DK Date 2/24/15

Mgmt. Involvement Review By* _____ (Ops. Supt.) NA DK Date 2/24/15

(10) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(11) Approved By* Patrick M Street Date 5/21/15

* *Printed Name and Signature*

§50.54(q) Screening Evaluation Form

§50.54(q) Screening Evaluation Form Activity Description and References:
RP/0/A/1000/017, Spill Response, Revision 004

BLOCK 1

Revision 004 of RP/0/A/1000/017 consists of the following changes:

- Section 2.19.1: Changed "Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5." to "Contact Oconee County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5."
- Section 2.20.1: Changed "Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made" to "Contact the Pickens County Law Enforcement Center using DEMNET and the Emergency Telephone Directory, Section 5 after Oconee County notification is made.

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

Note:

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
☐ The activity does not involve a site specific EP commitment

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: Natalie Harness	Preparer Signature	Date: 2/3/15
Reviewer Name: Don Crowl	Reviewer Signature	Date: 2/24/15

Revision 12

Duke Energy Company OCONEE NUCLEAR STATION **Technical Support Center Emergency Coordinator Procedure**	Procedure No. **RP/0/A/1000/019** Revision No. **007**

Reference Use

PERFORMANCE

This Procedure was printed on 6/1/2015 2:37 PM 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 _____
** Printed Name and Signature*

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 attachments included?
- ☐ 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 ** Printed Name and Signature*	Date
Procedure Completion Approved ** Printed Name and Signature*	Date

Remarks (*attach additional pages, if necessary*)

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

Attachment Number: *TBD*

Procedure No.: *RP/0/A/1000/019*

Printed Date: *6/1/15*

Revision No.: *007*

Duke Energy Oconee Nuclear Station **Technical Support Center Emergency Coordinator Procedure** **Reference Use**	Procedure No. **RP/0/A/1000/019** Revision No. **007** Electronic Reference No. **OP009A62**

PERFORMANCE

* * * * * * * * * * UNCONTROLLED FOR PRINT * * * * * * * * * *

(ISSUED) - PDF Format

Technical Support Center Emergency Coordinator Procedure

NOTE:
- This is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be:
  - ◊ Reviewed in accordance with 10CFR50.54(q) by Emergency Preparedness prior to approval.
  - ◊ Forwarded to Emergency Preparedness within seven (7) working days of approval.
- For an outside line dial "9" and for long distance dial "1".

1. Symptoms

1.1 Conditions exist where events are in progress or have occurred which indicate a potential degradation in the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

2. Immediate Actions

NOTE:
- The makeup and structure of the ERO organization will be determined by the facility Manager/Coordinator. The facility organizations may be modified or supplemented as necessary to support the particular circumstances given to the existing onsite and offsite conditions. Consider the need for unit specific responses in the event of the implementation of Beyond Design Basis guidance (SAMG, EDMG, etc.) for more than one unit. Unit specific response teams with Ops Superintendent, Nuclear Engineer and an Engineering Manager should assemble in the TSC, and Unit Specific OSC Manager in the OSC as well as supporting craft personnel in the Backup Emergency Response Facility (ERF) TSC/OSC for unit specific response for each affected unit.
- Vacant ERO positions may be filled with other plant staff members currently present in the facility AND who are specifically designated to fill the vacant position by the Emergency Coordinator. Individual(s) designated to fill a vacancy should be selected based upon experience and skills required to complete that ERO function. This is only a substitute designation for the unmanned ERO position and does NOT satisfy the requirement for the trained/qualified ERO position.

NOTE:
- Enclosure 4.2 contains listing of abbreviations/acronyms.
- Actions in Sections 2.0 and 3.0 **are NOT** required to be followed in any particular sequence.
- Place keeping aids: ☐ at left of steps may be used for procedure place keeping (☑). Major events are required to be documented in the TSC Emergency Coordinator Log.
- Enclosure 4.8 lists steps which may be delegated to an Assistant Emergency Coordinator or Emergency Planner.

☐ 2.1 Establish, **OR** have the Assistant Emergency Coordinator/Emergency Planner establish, the Technical Support Center as operational by doing the following: {10}

☐ 2.1.1 Use the attached Enclosure 4.3 (TSC Personnel Log Sheets) for sign-in by all personnel reporting to the TSC. Assign responsibility to the Tech Assistant to the Emergency Coordinator.

☐ 2.1.2 Ensure **Names** are also listed on the TSC Personnel Status Board in the TSC.

NOTE: The TSC **must** assume turnover from the Control Room within **75 minutes** of the initiating Emergency Classification time.

☐ 2.1.3 Determine the following minimum staff requirements for TSC activation.

	NAME
Emergency Coordinator	_____
Dose Assessment Liaison	_____
Nuclear Engineering	_____
Offsite Communicator -1	_____
Offsite Communicator -2	_____
Tech Assistant to the EC	_____

NOTE:
- GETS cards are available in the GETS Binder located in the TSC Supply Cabinet. Their use will enable communications when phone lines are busy or overloaded. See instructions on back of card.
- For communications failures, see RP/0/A/1000/015B, Offsite Communications From The Technical Support Center, Enclosure 4.9 Alternate Method and Sequence to Contact Agencies.
- Satellite Telephones are available in all Control Rooms, the TSC and the OSC. They can be used when other means of communication have failed. {27}

☐ 2.1.4 Verify **OR** have the Assistant Emergency Coordinator/Emergency Planner verify that the phone system is operational or make other provisions for communications. {10}

☐ 2.1.5 Verify **OR** have the Assistant Emergency Coordinator/Emergency Planner verify that the OSC is Operational. {10}

☐ 2.1.6 Verify **OR** have the Assistant Emergency Coordinator/Emergency Planner verify that Technical Assistant to the Emergency Coordinator has started a log of TSC actions and activities. {10}

☐ 2.1.7 **IF** Activation of the Backup Emergency Response Facility (ERF) TSC is required prior to completion of turnover with the SM.

THEN **REFER TO** Step 1.0 of Enclosure 4.6 (Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)). {31}

2.2 Perform **one** of the following:

☐ 2.2.1 **IF** Turnover has been completed from Control Room to EOF,

THEN Acknowledge turnover complete and request Plant Status turnover from SM, including the following:

Parameter	Unit 1	Unit 2	Unit 3
Rx Power			
Temp			
Pressure			
Issues needing help with			
SPOC working on			

2.2.2 **IF** Turnover has **NOT** yet been completed from Control Room to EOF,

THEN perform the following:

☐ A. Receive turnover from the Shift Manager using Enclosure 4.1, (Shift Manager to TSC Emergency Coordinator Turnover Sheet)

☐ B. Determine if OSC is operational {22}

☐ C. Determine if TSC Offsite Communicator has completed turnover with Control Room Offsite Communicator {21}

☐ D. Declare TSC and OSC activated time _____

☐ 2.3 Determine the status of Site Accountability from the TSC Offsite Communicator.

NOTE:	RP/0/A/1000/009, Procedure for Site Assembly, is initiated when site accountability is required and contains roles and responsibilities for site personnel in completing site accountability. {23}

☐ 2.3.1 **IF** personnel within the Protected Area have **NOT** been accounted for by their group, direct the TSC/OSC Liaison to have a **Search & Rescue Team** dispatched from the OSC.

☐ 2.4 Verify **OR** have the Assistant Emergency Coordinator/Emergency Planner verify that the electronic status board is set up and that someone is available to maintain it. {10}

☐ 2.5 Discuss any off-site radiological concerns with the TSC Dose Assessment Liaison.

☐ 2.6 Activate **OR** have the Assistant Emergency Coordinator/Emergency Planner activate the TSC/OSC Public Address (PA) System as follows: {7}{10}

☐ 2.6.1 Flip the power switch UP on the PA system amplifier located inside the communications cabinet.

NOTE:	The microphone switch must be held in position while making PA announcements.

☐ 2.6.2 Announce the following information over the TSC/OSC PA System:

☐ A. The current Emergency Classification level and plant status.

☐ B. As of _____(activation time), the TSC has assumed command and control of the event. {7}

☐ C. "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, notify either the Emergency Coordinator in the TSC or the OSC Manager in the OSC." {28}

☐ D. "Personnel should assume that areas are contaminated until surveyed by RP."

☐ E. "No eating or drinking, until the TSC and OSC are cleared by RP."

NOTE:	Personnel should **NOT** be released from Site Assembly until all site personnel are accounted for. {32}

☐ 2.7 Turn office page override switch **ON**, **OR** have the Assistant Emergency Coordinator/ Emergency Planner turn the office page override switch **ON**. {10}

2.7.1 Dial **70** on the Emergency Coordinator's phone.

2.7.2 Announce the following information over the Plant Public Address System:

Drill Message:

Attention all site personnel. This is _____. I am the Emergency Coordinator.
(name)

This is a drill. This is a drill.

You have been assembled as a part of an emergency exercise. The simulated emergency conditions are _____

_____

_____

If this were a real emergency, you would be asked to remain assembled waiting on further information or given instructions to leave the site as part of an Early Dismissal or in accordance with our site evacuation plan. At this time, however, we will continue with the emergency exercise and personnel **NOT** actively participating in the drill may now return to your normal work assignments. I repeat.... personnel **NOT** actively participating in the drill may now return to your normal work assignments. This is a drill. This is a drill. Thank you for your participation.

Emergency Message:

Attention all site personnel. This is _____ I am the Emergency Coordinator.
(name)

This is an emergency message.

At the present time we have a(n) _____ emergency classification. The plant status is as follows _____

_____

_____

Please remain at your site assembly location until you receive further instructions. Information will be provided to you as conditions change.

☐ 2.8 Contact, **OR** have the Assistant Emergency Coordinator/Emergency Planner contact the State Director of Emergency Management at the SEOC to discuss unit/classification status. {10}

	NAME	TELEPHONE NUMBER
SDEM	_____	(803) 737-8500

2.8.1 Inform the TSC Offsite Communicator whenever the SEOC is activated.

2.8.2 **IF** The SEOC has **NOT** been activated,

THEN Contact the County Directors of Emergency Management (CDEM) to discuss plant status.

Oconee CDEM	_____	(864) 638-4200
Pickens CDEM	_____	(864) 898-5943

☐ 2.9 Perform the following concurrently:

- Use Step 2.10 for emergency classification.
- Use Step 2.11 for turnover to the EOF Director.
- Use steps in Section 3.0 for tasks that must continue regardless of emergency classification.
- During a security event arrange for a qualified Emergency Coordinator to go to the near site Incident Command Post (ICP) to act as a liaison between the Incident Command Post and the TSC. (Ref. RP/0/A/1000/037)

(Step 2.10 on next page)

☐ 2.10 Review emergency classification and verify that it meets the criteria of RP/0/A/1000/001 (Emergency Classification).

- Discuss changing plant conditions with the Operations Manager.
- Discuss emergency classification prior to making recommendations.
- Use the following definitions and provide the Event Prognosis to the Offsite Communicator for completing line #8 on the Emergency Notification Form. {14}

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

- Plant parameters (ex. 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 (ex. 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.

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

- Plant parameters (ex. 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 (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire, Security event) 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.

Stable: Plant conditions are neither degrading nor improving.

☐ 2.10.1 **IF** An **Unusual Event Classification** exists,

THEN Initiate the following actions:

NOTE:	If a follow-up message is due and an upgrade to a higher classification is declared, there is **NO** need to complete the follow-up message. 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.

☐ A. **IF** An upgrade in classification occurs prior to or while transmitting initial message:

THEN Perform the following actions.

- 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 it within 15 minutes of its declaration. {19}

☐ B. Notify counties/state within 15 minutes of event classification.

NOTE:	• NRC should be notified immediately after notification of Offsite Agencies **but NOT** later than **one (1) hour** after declaration of the emergency. • Notification to the NRC of Security events is required within 15 minutes of initiation of the Security event.

☐ C. Announce over the Plant Public Address System,

"A(n)_____(Emergency Classification Level) has been declared for _____(affected Unit). The current plant condition is

_____

(stable, degrading, improving, what has occurred, etc.)

☐ D. Notify NRC of event classification/Security event.

- Remind the TSC NRC Communicator to complete the NRC Event Notification Worksheet and Plant Status Sheet prior to contacting the NRC.
- **IF** the NRC resident has reported to the TSC, provide the resident with Unit/Classification status and a copy of the ENF form.

NOTE:
- Condition "B" for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County.
- Enclosure 4.7 provides a description of Condition "A" and "B". {9}

☐ E. **IF** Condition "B" at Keowee exists,

THEN Notify **OR** have the Assistant Emergency Coordinator notify Hydro Central (refer to the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}{10}

☐ F. Discuss **OR** have the Assistant Emergency Coordinator discuss classification with State Director Emergency Management and County Director(s) Emergency Management. {10}

NAME	TELEPHONE NUMBER
State Director, Emergency Management	(803) 737-8500
Oconee County Director Emergency Management	(864) 638-4200
Pickens County Director Emergency Management	(864) 898-5943

☐ G. **IF** An Unusual Event classification is being terminated

THEN **REFER TO** Enclosure 4.5, (Emergency Classification Termination Criteria) of this procedure for termination guidance.

NOTE:	Emergency Preparedness shall develop a written report for signature by Site Vice President to the State Emergency Management Agency, Oconee County EMA, and Pickens County EMA within 24 working hours of the event termination.

☐ 1. Notify Emergency Preparedness that the Unusual Event has been terminated.

☐ 2. Emergency Peparedness shall hold a critique following termination of the Unusual Event.

(Step 2.10.2, Alert Classification on next page)

☐ 2.10.2 **IF** An **Alert** Classification exists,

THEN Initiate the following actions:

NOTE:	If a follow-up message is due and an upgrade to a higher classification is declared, there is no need to complete the follow-up message. 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.

☐ A. **IF** An upgrade in classification occurs prior to or while transmitting initial message:

THEN Perform the following actions:

- 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 it within 15 minutes of its declaration {19}

☐ B. Notify counties/state within 15 minutes of event classification

☐ C. Announce over the Plant Public Address System,

"A(n)_____(Emergency Classification Level) has been declared for _____(affected Unit). The current plant condition is

_____

(stable, degrading, improving, what has occurred, etc.)

☐ D. Follow Up Notifications (updates) are required a minimum of every 60 minutes

NOTE:	Notification of the NRC of Security events is required within 15 minutes of the initiation of the Security event. {18}

☐ E. Notify NRC of event classification/Security event.

- **IF** the NRC resident has reported to the TSC, provide the resident with Unit/Classification status and a copy of the ENF form.

☐ F. Start ERDS -TSC NRC Communicator, - RP/0/A/1000/003A (ERDS Operation)

☐ G. Discuss, **OR** have the Assistant Emergency Coordinator discuss change in classification with the State Director of Emergency Management (SDEM) and County Directors of Emergency Management (CDEM) {10}

	NAME	TELEPHONE NUMBER
SDEM	_____	(803) 737-8500

1. **IF** The SEOC has not been activated,

   THEN Contact the CDEM to discuss plant status.

   Oconee CDEM _____ (864) 638-4200

   Pickens CDEM _____ (864) 898-5943

NOTE:	• Condition "B" for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2} • Enclosure 4.7 provides a description of Condition "A" and "B". {9}

☐ H. **IF** Condition "B" at Keowee exists,

THEN Notify **OR** have the Assistant Emergency Coordinator notify Hydro Central (refer to the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification).

{4}{10}

☐ I. Evaluate with TSC personnel the need to conduct an Early Dismissal of non-essential site personnel. Take into consideration wind direction, Security concerns, potential for classification upgrade, and 24 hour staffing needs.

☐ 2.10.3 **IF** A **Site Area Emergency** Classification exists,

THEN Initiate the following actions:

NOTE:	If a follow-up message is due and an upgrade to a higher classification is declared, there is no need to complete the follow-up message. 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.

☐ A. **IF** An upgrade in classification occurs prior to or while transmitting initial message:

THEN Perform the following actions.

- 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 it within 15 minutes of its declaration {19}

NOTE:	A change in Protective Action Recommendations (PARs) has a fifteen (15) minute notification requirement following determination of the new or revised PARs. {15}

☐ B. Notify counties/state within 15 minutes of event classification

☐ C. **IF** Condition "A", Dam Failure (Keowee or Jocassee) exists

THEN Make the following protective action recommendations to

Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 5 (B) and (E):

1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.
2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

☐ D. Announce over the Plant Public Address System,

"A(n)_____(Emergency Classification Level) has been declared for _____(affected Unit). The current plant condition is

_____

(stable, degrading, improving, what has occurred, etc.)

☐ E. Follow Up Notifications (updates) are required a minimum of every 60 minutes.

NOTE:	Notification to the NRC of Security events is required within 15 minutes of the initiation of the Security event. {17}

☐ F. Notify NRC of event classification/Security event.

- **IF** the NRC resident has reported to the TSC, provide the resident with Unit/Classification status and a copy of the ENF form.

☐ G. Start ERDS (TSC NRC Communicator - RP/0/A/1000/003A (ERDS Operation).

☐ H. Discuss, **OR** have the Assistant Emergency Coordinator discuss change in classification with SDEM and CDEM. {10}

	NAME	TELEPHONE NUMBER
SDEM	_____	(803) 737-8500

1. **IF** The SEOC has not been activated,

   THEN Contact the CDEM to discuss plant status.

   Oconee CDEM _____ (864) 638-4200

   Pickens CDEM _____ (864) 898-5943

☐ I. **IF** Condition "A", Dam Failure (Keowee or Jocassee) exists

THEN **REFER TO** **OR** have the Assistant Emergency Coordinator
REFER TO Step 3.2. {10}

NOTE:
- Condition "B" for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}
- Enclosure 4.7 provides a description of Condition "A" and "B" {9}

☐ J. **IF** Condition "B" at Keowee exists

THEN Notify **OR** have the Assistant Emergency Coordinator notify Hydro Central (refer to the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}{10}

☐ K. **IF** The site has sustained major damage

THEN Direct implementation of RP/0/A/1000/022, Procedure For Major Site Damage Assessment And Repair.

(Step 2.10.4, General Emergency Classification, on next page)

2.10.4 **IF** A **General Emergency** Classification exists,

THEN Initiate the following actions:

☐ A. Request TSC Dose Assessors to refer to RP/0/A/1000/024, Protective Action Recommendations, to determine protective actions.

☐ B. **IF** Condition "A", Dam Failure (Keowee or Jocassee) exists,

THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 5 (B) and (E):

1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.

2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

NOTE:	A change in Protective Action Recommendations (PARs) has a fifteen (15) minute notification requirement following determination of the new or revised PARs. {15}

☐ C. Notify counties/state within 15 minutes of event classification

☐ D. Announce over the Plant Public Address System,

"A(n)_____(Emergency Classification Level) has been declared for _____(affected Unit). The current plant condition is

_____

(stable, degrading, improving, what has occurred, etc.)

☐ E. Follow Up Notifications (updates) are required a minimum of every 60 minutes.

NOTE:	Notification to the NRC of Security events is required within 15 minutes of the initiation of the Security event. {18}

☐ F. Notify NRC of event classification/Security event.

- **IF** the NRC resident has reported to the TSC, provide the resident with Unit/Classification status and a copy of the ENF form.

☐ G. Start ERDS (TSC NRC Communicator - RP/0/A/1000/003 A (ERDS Operation).

☐ H. Discuss or have the Assistant Emergency Coordinator Discuss change in classification and Protective Action Recommendations with SDEM and/or CDEM. Provide any known information concerning conditions that would make evacuation dangerous.

	NAME	TELEPHONE NUMBER
SDEM	_____	(803) 737-8500

1. **IF** The SEOC has not been activated,

   THEN Contact the CDEM to discuss plant status.

   Oconee CDEM _____ (864) 638-4200

   Pickens CDEM _____ (864) 898-5943

☐ I. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists

THEN **REFER TO OR** have the Assistant Emergency Coordinator **REFER TO**, Step 3.2. {10}

NOTE:
- Condition "B" for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}
- Enclosure 4.7 provides a description of Condition "A" and "B". {9}

☐ J. **IF** Condition "B" at Keowee exists,

THEN Notify **OR** have the Assistant Emergency Coordinator notify Hydro Central (refer to the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}{10}

(Step 2.11 on next page)

NOTE:	EOF Director will notify the Emergency Coordinator when the information has been received and establish a time for turnover. Turnover should be initiated **As Soon As Possible**. A goal of 30 minutes should be used to complete turnover after the EOF is declared *Operational*. {1}

☐ 2.11 Prepare for turnover with the EOF by performing the following:

2.11.1 Complete information in Enclosure 4.9, Emergency Coordinator Turnover Checklist.

2.11.2 Fax Enclosure 4.9 to the Charlotte EOF.

A. Provide Enclosure 4.9 to the TSC Offsite Communicator.

B. Request TSC Offsite Communicator to fax Enclosure 4.9 to the following number: (704)-382-1825.

☐ 2.12 **WHEN** notified by the EOF Director that the EOF is operational, notify the following TSC personnel to exchange information with their counterpart in the EOF.

TSC	EOF Counterpart
TSC Dose Assessment Liaison	Radiological Assessment Manager
TSC Offsite Communicator	Lead Off-Site Agency Communicator
TSC/OPS Interface Manager	Accident Assessment Manager {33}

☐ 2.13 **WHEN** notified by the EOF Director, conduct turnover with the EOF.

☐ 2.13.1 Emergency Coordinator turnover to EOF Director complete.

Time EOF Activated _____

☐ 2.13.2 Request NRC Communicator to notify the NRC EOC that the EOF is activated.

☐ 2.13.3 Make announcement to TSC/OSC that EOF is activated. {6}

3. Subsequent Actions

3.1 **IF** A Loss of Power, loss of SDS or other event occurs in which plant parameter data is unavailable,

THEN Perform the following actions:

> **NOTE:** Additional data sheets are located in Emergency Planning Functional Area Manual Section 3.8 (EOF Data Coordinator Reference Manual). {33}

☐ 3.1.1 Locate copy(s) of the Plant Parameter Data Sheets for the affected units(s) in the Ops ERO position specific notebook.

☐ 3.1.2 Request Operations Superintendent have someone manually collect plant parameter data from the Control Room(s).

☐ 3.1.3 Provide plant parameter data to NRC Communicator, Engineering and anyone else who needs this information. {16}

☐ 3.2 **IF** Condition "A", Dam Failure (Keowee or Jocassee) exists,

THEN Perform **OR** have the Assistant Emergency Coordinator perform the following actions: {10}

3.2.1 **IF** Early Dismissal of non-essential site personnel has **NOT** occurred,

THEN Notify OSC to implement RP/0/A/1000/010, Procedure For Emergency Evacuation/Relocation of Site Personnel.

☐ 3.2.2 Notify Hydro Central if Keowee Personnel are relocated to the OSC. {4}

☐ 3.2.3 Notify Hydro Central and provide information related to the event. Refer to the Emergency Telephone Directory. {4}

> **NOTE:** A loss of offsite communications capabilities (DEMNET and the WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the fiber Optic Network through Bad Creek should be started **AS SOON AS POSSIBLE.**

☐ 3.2.4 **IF** The EOF is **NOT** activated

THEN Notify Telecommunications group in Charlotte to begin rerouting the Oconee Fiber Optic Network. Refer to DEMNET section of the Emergency Telephone Directory.

☐ 3.2.5 Ensure Operations has dispatched operators to the SSF and established communications.

☐ 3.2.6 **WHEN** It is time for shift relief/turnover,

THEN Coordinate orderly shift change of TSC Staff, maintaining oversight, decorum and noise levels.

A. Ensure turnover of TSC EC responsibilities includes the following:

- Review of event timeline (what occurred, when, and if known, why)
- Review of command and control responsibilities (who is responsible for):
  - ◊ Classifications and declarations (also what EAL currently in)
  - ◊ State and Local Notifications (and when last done, when next due)
  - ◊ NRC Communications (and when last done, when next due)
  - ◊ PARs (and Status, any made, any in progress)
  - ◊ Accountability (status, any missing)
  - ◊ Evacuations (any done, any in progress)
  - ◊ Damage repairs in progress and/or completed.
- Review of staffing issues/concerns
- Review of release status
- Review core damage status
- Review any SAMGs, OSAGs, EOPs in progress

B. Make a PA announcement to the TSC and OSC stating the following:

"Attention in the TSC/OSC, This is_____(your name). I have assumed the TSC Emergency Coordinator as of _____(time)."

C. Notify State and Local agencies as well as NRC of the change in TSC EC.

☐ 3.3 **IF** A Security event occurs or is suspected,

THEN Refer to Enclosure 4.10 for guidance on managing the Security event.

☐ 3.4 Periodically evaluate with TSC personnel the need to conduct evacuation. Log the status of this action on the TSC Status Board.

NOTE: Twenty-four (24) hour staffing **must be** accomplished prior to personnel being evacuated from the site per RP/0/A/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel).

☐ 3.4.1 Consider the following for making Site Evacuation decisions:

- Whether personnel with special radiological exposure limits need to be evacuated (e.g.; declared pregnant women, personnel with radio-pharmaceutical limitations).
- Alert - Evaluate actual plant conditions and determine if Early Dismissal of non-essential site personnel is the prudent thing to do.
- Site Area Emergency - consider evacuation/relocation of non-essential site personnel. World of Energy personnel should be evacuated at the same time as non-essential personnel.
- General Emergency - evacuate all non-essential personnel.
- Notify the EOF anytime personnel are relocated on site or evacuated from the site.

WARNING: Use of the Outside Air Booster Fans during a Security Event may introduce incapacitating agents into the Control Room. {5}

☐ 3.5 Periodically evaluate the need to operate the outside air booster fans (Control Room Pressurization and Filter System - CRVS) with TSC personnel. Log status of this system on the TSC Status Board.

NOTE:

- Outside air booster fans are used to provide positive pressure in the Control Room/TSC/OSC to prevent smoke, toxic gas, or radioactivity from entering the area as required by NUREG 0737, Control Room Habitability.
- Chlorine Monitor Alarm will either stop the outside air booster fans **OR** will not allow them to start.

☐ 3.5.1 **IF** Smoke/toxic gas in the Turbine Building or Auxiliary Building is expected to reach the Control Room

THEN Instruct the Control Room to turn **ON** the outside air booster fans.

Fans On ____ Time_____

☐ A. Request OSC to verify operability of the Control Room Ventilation System per OP/0/A/1104/019 (Control Room Ventilation System).

☐ 3.5.2 **IF** RIA-39 is in **Alarm**,

THEN Verify that the Control Room has turned on the outside air booster fans.

☐ A. Request OSC to verify operability of the Control Room Ventilation System per OP/0/A/1104/019 (Control Room Ventilation System).

☐ B. Request backup air sample from the OSC to verify RIA alarm.

☐ C. **IF** Air sample determines that RIA-39 alarm is **NOT** valid,

THEN Secure outside air booster fans.

☐ D. **IF** Air sample determines that RIA-39 alarm is valid,

THEN Isolate the source of airborne contamination to the Control Room/TSC/OSC.

☐ E. **IF** Dose levels in the Control Room/TSC/OSC are being increased by the addition of outside filtered air,

THEN Secure outside air booster fans.

Fans Off _____ Time _____

☐ 3.6 Periodically evaluate the need to activate the Backup Emergency Response Facility (ERF) TSC and/or OSC.

☐ 3.6.1 **IF** Activation of the Backup Emergency Response Facility (ERF) TSC and/or OSC is required

THEN **REFER TO** Step 2.0 of Enclosure 4.6 (Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)). {31}

☐ 3.6.2 Notify the EOF Director once relocation to the Backup Emergency Response Facility (ERF) TSC is completed.

- Ensure continuous accountability of personnel when using the Backup Emergency Response Facility (ERF) TSC and/or OSC. {31}

NOTE: The NRC will send a response team to the site at a Site Area or General Emergency Classification.

☐ 3.7 **IF** An NRC team is enroute,

THEN Assign a qualified Emergency Coordinator to be the NRC Site Coordinator for the arriving NRC team. {23}

☐ 3.7.1 Notify NRC Site Coordinator to report to the TSC for an update on plant conditions.

A. Record NRC Site Coordinator's name on Enclosure 4.4 (NRC Site Team Response Form).

B. Brief NRC Site Coordinator on current plant conditions.

☐ 3.7.2 Provide Enclosure 4.4 (NRC Site Team Response Form), to the TSC NRC Communicator.

A. Instruct TSC NRC Communicator to complete Steps 1.2 – 1.5 of Enclosure 4.4 (NRC Site Team Response Form).

☐ 3.7.3 Notify OSC Manager and request RP Manager and Security to implement actions required to process NRC Site Team.

☐ 3.8 Provide periodic updates to the EOFD concerning plant status. Request the EOFD to provide dose assessment and field monitoring data to the TSC on a periodic basis.

NOTE: Failed Fuel Condition Two (2) requires additional Protective Action Recommendations.

☐ 3.8.1 **IF** Failed Fuel Condition Two (2) has been determined,

THEN Immediately notify the EOFD.

NOTE:
- Approval may be either verbal or written.
- This authority may be delegated to the RP Manager in the OSC.

☐ 3.9 Authorize exposure greater than normal operating limits for planned equipment repair missions and/or emergency lifesaving missions.

NOTE: Timer is located on the desk at the Emergency Coordinator's position.

☐ 3.10 Update TSC and OSC personnel approximately every 30 minutes on the Emergency Classification and plant status via the TSC/OSC public address system.

NOTE:

1. During declared emergencies, Duke Energy does **NOT** need to meet Fatigue Work Rule 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.
2. Hours previously worked prior to ERO activation must be considered in determining shift turnover schedules for 24 hour staffing. {28}
3. TSC Personnel Log Sheets (Enclosure 4.3) are used for planning 24 hour staffing.

☐ 3.11 Establish **OR** have the Assistant Emergency Coordinator/Emergency Planner establish twenty-four (24) hour staffing and have the Managers prepare as needed. {10}

NOTE: Long term use of the SFP as a makeup source will deplete the SFP inventory. Engineering has evaluated and approved the following method for refilling of the SFP with filtered lake water.

☐ 3.12 **IF** Offsite fire apparatus is needed to provide water to the Spent Fuel Pool,

THEN Request the EOFD to contact the Oconee CDEM to provide sufficient fire apparatus (at least 3 pumper trucks of 1000 gpm or greater capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh, or Keowee Rural Volunteer Fire Departments should be requested to provide support).

☐ 3.12.1 Provide the OSC Manager with the following information and request support from the OSC:

- Fire apparatus is being dispatched from Oconee County to provide water to the Spent Fuel Pool
- Request Security Liaison to have Security Officers meet the fire apparatus at the determined site entrance
- Request Maintenance Manager to initiate AM/0/A/3009/012A (Emergency Plan For Refilling Spent Fuel Pool).

NOTE:
- 10CFR50.54(x) allows for reasonable actions that depart from a License Condition or Technical Specification to be performed in an emergency when this action is immediately needed to protect the health and safety of the public and no action consistent with the License Condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent.
- 10CFR50.54(y) requires approval of any 10CFR50.54(x) actions by a Licensed Senior Operator or anyone more senior in the reporting chain (such as EC).
- Implementation of Oconee Severe Accident Guidelines (OSAG) requires the use of 10CFR50.54(x) and (y) provisions.

☐ 3.13 **IF** Plant conditions require a decision to implement 10CFR50.54(x),

THEN Perform the following steps:

☐ 3.13.1 Document decision and actions taken in the affected units log.

☐ 3.13.2 Document decision and actions taken in the Control Room Emergency Coordinator Log.

NOTE: NRC **must be** notified of any 10CFR50.54(x) decisions and actions within one (1) hour.

☐ 3.13.3 Request Control Room/TSC NRC Communicator to report decision and actions taken to the NRC.

NOTE: 10CFR50.72 requires NRC notification for specific plant conditions.

☐ 3.14 **IF** Plant conditions require NRC notification under 10CFR50.72,

THEN Request the Control Room/TSC NRC Communicator to provide this notification using the guidance in OMP 1-14, (Notifications).

☐ 3.15 **IF** Notified by the EOF of a change in emergency classification,

THEN Request the Control Room/TSC NRC Communicator to notify the NRC of the change.

☐ 3.16 **IF** A LOCA exists inside containment,

THEN Request the Operations Superintendent to have Operations personnel refer to OP/0/A/1104/019 (Control Room Ventilation System) to verify proper operation of the Control Room Ventilation System. {3}

☐ 3.17 **IF** Restoring power from a LOOP event,

THEN Have Engineering Manager notify Accident Assessment in the EOF to assess the risk significance of power restoration for potential risk. {24}

☐ 3.18 **IF** SAMGs are entered,

THEN Announce SAMG transition to TSC/OSC/EOF personnel so proper signage can be displayed with current plant conditions. {6}

☐ 3.19 Establish a Recovery Organization (refer to RP/0/A/1000/027, Re-Entry Recovery Procedure) once the emergency has been terminated.

3.19.1 Direct the OSC Manager to review RP/0/A/1000/027, Re-Entry Recovery Procedure to begin preparation for recovery.

3.19.2 Implement RP/0/A/1000/027, Re-entry Recovery Procedure.

3.19.3 Announce the following in TSC/OSC:

"Covered workers need to ensure that all hours worked during an augmentation drill or declared emergency are entered into EmpCenter prior to leaving site. Supervisors should consider the need to initiate a waiver in EmpCenter per NSD-200, Section 200.8." {28}

NOTE: Emergency Prepardeness Section shall be responsible for completing all Procedure Process Records of Emergency Plan Implementing procedures initiated by the TSC.

☐ 3.20 Ensure TSC is returned to ready condition for next drill or actual event.

☐ 3.20.1 Ensure **OR** have the Assistant Emergency Coordinator/Emergency Planner ensure TSC PA override switch is put in the **OFF** position. {8}{10}

☐ 3.20.2 Direct completion of inventory PT/0/A/2000/008, Procedure to Verify the Availability of Supplies and Equipment in the Emergency Response Facilities, and provide to EP.

4. Enclosures

4.1 Shift Manager to TSC Emergency Coordinator Turnover Sheet

4.2 Emergency Preparedness Acronyms

4.3 TSC Personnel Log

4.4 NRC Site Team Response Form

4.5 Emergency Classification Termination Criteria

4.6 Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)

4.7 Keowee Hydro Project Dams/Dikes - Condition A/B Descriptions {9}

4.8 Assistant Emergency Coordinator/Emergency Planner Delegated Procedure Steps {10}

4.9 Emergency Coordinator Turnover Checklist

4.10 Guidelines for Managing a Security Event {17}

4.11 References

Enclosure 4.1

SM Emergency Coordinator Log/Turnover Sheet

Unit 1			Unit 2			Unit 3		
Rx Power	RCS Pressure	RCS Temp.	Rx Power	RCS Pressure	RCS Temp.	Rx Power	RCS Pressure	RCS Temp.
Auxiliary Power From	ES Channels Actuated		Auxiliary Power From	ES Channels Actuated		Auxiliary Power From	ES Channels Actuated	
Jobs In Progress:			Jobs In Progress:			Jobs In Progress:		
Major Equipment Out of Service:			Major Equipment Out of Service:			Major Equipment Out of Service:		
ERDS Activated? **Yes/No** CR Booster Fans On? **Yes/No**			ERDS Activated? **Yes/No**			ERDS Activated? **Yes/No** CR Booster Fans On? **Yes/No**		

Abnormal/Emergency Procedures Currently In Progress

Emergency Response Procedures in Progress	Yes	No	List Any EOP/APs In Progress
RP/0/A/1000/002 (Control Room Emergency Coordinator Procedure)	✓		
RP/0/A/1000/016 (Medical Response)			
RP/0/A/1000/017 (Spill Response)			
RP/0/A/1000/022 (Major Site Damage)			
RP/0/A/1000/029 (Fire Brigade)			
RP/0/A/1000/009 (Procedure For Site Assembly)			
RP/0/A/1000/010 (Emergency Evacuation/Relocation of Site Personnel)			
Emergency Dose Limits for AP/EOP actions in effect?*			

* If yes, implementation of emergency worker exposure limits must be announced over Public Address System. {3}

IF Condition A, Dam Failure, has been declared for Keowee Hydro Project,

THEN Provide the following information to the TSC Emergency Coordinator:

- Status of Offsite Agency Notifications _____
- Recommendations made to offsite agencies _____
- Status of relocation of site personnel _____

Status for answering 4911 emergency phone calls: Remains in Control Room _____ Responsibility of Op's in OSC _____

Status of Site Assembly (Needed only if after hours, holidays, or weekends _____

Time Next message is due to Offsite Agencies _____**(Attach all completed Emergency Notification Forms)**

Emergency Coordinator/TSC _____ SM _____ Time of Turnover _____

1. Emergency Preparedness Acronyms

CDEM	County Director of Emergency Management
EC	Emergency Coordinator
EOF	Emergency Operations Facility
EOFD	Emergency Operation Facility Director
ETS	Emergency Telephone System
ICP	Incident Command Post
LEC	Law Enforcement Center
NRC	Nuclear Regulatory Commission
EOC	Emergency Operations Center
OSC	Operational Support Center
PAR	Protective Action Recommendation
SCC	State/County Communicator
SDEM	State Director of Emergency Management
SEOC	State Emergency Operations Center
SWP	State Warning Point
TSC	Technical Support Center

Enclosure 4.3

TSC Personnel Log

DATE: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	EMPLOYEE ID	TIME IN AT TSC	SHIFT SCHEDULE	NAME (Last, First, MI)	EMPLOYEE ID	SHIFT SCHEDULE
Emergency Coordinator**							
Offsite Communicator**							
Dose Assessment Liaison*							
Nuclear Engineering**							
Tech Assist to EC (Mech Engineer)**							
Asst. Emergency Coordinator							
Operations Superintendent							
TSC/OSC Liaison							

** 75 Minute Responder

Enclosure 4.3

TSC Personnel Log

	PRIMARY				RELIEF		
POSITION	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**TIME IN AT TSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**SHIFT SCHEDULE**
TSC/OSC Liaison Support							
Engineering Manager							
NRC Communicator (ENS)							
Dose Assessors							
Engineering Mgr. Assistant							
Operations Superintendent Assistant							
Operations Interface Manager							
Emergency Preparedness							
Local I/T							
Process Systems							

1. NRC Site Team Response Form

1.1 NRC Site Coordinator _____
(name)

1.2 NRC Site Team Personnel Information:

NAME	SOCIAL SECURITY NUMBER

1.3 Estimated Time of Arrival (ETA): _____

_____

_____

1.4 Mode of Transportation: _____

Check Point: (Circle One)
Hwy 130 - Main Station/WOE Entrance (Check Point 2)
Hwy 183 - Intake Owner Controlled Area (OCA) Gate (Check Point 3)
Hwy 183 - Complex/Branch OCA Gate (Check Point 1)

1.5 Fax this form to OSC and Security using Speed Dial 031 or One-Touch Dial Code 31.

1.6 GET and BBA Requirements Waived:

RP Manager _____ Date _____

Enclosure 4.5

Emergency Classification Termination Criteria

IF The following guidelines applicable to the present emergency condition have been met or addressed,

THEN An emergency condition may be considered resolved when:

☐ 1.1 Existing conditions no longer meet the existing emergency classification criteria and it appears unlikely that conditions will deteriorate further.

☐ 1.2 Radiation levels in affected in-plant areas are stable or decreasing to below acceptable levels.

☐ 1.3 Releases of radioactive material to the environment greater than Technical Specifications are under control or have ceased.

☐ 1.4 The potential for an uncontrolled release of radioactive material is at an acceptably low level.

☐ 1.5 Containment pressure is within Technical Specification requirements.

☐ 1.6 Long-term core cooling is available.

☐ 1.7 The shutdown margin for the core has been verified.

☐ 1.8 A fire, flood, earthquake, or similar emergency condition is controlled or has ceased.

☐ 1.9 Offsite power is available per Technical Specification requirements.

☐ 1.10 All emergency action level notifications have been completed.

☐ 1.11 The Area Hydro Manager has been notified of termination of Condition "B" for Keowee Hydro Project.

☐ 1.12 The Regulatory Compliance Section has evaluated plant status with respect to Technical Specifications and recommends Emergency Classification termination.

☐ 1.13 Emergency terminated. Request the TSC Offsite Communicator to complete an Emergency Notification Form for a Termination Message using guidance in RP/0/A/1000/015B (Offsite Communications From The Technical Support Center), and provide information to offsite agencies.

Date/Time of Termination: _____/_____ Emergency Coordinator Initials: _____

- Return to Step 2.10.1.G.1

1. Activation of the Backup Emergency Response Facility (ERF) TSC prior to completion of turnover with the SM

☐ 1.1 Request OSC Manager/SPOC Supervisor to initiate steps to setup the Backup Emergency Response Facility (ERF) TSC located in RP/0/A/1000/025 (OSC Manager Procedure).

☐ 1.2 Request TSC Technical Assistant to Emergency Coordinator (or designee) to announce over the plant PA that the Backup Emergency Response Facility (ERF) TSC is being activated.

☐ 1.3 Relocate TSC personnel except for the following to the Backup Emergency Response Facility (ERF) TSC, Room 316 of the Oconee Office Building:

- ☐ 1.3.1 TSC Offsite Communicator (1)
- ☐ 1.3.2 TSC Technical Assistant to Emergency Coordinator
- ☐ 1.3.3 Emergency Preparedness (if available)

☐ 1.4 Return to Step 2.2 of this procedure and complete turnover with the SM.

- ☐ 1.4.1 Report to the Backup Emergency Response Facility (ERF) TSC with remaining support personnel after completion of turnover.

2. Activation of the Backup Emergency Response Facility (ERF) TSC and/or OSC

☐ 2.1 Direct the TSC/OSC Liaison to inform the OSC Manager of the need to relocate the following emergency response facilities:

_____ TSC

_____ OSC

_____ TSC and OSC

☐ 2.2 Provide guidance on best available route to personnel being relocated to the Backup Emergency Response Facility (ERF) TSC and/or the OSC.

2.2.1 **IF** A radiological release is in progress,

THEN Direct the TSC/OSC Liaison to request RP to determine the best available route to the Backup Emergency Response Facility (ERF) TSC and/or the OSC.

☐ 2.3 Direct the following TSC personnel to report to the Backup Emergency Response Facility (ERF) TSC to assist with setup of the facility and establish communications with the TSC: (OSC steps are listed in RP/0/A/1000/025, OSC Manager Procedure)

_____ (1) TSC Offsite Communicator

_____ (1) Dose Assessor

_____ Ops Superintendent Assistant

_____ TSC/OSC Liaison Technical Assistant

☐ 2.4 Direct the TSC NRC Communicator to inform the NRC that the Backup Emergency Response Facility (ERF) TSC is being activated.

☐ 2.5 Direct the remaining TSC personnel to report to the Backup Emergency Response Facility (ERF) TSC.

☐ 2.6 Inform the EOF Director that the Backup Emergency Response Facility (ERF) TSC is being activated and that TSC personnel including the Emergency Coordinator are enroute to that facility.

☐ 2.7 Return to Step 3.6.2 of this procedure after reporting to the Backup Emergency Response Facility (ERF) TSC.

Keowee Hydro Project Dams/Dikes - Condition A/B Descriptions

NOTE:

- Duke Energy Company 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 Company Hydro Group personnel will communicate the results of evaluations/inspections to the Keowee Hydro Operator. The Keowee Hydro Operator will notify the SM.

1. Condition "A" - Failure is Imminent or has occurred

A failure at the dam/dike has occurred or is about to occur.

2. Condition "B" - Potentially Hazardous Situation is developing

A situation where failure may develop, but preplanned actions taken during certain events (e.g., major flood, earthquakes, evidence of piping) may prevent or mitigate failure.

The following situations will result in a Condition "B" determination/declaration:

- Reservoir elevation at Keowee Hydro Station is 805 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.

Assistant Emergency Coordinator/Emergency Planner Delegated Procedure Steps

1. **Perform the following procedure steps at the direction of the TSC Emergency Coordinator:**

Assistant Emergency Coordinator	Emergency Planner
☐ 2.1	☐ 2.1
☐ 2.1.4	☐ 2.1.4
☐ 2.1.5	☐ 2.1.5
☐ 2.1.6	☐ 2.1.6
☐ 2.4	☐ 2.4
☐ 2.6	☐ 2.6
☐ 2.7	☐ 2.7
☐ 2.8	☐ 2.8
☐ 2.10.1.C	☐ 3.11
☐ 2.10.1.D	☐ 3.21.1
☐ 2.10.2.E	
☐ 2.10.2.F	
☐ 2.10.3.F	
☐ 2.10.3.G	
☐ 2.10.3.H	
☐ 2.10.4.H	
☐ 2.10.4.I	
☐ 3.1	
☐ 3.11	
☐ 3.21.1	

Enclosure 4.9

Emergency Coordinator Turnover Checklist

( ) CATAWBA ( ) MCGUIRE ( ) OCONEE

UNIT(S) AFFECTED: ( ) Unit 1 ( ) Unit 2 ( ) Unit 3 {8}

GENERAL

Pressure	Power Level	Reactor Coolant Temperature	Reactor Coolant
DATE:_____	U-1_____	_____	_____
TIME:_____	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

	NUMBER ASSEM.	NUMBER DEPLOYED
FIELD MON. TEAMS		

	ZONES EVACUATED	ZONES SHELTERED
OFFSITE PARS		

RELEASE IN PROGRESS YES ( ) NO ( ) KI (General Public) 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

_____
_____
_____

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)

{17}

NOTE:	This enclosure is to be used as guidance for responding to a Security event and should be considered only an aid in managing the incident. Not all actions are applicable to all Security events nor should only these actions be considered. Only actions that are applicable and feasible should be implemented (Reference RP/0/A/1000/037, Incident Command Post).

☐ 1. Establish communications with Security. Consider having a member of Security relocate to the TSC.

☐ 2. Evaluate the need to lock Control Room doors and or perimeter doors to buildings inside the protected area to control access and egress.

NOTE:

- The two-person (line-of-sight) rule for vital areas as identified in Nuclear Secuirity Directive #14 (Insider Threat Mitigation Program and Implementation of Vital Area Two Person Requirement) is necessary when security has determined that a credible insider threat exists.
- An insider threat is an individual in any position that has plans or has already taken action, to adversely affect, either directly or indirectly, the licensee's capability to prevent significant core damage and spent fuel sabotage.

☐ 3. Evaluate the need to implement the two-person rule (line-of-sight).

☐ 4. Prioritize critical plant equipment which must be protected and be prepared to provide this information to Security.

☐ 5. Evaluate the need to man the SSF based on Security recommendations.

- Consider need for emergency start of SSF diesel.

☐ 6. Review AP/0/A/1700/045, Site Security Threat, procedure.

☐ 7. Consideration should be given to tripping the unit(s) if it is determined that there is an imminent/impending and credible threat to the site which may include:

- Imminent loss of Control Room due to adversarial actions
- Notification by NRC/NORAD of imminent aircraft threat
- Entry into the Auxiliary or Containment Buildings by adversaries

☐ 8. Consider staging of offsite fire department and/or EMS.

1. PIP O-98-04996
2. PIP O-99-00743
3. PIP O-01-01395
4. PIP O-01-03460
5. PIP O-01-03696
6. PIP O-02-00264
7. PIP O-02-03705
8. PIP O-02-07089
9. PIP-O-03-02447
10. PIP-O-03-04975
11. PIP-O-04-04755
12. PIP-O-05-01642
13. PIP-O-05-02980
14. PIP-O-05-03349
15. PIP O-05-06827
16. PIP O-06-0884
17. PIP O-06-05641
18. PIP O-05-04697
19. PIP G-07-0127
20. PIP O-07-01590
21. PIP O-07-05157
22. PIP O-07-06549
23. PIP O-07-06992
24. PIP C-06-08633

25. PIP G-11-1389, IER L1-13-10

26. PIP G-12-1530

27. PIP O-12-3002

28. PIP C-12-3794

29. PIP O-07-5228

30. PIP O-09-5976

31. PIP O-13-8641

32. PIP O-13-15223

33. PIP O-14-9047

34. PIP O-14-3330

35. PIP O-14-12048

36. PIP O-14-13924

37. PIP G-14-0577

FORMS

Form 703-1. Procedure Process Record (PPR)

(R10-14)

Duke Energy

(1) ID No. RP/0/A/1000/019

PROCEDURE PROCESS RECORD

Revision No. 007

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Technical Support Center Emergency Coordinator Procedure

(4) Prepared By* Mike Stephens / Mike Stephens Date 04-29-2015

(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* Douglas A. Cecil (QR) (KI) Date 5-18-15

Cross-Disciplinary Review By* (QR) (KI) NA ute Date 5-18-15

Reactivity Mgmt. Review By* (QR) NA DLC Date 5-18-15

Mgmt. Involvement Review By* (Ops. Mgr.) NA DLC Date 5-18-15

(7) Additional Reviews

Reviewed By* Date

Reviewed By* Date

(8) Approved By* Patrick M Street Date 5/26/15

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:

☐ 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

(12) Procedure Completion Approved* Date

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

* *Printed Name and Signature*

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/019__
2. Revision No.: 007 _
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Technical Support Center Emergency Coordinator Procedure _
5. For changes only, enter procedure sections affected: __
6. Prepared By: Mike Stephens MS
7. Preparation Date: 04-29-2015__
8. PCR Numbers Included in Revision: ONS-

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Procedure Title: Technical Support Center Emergency Coordinator Procedure _

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

- Enhancements/editorial changes to reformat/reword for consistency, also changes made to conform with Procedure Writer's Manual.
- Changes made to align with NEI 13-01 addressing Backup Emergency Response Facility.
- Change made to require 2 TSC offsite communicators to align with NSD-117 requirements.
- Additional note added to provide the NRC critical information and gain input on the government's ability to assist during HAB event. (NEI 06-04 HAB, Obj. #3).
- Deleted 15 minute requirement to gather data post SBO to align with FAM 3.8 (Rev. 12).
- Note added to clarify "credible insider threat" and two person (line-of -site) rule.

PCR Numbers Incorporated

ONS-

Enclosure

[Type text]

APPENDIX C. APPLICABILITY DETERMINATION (Rev. 10)

PART I – ACTIVITY DESCRIPTION

DUKE ENERGY CAROLINAS, LLC SITE			UNIT(S)		
☒ Oconee	☐ McGuire	☐ Catawba	☒ Unit 1	☒ Unit 2	☒ Unit 3

ACTIVITY TITLE/DOCUMENT/REVISION: **RP/0/A/1000/019 (Rev. 007) Technical Support Center Emergency Coordinator Procedure**

PART II – PROCESS REVIEW

For each activity, address all of the questions below. If the answer is "YES" for any portion of the activity, apply the identified process(es) to that portion of the activity. Note: It is not unusual to have more than one process apply to a given activity.

Will implementation of the above activity require a change to the:

		NO	YES	
1.	Technical Specifications (TS) or Operating License?	☒	☐	If YES, process as a license amendment per NSD 227.
2.	Quality Assurance Topical?	☒	☐	If YES, seek assistance from Independent Nuclear Oversight.
3.	Security Plans? (See Appendix H)	☒	☐	If YES, process per the Nuclear Security Manual.
4.	Emergency Plan?	☐	☒	If YES, process per the Emergency Planning Functional Area Manual.
5.	Inservice Testing Program Plan?	☒	☐	If YES, process per site IST Program for ASME code compliance and related facility changes.
6.	Inservice Inspection Program Plan?	☒	☐	If YES, process per Materials, Metallurgy and Piping Inservice Inspection FAM for ASME code compliance and related facility or procedure changes.
7.	Fire Protection Program Plan?	☒	☐	If YES, evaluate activity in accordance with NSD 320.
	7a -Utilize Appendix E to address Fire Protection Program Plan Impact.		☒	Check to confirm use of Appendix E Screening Questions.
8.	Regulatory Commitments?	☒	☐	If YES, process per NSD 214.
9.	Code of Federal Regulations?	☒	☐	If YES, contact the Regulatory Affairs group.
10.	Programs and manuals listed in the Administrative Section of the TS?	☒	☐	If YES, contact the Regulatory Affairs group.

[Type text]

PART IIIa - 10 CFR 72.48 APPLICABILITY

For each activity, address the question below. If the answer to question 11 is "YES," and questions 14 and 17 are answered "NO", then process the activity per NSD 211 - 10 CFR 72.48 does apply.

11.	Does the activity involve SSCs, procedures or conduct tests or experiments that support/impact the loading or transport of the canister/cask to the ISFSI, the ISFSI facility, spent fuel cask design?	☒ NO	☐ YES

PART IIIb – 10 CFR 50.59 APPLICABILITY

For each activity, address all of the questions below. If the answer to question 18 is "YES," then 10 CFR 50.59 does not apply. If the answer to questions 18 is "NO," then process the activity per NSD 209 – 10 CFR 50.59 applies.

12.	Does the activity involve a procedure, governed by NSD 703 that has been excluded from the 10 CFR 50.59 process per NSD 703 and the exclusion status remains valid?	☒ NO	☐ YES
13.	Does the activity involve an administrative procedure governed by NSD 100 or AD-DC-ALL-0201 that does not contain information regarding the operation and control of Structures, Systems and Components?	☒ NO	☐ YES
14.	Does the activity involve a type of Engineering Change that NSD 301 excludes from the 10 CFR 50.59 and/or 10 CFR 72.48 Processes? Consult NSD 301 for assistance.	☒ NO	☐ YES
15.	Does the activity involve (a) maintenance activities that restore SSCs to their as-designed condition (including activities that implement approved design changes) or (b) temporary alterations supporting maintenance that will be in effect during at-power operations for 90 days or less?	☒ NO	☐ YES
16.	Does the activity involve a UFSAR modification that NSD 220 excludes from the 10 CFR 50.59 Process? Consult NSD 220 for assistance.	☒ NO	☐ YES
17.	Does the activity involve NRC and/or Duke Energy Carolinas, LLC approved changes to the licensing basis?	☒ NO	☐ YES
18.	Are **ALL** aspects of the activity bounded by one or more "YES" answers to questions 1 through 17, above?	☐ NO	☒ YES

PART IV - UFSAR REVIEW

19.	Does the activity require a modification, deletion, or addition to the UFSAR to satisfy the UFSAR content requirements of 10 CFR 50.34 (b), 10 CFR 50.71 (e), or Regulatory Guide (RG) 1.70? Consult NSD 220 for Assistance. IF YES, process per NSD 220.	☒ NO	☐ YES

PART V – SIGNOFF

(Print Name) Don Crowl (Sign) [signature] DATE 5-18-15

Applicability Determination Preparer

APPENDIX E. FIRE PROTECTION PROGRAM SCREENING

The following screening questions are used to assist the Applicability Determination preparer to answer PART II – PROCESS REVIEW question number 7.

A "Yes" answer to any of the screening questions would indicate the Fire Protection Program Licensing Basis may be affected, and Question # 7 on the Applicability Determination Form (Appendix C) should be checked "Yes" and a review in accordance with NSD 320 is required.

PART A

New procedure or a major procedure change FPP Licensing Applicability impact screening:

NOTE: IF the procedure change is a result of a Plant Modification or Engineering Change that has previously been evaluated for impact to the FPP, then question #7 should be checked "No".

	Yes	No	
A1.	☐	☑	Does the proposed activity change any plant responses, operator responses or emergency lighting associated with Post Fire Safe Shutdown (PFSS) response procedures?
A2.	☐	☑	Does the proposed activity add, remove or revise any fire protection features as described in the UFSAR or SLCs from any performance test procedures?
A3.	☐	☑	Does the proposed activity add, remove or revise any procedures related to fire protection features as described in the UFSAR or SLCs?
A4.	☐	☑	Does the proposed activity add, remove or revise any performance test Acceptance Criteria for any fire protection features as described in the UFSAR or SLCs?

PART B

Plant Modification/Engineering Change FPP Licensing Basis impact screening:

Does the proposed activity impact .....?

B1.	☐	☐	Any **fire rated assemblies/boundaries** (walls, floors, ceilings, etc.), including fire doors, fire dampers, penetration seals, fire rated wraps, radiant energy heat shields, structural fireproofing, etc. as described the UFSAR or SLCs?
B2.	☐	☐	Any **water based fixed fire suppression systems** (including water supply flow paths and main fire pumps) as described in UFSAR or SLCs?
B3.	☐	☐	Any **gaseous fire suppression systems** (CO2, Halon) as described in the UFSAR or SLCs?
B4.	☐	☐	Any **manual fire fighting equipment** such as hose stations and fire hydrants as described in the UFSAR or SLCs?
B5.	☐	☐	Any **portable fire extinguishers** located in safety-related and/or safe shutdown areas of theplant or power block?
B6.	☐	☐	Any **fire detection systems** as described in the UFSAR or SLCs?
B7.	☐	☐	Any **water and/or combustible fluid containment devices** such as curbs, dikes, drains, fire protection system spray shields, etc. located in safety-related and/or safe shutdown areas?
B8.	☐	☐	Any **administrative control** documents for the Fire Protection Program such as NSD 313 (Control of Combustible/Flammable Materials), NSD 314 (Hot Work Authorization), and NSD 316 (Fire Protection Impairment)?
B9.	☐	☐	Any **fire brigade equipment, including communication equipment** or **fire brigade administrative controls** as outlined in NSD 112 (Fire Brigade Organization, Training, and Responsibilities)?
B10.	☐	☐	The **Reactor Coolant Pump Lube Oil Collection System?**
B11.	☐	☐	The **Fire Safety/Hazards Analysis** as documented in the plant level Design Basis Document for Fire Protection (CNS-1465.00-00.0006, MCS-1465.00-00-0008, OSS-0254.00-00-4008)?
B12.	☐	☐	Any **PFSS/Nuclear Safety Capability Assessment/Non-Power Operations equipment, emergency lighting, commnuciations, circuits, and/or cable routes** as described in the site PFSS DBD and associated analysis (CNS-1435.00-00.0002, MCS-1465.00-00-0022, OSS-0254.00-00-4008)?
B13.	☐	☐	Combustible/Flammable Material or an Ignition Source?
B14.	☐	☐	Any **Site Fire Brigade Response Strategies** as described in the Emergency Plan and Fire Protection Planning guide?
B15.	☐	☐	Any plant radiation control boundaries?
B16.	☐	☐	Any HVAC flow changes include air intake/exhaust changes in radiation control areas?

Form 703-2. Procedure Change Process Record
(R10-14)

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No. _____ RP/0/A/1000/019_____

Revision No. __007__ _____Change No. _
Permanent/Restricted to _____

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title Technical Support Center Emergency Coordinator Procedure _

(4) Section(s) of Procedure Affected __

(5) Requires NSD 228 Applicability Determination?

☒ Yes (Procedure change with major changes) - Attach NSD 228 documentation

☐ No (Procedure change with minor changes)

(6) Description of Change *(Attach additional pages, if necessary.)*

- Enhancements/editorial changes to reformat/reword for consistency, also changes made to conform with Procedure Writer's Manual.
- Changes made to align with NEI 13-01 addressing Backup Emergency Response Facility.
- Change made to require 2 TSC offsite communicators to align with NSD-117 requirements.
- Additional note added to provide the NRC critical information and gain input on the government's ability to assist during HAB event. (NEI 06-04 HAB, Obj. #3).
- Deleted 15 minute requirement to gather data post SBO to align with FAM 3.8 (Rev. 12).
- Note added to clarify "credible insider threat" and two person (line-of -site) rule.

(7) Reason for Change

To resolve PIP CA's: O-14-3330, O-14-12048, O-14-9047, O-14-13924 & G-14-0577

(8) Prepared By* Mike Stephens Mike Stephens Date 04-29-2015

(9) Reviewed By* Donald A. Orwell (QR) (KI) Date 5-18-15

Cross-Disciplinary Review By* _____ (QR) (KI) NA DNE Date 5-18-15

Reactivity Mgmt. Review By* _____ (QR) NA DNE Date 5-18-15

Mgmt. Involvement Review By* _____ (Ops. Mgr.) NA DNE

Date 5-18-15

(10) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(11) Approved By* Patrick M Street Date 5/21/15

§50.54(q) Screening Evaluation Form

Activity Description and References: RP/0/A/1000/019 Technical Support Center Emergency Coordinator Procedure (Rev 007) — **BLOCK 1**

See attached sheet for all changes pertaining to this procedure.

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: — **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: Mike Stephens	Preparer Signature: Mike Stephens	Date: 5-18-15
Reviewer Name: Don Crowl	Reviewer Signature: Don Crowl	Date: 5-18-15

§50.54(q) Effectiveness Evaluation Form

Activity Description and References: RP/0/A/1000/019 (Technical Support Center Emergency Coordinator Procedure) (Rev. 007) **BLOCK 1**

To resolve PIP CA's: O-14-3330, O-14-12048, O-14-9047, O-14-13924 & G-14-0577

See attached sheet for all changes pertaining to this procedure.

Activity Type: **BLOCK 2**

☐ The activity is a *change* to the *emergency plan*

☒ The activity affects implementation of the *emergency plan*, but is not a *change* to the *emergency plan*

Impact and Licensing Basis Determination: **BLOCK 3**

Licensing Basis:

10 CFR 50.47(b)(1)—Assignment of Responsibility/Organizational Control

a. The regulation at 10 CFR 50.47(b)(1) states the following: Primary responsibilities for emergency response by the nuclear facility licensee and by State and local organizations within the Emergency Planning Zones have been assigned, the emergency responsibilities of the various supporting organizations have been specifically established, and each principal response organization has staff to respond and to augment its initial response on a continuous basis.

b. Two emergency planning functions have been defined for this planning standard:

(1) Responsibility for emergency response is assigned.

(2) The response organization has the staff to respond and to augment staff on a continuing basis (i.e., 24/7 support) in accordance with the emergency plan.

Appendix E to Part 50 IV.A.1

A. Organization

The organization for coping with radiological emergencies shall be described, including definition of authorities, responsibilities, and duties of individuals assigned to the licensee's emergency organization and the means for notification of such individuals in the event of an emergency. Specifically, the following shall be included:

1. A description of the normal plant operating organization.

9. By December 24, 2012, for nuclear power reactor licensees, a detailed analysis demonstrating that on-shift personnel assigned emergency plan implementation functions are not assigned responsibilities that would prevent the timely performance of their assigned functions as specified in the emergency plan.

NUREG-0654

II. Planning Standards and Evaluation Criteria

A. Assignment of Responsibility (Organization Control) Primary responsibilities for emergency response by the nuclear facility licensee, and by State and local organizations within the Emergency Planning Zones have been assigned, the emergency responsibilities of the various supporting organizations have been specifically established, and each principal response organization has staff to respond and to augment its initial response on a continuous basis.

ONS E-Plan E.3 & E.4 Initial and Follow-up Message Formats

A single message format has been established that will be used by the Oconee Nuclear Site to properly notify Oconee and Pickens Counties and the South Carolina Emergency Management Division of an emergency situation at the facility. Notification and authentication procedures are in place for all designated agencies.

NEI 13-01
Provided that the capability to perform EMERGENCY ASSESSMENT functions is maintained, the temporary use of an alternate or backup ERF may provide a VIABLE COMPENSATORY MEASURE for the loss of a primary ERF. In particular, the alternate or backup ERF must meet the applicable requirements of 10 CFR 50 Appendix E, section IV.E.8a and 8.c
ONS E-Plan:
H.1.c Backup Emergency Response Facility (ERF) (Figure H-14 and H-2A) A Backup Technical Support Center has been established at the Oconee Office Building, Room 316. Radio and telephone communications are available to offsite agencies and the NRC to the same extent as the designated TSC.
10 CFR 50.47(b)(5)—Emergency Notifications
a. The regulation at 10 CFR 50.47(b)(5) states the following:
Procedures have been established for notification, by the licensee, of State and local response organizations and for notification of emergency personnel by all organizations; the content of initial and follow-up messages to response
organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
b. Three emergency planning functions have been defined for this planning standard:
(1) Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications.
(2) Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway.
(3) The public ANS meets the design requirements of FEMA-REP-10, "Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants"
(Ref. 12), or is compliant with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter.

Nuclear System Directive: 117.Emergency Response Organization Staffing, Training, and

Responsibilities

117.4.2 ERO POSITION SPONSORS (OWNERS)
ERO Position Sponsors (Owners) are responsible for ensuring adequate staffing of ERO members serving in their assigned ERO position(s). Position Sponsors are assigned based on their organizational position. ERO Position Sponsors are expected to:
• Maintain target staffing levels for their ERO position per Appendices A through D. Target staffing levels are set to ensure sufficient ERO staffing depth for 24 hour staffing allowing for vacation, personnel illness, etc.
117.5.3 OCONEE
The following position at a minimum constitute a team in the TSC:
Off Site Communicator (2)**

FAM 3,8
EOF Data Coordinator Reference Manual (Rev. 12) (Approved 12-10-14) Revised Attachments 3.8.5.11 and 3.8.5.15 to remove frequency for providing plant data. Bases for the 15 minutes: These changes clarify sources of data in the event of a loss of SDS or loss of power. The recommendation for providing data was based on the data needed for calculating RADDOSE runs every 15 minutes. URI does not have the same data input requirements and has been implemented.

NEI 06-04 Hostile Action Based objective three:
3. Demonstrate the ability to make accelerated NRC notifications. Perform accelerated notification to the NRC in accordance with appropriate procedures.

Compliance Evaluation and Conclusion: **BLOCK 4**

1. Evaluation:

The proposed changes continue to comply with all applicable rules and regulations and ensure that all required license activities are completed in a timely manner as described in the ONS E-Plan. The proposed changes continue to ensure that the primary responsibilities are defined and assigned and meets regulatory requirements.

Conclusion:

The proposed activity ☒ does / ☐ does not continue to comply with the requirements.

Reduction in Effectiveness (RIE) Evaluation and Conclusion: **BLOCK 5**

1. Evaluation:

The proposed changes are being made for the reasons as listed below:

- Numerous enhancements/editorial changes to reformat/reword for consistency, also changes made to conform with Procedure Writer's Manual.
- Changes made to align with NEI 13-01 addressing Backup Emergency Response Facility.
- Change made to require 2 TSC offsite communicators to align with NSD-117 requirements.
- Additional note added to provide the NRC critical information and gain input on the government's ability to assist during HAB event. (NEI 06-04 HAB, Obj. #3).
- Deleted 15 minute requirement to gather data in the event of a loss of SDS or loss of power in align with FAM 3.8 (Rev. 12).
- Note added to clarify "credible insider threat" and two person (line-of -site) rule.

Therefore as can be seen by the evaluation the proposed changes do no reduce the effectiveness of the E-Plan.

Conclusion:

The proposed activity ☐ does / ☒ does not constitute a RIE.

Effectiveness Evaluation Results **BLOCK 6**

☒ 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.

☐ 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.

Preparer Name: Mike Stephens	Preparer Signature: Mike Stephens	Date: 5-14-15
Reviewer Name: Don Crowl	Reviewer Signature: Don Crowl	Date: 5-18-15
Approver Name: Pat Street	Approver Signature: Pat Street	Date: 5/21/15

Attachment to 50.54q

RP/0/A/1000/019, Rev 007, Technical Support Center Emergency Coordinator Procedure

#	Page /Section	Current	Proposed Change	Reason
1.	Page 2 of 28 Note section 1st bullet	• This procedure is an implementing procedure to the Oconee Nuclear Station Emergency Plan and must be: 1. Reviewed in accordance with 10CFR50.54(q) prior to approval 2. Forwarded to Emergency Planning within seven (7) working day of approval.	• This is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be: ◊ Reviewed in accordance with 10CFR50.54(q) by Emergency Preparedness prior to approval. ◊ Forwarded to Emergency Preparedness within seven (7) working days of approval.	Enhancement: Reformatted/ reworded for consistency with other EPIPs Substeps did not require sequential performance so were changed from numbered substeps to sub-bullets.
2.	Page 2 of 28 Note 2.1, 1st bullet	. . . the alternate TSC / OSC . . .	. . . the Backup Emergency Response Facility (ERF) TSC/OSC . . .	Per NEI 13-01.
3.	Page 3 of 28 Step 2.1.3	Offsite Communicator	Offsite Communicators (2)	Current guidance in NSD-117 to meet minimum team staffing in TSC.
4.	Page 2 of 28 Note 2.1, 2nd bullet	. . . ERO position an does NOT . . .	. . . ERO position and does NOT . . .	Correct typo
5.	Page 4 of 28 Step 2.1.7	. . . the alternate TSC / OSC . . . . . . Enclosure 4.6 (Alternate TSC and/or OSC Activation).	. . . the Backup Emergency Response Facility (ERF) TSC/OSC . . . . . . Enclosure 4.6 (Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)).	Per NEI 13-01.
6.	Page 5 of 28 Step 2.2	N/A	Added new header step: "Perform **one** of the following:" Renumbered alternative substeps as 2.2.1 and 2.2.2.	Editorial: There were 2 alternative substeps. Corrects formatting problem per the Procedure Writer's Manual.
7.	Page 5 of 28 Step 2.2.1	N/A	Bolded "IF" and "THEN" and deleted colons.	Conformance with the Procedure Writer's Manual.
8.	Page 5 of 28 Step 2.2.1	THEN: Acknowledge turnover complete, Request: Plant status turnover from SM, include the following:	**THEN** Acknowledge turnover complete and request Plant Status turnover from SM including the following:	Conformance with the Procedure Writer's Manual.
9.	Page 5 of 28 Step 2.2.2	N/A	Bolded "IF", "NOT" and "THEN" and deleted colons.	Conformance with the Procedure Writer's Manual.

10.	Page 5 of 28 Step 2.2.2	THEN: Receive turnover from the Shift Manager using Enclosure 4.1, (Shift Manager to TSC Emergency Coordinator Turnover Sheet)	**THEN** perform the following: A. Receive turnover from the Shift Manager using Enclosure 4.1, (Shift Manager to TSC Emergency Coordinator Turnover Sheet)	Conformance with the Procedure Writer's Manual.
11.	Page 5 of 28 Step 2.2.2, steps B, C, and D	N/A	Renumbered due to addition of step 'A' mentioned above.	Conformance with the Procedure Writer's Manual.
12.	Page 6 of 28 Step 2.3.1	Direct the TSC/OSC Liaison to have a **Search & Rescue Team** dispatched from the OSC if personnel within the Protected Area have not been accounted for by their group.	**IF** personnel within the Protected Area have **NOT** been accounted for by their group, direct the TSC/OSC Liaison to have a **Search & Rescue Team** dispatched from the OSC.	Conformance with the Procedure Writer's Manual.
13.	Page 6 of 28 Step 2.6	N/A	Added "as follows"	Conformance with the Procedure Writer's Manual.
14.	Page 6 of 28 Note 2.6.2	N/A	Converted information from old step into a Note. Renumbered subsequent steps.	Conformance with the Procedure Writer's Manual.
15.	Page 7 of 28 Note 2.7	N/A	Reformatted Note.	Conformance with the Procedure Writer's Manual.
16.	Page 7 of 28 Step 2.7	N/A	Replaced "over ride" with "override"	Correct typo
17.	Page 7 of 28 Step 2.7	N/A	Emphasized "not" with bold, underline, and caps.	Conformance with the Procedure Writer's Manual.
18.	Page 8 of 28 Step 2.8	Contact, ******at the SEOC.	Contact, ******at the SEOC to discuss unit / classification status.	To clarify reason for calling State Director of Emergency Management
19.	Page 8 of 28 Step 2.9	N/A	Replaced period with a colon and changed numbered substeps with bullets.	Conformance with the Procedure Writer's Manual. Substeps did not require sequential performance so were changed from numbered substeps to bullets.
20.	Page 8 of 28 Step 2.9, 3rd bullet	N/A	Added the word "Section"	Conformance with the Procedure Writer's Manual.

21.	Page 9 of 28 Step 2.10 first bullet.	**** Superintendent of Operations.	**** Operations Manager	Position title change post-merger.
22.	Page 11 of 28	N/A	If **NRC RESIDENT** has reported to the TSC, provide unit/classification status and a copy of Emergency Notification Form.	Additional bullet to step D to provide the NRC critical information and gain input on the government's ability to assist during the event. (NEI 06-04 Hostile Action Based, Obj. 3)
23.	Page 11 of 28 Note 2.10.1.G.2	N/A	Deleted "The" at beginning of paragraph.	Correct typo
24.	Page 13 of 28	N/A	If **NRC RESIDENT** has reported to the TSC, provide unit/classification status and a copy of Emergency Notification Form.	Additional bullet to step E to provide the NRC critical information and gain input on the government's ability to assist during the event. (NEI 06-04 Hostile Action Based, Obj. 3)
25.	Page 14 of 28 Note 2.10.3	N/A	Added comma to end of "IF" statement.	Grammatical correction.
26.	Page 15 of 28	N/A	If **NRC RESIDENT** has reported to the TSC, provide unit/classification status and a copy of Emergency Notification Form.	Additional bullet to step F to provide the NRC critical information and gain input on the government's ability to assist during the event. (NEI 06-04 Hostile Action Based, Obj. 3)
27.	Page 17 of 28	N/A	If **NRC RESIDENT** has reported to the TSC, provide unit/classification status and a copy of Emergency Notification Form.	Additional bullet to step F to provide the NRC critical information and gain input on the government's ability to assist during the event. (NEI 06-04 Hostile Action Based, Obj. 3)

28.	Page 19 of 28 Step 2.12	N/A	Capitalized and underlined "When"	Conformance with the Procedure Writer's Manual.
29.	Page 19 of 28 Step 2.12	TSC/EOF OPS Liaison	TSC/OPS Interface Manager	Changed title to align with correct ERO position title. Drill PIP O-14-9047
30.	Page 19 of 28 Step 2.13	N/A	Capitalized and underlined "When"	Conformance with the Procedure Writer's Manual.
31.	Page 20 of 28 Step 3.1	N/A	Added comma to end of "IF" statement.	Grammatical correction.
32.	Page 20 of 28 Step 3.1.1	N/A	Note: Additional data sheets are located in Emergency Planning Functional Area Manual Section 3.8 (EOF Data Coordinator Reference Manual)	Note added for clarification. Critique item from TSC/OSC ERO Hostile Action Base Drill PIP O-14-9047
33.	Page 20 of 28 Step 3.1.1	Locate copy(s) of.....in procedure cart.	Locate copy(s) of . . . in OPS ERO position specific notebook.	Procedure cart was replaced with file cabinet and ERO position specific notebooks were distributed.
34.	Page 20 of 28 Step 3.1.2	****Control Room (s) approximately every 15 minutes.	***** Control Room (s). Delete 15 minute requirement to gather data.	(Approved 12-10-14) FAM 3,8 (Rev. 12) Revised Attachments 3.8.5.11 and 3.8.5.15 to remove frequency for providing plant data. Bases for the 15 minutes: These changes clarify sources of data in the event of a loss of SDS or loss of power. The recommendation for providing data was based on the data needed for calculating RADDOSE runs every 15 minutes. URI does not have the same data input requirements and has been implemented.

35.	Page 20 of 28 Step 3.2	N/A	Added comma to end of "IF" statement.	Grammatical correction.
36.	Page 20 of 28 Step 3.2.1	N/A	Underlined "NOT" and added comma to end of "IF" statement.	Grammatical correction. Conformance with the Procedure Writer's Manual.
37.	Page 20 of 28 Step 3.2.4 and Note	Selective Signaling	DEMNET	Editorial (DEMNET evaluated in previous 54q)
38.	Page 21 of 28 Step 3.2.6	N/A	Added comma to end of "IF" statement.	Grammatical correction.
39.	Page 21 of 28 Step 3.2.6, A-C	N/A	Changed numbers to letters, added commas to 1st bullet, and changed sub-bullet style	Conformance with the Procedure Writer's Manual.
40.	Page 21 of 28 Step 3.3	N/A	Added comma to end of "IF" statement.	Grammatical correction.
41.	Page 22 of 28 Note 3.4.1, 2nd bullet	N/A	Moved action from bullet to 1st bulleted substep of 3.4.1.	Conformance with the Procedure Writer's Manual.
42.	Page 23 of 28 Step 3.5.2	N/A	Added comma to end of "IF" statement and forced 'IF' statement to stay on page with 'THEN' action..	Grammatical correction and conformance with the Procedure Writer's Manual.
43.	Page 23 of 28 Step 3.5.2.B	N/A	Added period to end of statement.	Grammatical correction.
44.	Page 23 of 28 Step 3.5.2.C	N/A	Bold, underlined, and capitalized "not" and added comma to end of "IF" statement.	Conformance with the Procedure Writer's Manual and Grammatical correction. .
45.	Page 23 of 28 Step 3.5.2.D & E	N/A	Added comma to end of "IF" statement.	Grammatical correction.
46.	Page 23 of 28 Step 3.6	. . . the alternate TSC and/or OSC . . .	. . . the Backup Emergency Response Facility (ERF) TSC and/or OSC . . .	Per NEI 13-01.
47.	Page 23 of 28 Step 3.6.1	. . . the alternate TSC and/or OSC . . . . . . Enclosure 4.6 (Alternate TSC and/or OSC Activation).	. . . the Backup Emergency Response Facility (ERF) TSC and/or OSC . . . . . . Enclosure 4.6 (Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)).	Per NEI 13-01.
48.	Page 23 of 28	. . . the alternate TSC . . .	. . . the Backup Emergency Response	Per NEI 13-01.

	Step 3.6.2		Facility (ERF) TSC . . .	
49.	Page 23 of 28 Step 3.6.2 bullet	. . . the alternate TSC and/or OSC . . .	. . . the Backup Emergency Response Facility (ERF) TSC and/or OSC . . .	Per NEI 13-01.
50.	Page 24 of 28 Note 3.8.1	N/A	Converted information from old step 3.8.1.A into a Note.	Conformance with the Procedure Writer's Manual.
51.	Page 24 of 28 Note 3.9	N/A	Converted information from old steps 3.9.1. & 3.9.2 into a Note.	Conformance with the Procedure Writer's Manual.
52.	Page 25 of 28 Note 3.10	N/A	Added Note to provide information on timer availability to track time.	Information for procedure user.
53.	Page 25of 28 Note 3.11, sub-note 2	Consider hours previously worked prior to ERO activation in determining shift turnover schedules for 24 hour staffing.	Hours previously worked prior to ERO activation must be considered in determining shift turnover schedules for 24 hour staffing.	Reworded passively for conformance with the Procedure Writer's Manual.
54.	Page 25 of 28 Note 3.11	N/A	Converted information from old step 3.11.1 into a Note.	Conformance with the Procedure Writer's Manual.
55.	Page 25 of 28 Step 3.12	N/A	Added comma to end of "IF" statement. Deleted comma in supplemental info about sufficient fire apparatus.	Grammatical correction.
56.	Page 26 of 28 Step 3.13	N/A	Added comma to end of "IF" statement.	Grammatical correction.
57.	Page 27 of 28 Step 3.17	N/A	Replaced period with comma at end of "IF" statement.	Grammatical correction.
58.	Page 27 of 28 Step 3.18	N/A	Added conditional statement for "IF SAMGs are entered" statement.	There is no need to make the announcement concerning SAMG transition unless they have been entered.
59.	Page 27 of 28 Note 3.20	N/A	Converted information from old step 3.20 into a Note.	Conformance with the Procedure Writer's Manual.
60.	Page 28 of 28 Step 4.6	Alternate TSC and/or OSC Activation	Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)	Per NEI 13-01.
61.	Enclosure 4.6	. . . Alternate TSC and/or OSC Activation	. . . Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)	Per NEI 13-01.

62.	Enclosure 4.6 Step 1, 1.1, 1.2, 1.3, 1.4.1	. . . Alternate TSC . . .	Backup Emergency Response Facility (ERF) TSC . . .	Per NEI 13-01.
63.	Enclosure 4.6 Step 2, 2.2, and 2.2.1	. . . Alternate TSC and/or OSC	. . . Backup Emergency Response Facility (ERF) Activation (TSC and/or OSC)	Per NEI 13-01.
64.	Enclosure 4.6 Step 2.3, 2.4, 2.5, 2.6, and 2.7	. . . Alternate TSC . . .	Backup Emergency Response Facility (ERF) TSC . . .	Per NEI 13-01.
65.	Enclosure 4.10	N/A	Add Note prior to Step #3	Note to clarify "credible insider threat" and two person (line-of-site) rule. (PIP 14-9047)
66.	Enclosure 4.11	N/A	Added item 33 for the following PIP's O-14-3330, O-14-12048, O-14-9047, O-14-13924 & G-14-0577	To track reason steps were added.

NEI 13-01
Provided that the capability to perform EMERGENCY ASSESSMENT functions is maintained, the temporary use of an alternate or backup ERF may provide a VIABLE COMPENSATORY MEASURE for the loss of a primary ERF. In particular, the alternate or backup ERF must meet the applicable requirements of 10 CFR 50 Appendix E, section IV.E.8a and 8.c

ONS E-Plan:
H.1.c Backup Emergency Response Facility (ERF) (Figure H-14 and H-2A)
A Backup Technical Support Center has been established at the Oconee Office Building, Room 316. Radio and telephone communications are available to offsite agencies and the NRC to the same extent as the designated TSC.

Nuclear System Directive: 117.
Emergency Response Organization Staffing, Training, and Responsibilities
117.4.2 ERO POSITION SPONSORS (OWNERS)
ERO Position Sponsors (Owners) are responsible for ensuring adequate staffing of ERO members serving in their assigned ERO position(s). Position Sponsors are assigned based on their organizational position. ERO Position Sponsors are expected to:
• Maintain target staffing levels for their ERO position per Appendices A through D. Target staffing levels are set to ensure sufficient ERO staffing depth for 24 hour staffing allowing for vacation, personnel illness, etc.
117.5.3 OCONEE
The following position at a minimum constitute a team in the TSC:
Off Site Communicator (2)**

FAM 3,8
EOF Data Coordinator Reference Manual (Rev. 12) (Approved 12-10-14)
Revised Attachments 3.8.5.11 and 3.8.5.15 to remove frequency for providing plant data. Bases for the 15 minutes: These changes clarify sources of data in the event of a loss of SDS or loss of power. The recommendation for providing data was based on the data needed for calculating RADDOSE runs every 15 minutes. URI does not have the same data input requirements and has been implemented.

NEI 06-04 Hostile Action Based objective three:

3. Demonstrate the ability to make accelerated NRC notifications. Perform accelerated notification to the NRC in accordance with appropriate procedures.

Duke Energy Oconee Nuclear Station **Operational Support Center Manager Procedure**	Procedure No. **RP/0/A/1000/025**
	Revision No. **006**
Reference Use	Electronic Reference No. **OP009A69**

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: *02/04/2015*

Enclosure No.: *FULL*

Revision No.: *006*

Procedure No.: *RP/0/A/1000/025*

Operational Support Center Manager Procedure

NOTE:
- This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be reviewed in accordance with 10CFR 50.54(q) by Emergency Preparedness prior to approval. A copy of this procedure must be forwarded to Emergency Preparedness within seven (7) working days of approval.
- For an outside line dial "9" and for long distance dial "1".

1. Symptoms

1.1 Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

NOTE: The makeup and structure of the ERO organization will be determined by the facility Manager/Coordinator. The facility organizations may be modified or supplemented as necessary to support the particular circumstances given to the existing onsite and offsite conditions. Consider the need for unit-specific responses in the event of the implementation of Beyond Design Basis guidance (SAMG, EDMG, etc.) for more than one unit. Assemble unit specific response teams with Ops Superintendent, Nuclear Engineer and an Engineering Manager in the TSC, and Unit Specific OSC Manager in the OSC as well as supporting craft personnel in the Backup Emergency Response Facility (ERF) for unit specific response for each affected unit. Vacant ERO positions may be filled with other plant staff members present in the facility and who are qualified for the position(s). Individual(s) assigned to fill vacancy should have the training, experience and skills required by the ERO training program for that position.

2. Immediate Actions

NOTE:
- Actions in Sections 2.0 and 3.0 are not required to be followed in any particular sequence.
- Place Keeping aids: _____ at left of steps may be used for procedure place keeping (√).
- Major events are required to be documented in the OSC Manager's Log (maintained by the W. C. Technical Assistant I).
- SPOC Team Supervisor shall act as the OSC Manager until relieved by Work Control.

_____ 2.1 Provide each responding manager with the appropriate enclosure to use as guidance for their response.

_____ 2.2 OSC responders will complete all the applicable steps contained in the appropriate enclosures.

_____ 2.3 Remove clip from procedure and request each manager to secure the appropriate enclosure for their response.

_____ 2.4 Request each responding manager to return the signed applicable OSC Personnel Log for their group.

- Work Control Technical Assistant I – Enclosure 4.1
- Work Control Technical Assistant II – Enclosure 4.2
- Radiation Protection Manager – Enclosure 4.3
- OSC RP Assistant – Enclosure 4.4
- OSC RP Shift Supervisor – Enclosure 4.5
- OSC Personnel Log – Radiation Protection – Enclosure 4.5.1
- Nuclear Supply Chain – Enclosure 4.6
- Security – Enclosure 4.7
- Engineering - Enclosure 4.8
- Maintenance Manager – Enclosure 4.9
- SPOC Team Supervisor – Enclosure 4.10
- OSC Personnel Log – SPOC Team – Enclosure 4.10.1
- Chemistry – Enclosure 4.11
- OSC Personnel Log – Chemistry – Enclosure 4.11.1
- Operations OSC Liaison (Duty Person) – Enclosure 4.12
- Operations OSC SRO – Enclosure 4.13
- OSC Personnel Log – Operations Enclosure 4.13.1
- OSC Organization Chart – Enclosure 4.14
- OSC Personnel Log – Enclosure 4.14.1

NOTE:
- GETS cards are available in the GETS Binder located in the TSC Procedures Cabinet. Their use will enable communications when phone lines are busy or overloaded. See instructions on back of card.
- For communications failures, see RP/0/A/1000/015B, Offsite Communications From The Technical Support Center, Enclosure 4.9 Alternate Method and Sequence to Contact Agencies.
- Satellite Telephones are available in all Control Rooms, the TSC and the OSC. They can be used when other means of communication have failed. {10}
- OSC Manager's phone is the primary system used to communicate with the TSC/OSC Liaison at 864-873-3719. Back-up is the Polycom conference phone. PA system is used to conduct roundtables and provide updates.

_____ 2.5 Establish communications systems:

- Assure OSC Manager's phone is operable
- Set up the OSC Public Address system
  - Turn "Realistic PA Amplifier" power "ON".
  - Adjust master volume control to approximately 15
  - Turn microphone switch "ON"
  - Test volume levels
- Turn up volume on the Plant PA System in the OSC. Volume control knob is located on the wall next to the east door in the OSC.

NOTE: The TSC Emergency Coordinator will declare the TSC and the OSC activated when all turnover is completed.

_____ 2.6 Assure the below listed shift groups are present and ready to assist in the OSC:

_____ 2.6.1 Consider the OSC operational when the below listed shift groups report to the OSC and accountability has been achieved. Record the time in the OSC logbook.

_____ SPOC Team

_____ Chemistry

_____ Radiation Protection

_____ 2.7 Inform the TSC Emergency Coordinator that the OSC is operational.

_____ 2.8 Make announcement that the OSC is operational and that you are the OSC Manager.

_____ 2.9 Verbally retrieve status of work from each group and establish command and control.

NOTE:	Time critical task sheets do not have to be completed prior to team dispatch. High priority tasks are prioritized by the TSC and entered on the OSC Task Status board.

_____ 2.9.1 Request the group OSC representatives to generate task sheets for all in-progress jobs.

_____ 2.9.2 Designate individuals(s) to keep the OSC log and to enter job tracking information on the status board until relieved by WC Technical Assistants.

_____ 2.9.3 Request update and location of any team out in the field.

_____ 2.9.4 Report OSC status to Emergency Coordinator. Provide the OSC Manager telephone number.

NOTE:	Emergency Telephone Directory located in the OSC Procedures Cabinet.

_____ 2.10 Personnel reporting to the Primary OSC (Unit 3 Control Room Area) will set up the facility in accordance with each responding manager's applicable enclosure and the layout page included in the Emergency Telephone Directory.

_____ 2.11 **IF** the TSC/OSC Backup Emergency Response Facility (ERF) has to be established, personnel will report to the Oconee Office Building, Rooms 316 and will set up the facility in accordance with Step 3.6.

_____ 2.12 Determine that each OSC group has signed the applicable OSC Personnel Log.

NOTE:	The Duty OSC Manager will assume OSC Manager responsibilities from the SPOC Team Supervisor once turnover is completed.

_____ 2.13 The Duty OSC Manager shall conduct turnover with the SPOC Team Supervisor after reporting to the OSC.

_____ 2.13.1 Conduct turnover with the SPOC Team Supervisor using the OSC Manager Turnover Sheet located on page 3 of 4 of Enclosure 4.10, SPOC Team Supervisor.

_____ A. Document time turnover is completed.

Time: _____

_____ 2.13.2 Announce to the OSC that turnover with the SPOC Team Supervisor has been completed and that you are the OSC Manager.

_____ 2.13.3 Inform the TSC Emergency Coordinator that turnover with the SPOC Team Supervisor has been completed and that you are the OSC Manager.

_____ A. **IF** the TSC/OSC Liaison is available in the TSC,

THEN request the TSC/OSC Liaison @ 864-873-3719 to inform the TSC Emergency Coordinator.

_____ B. **IF** the TSC/OSC Liaison **is NOT** available in the TSC,

THEN notify the TSC Emergency Coordinator @ 864-873-3704 or 864-873-3709.

3. Subsequent Actions

NOTE:	If circumstances require the use of NON-ERO qualified resources (eg. vendors) to support OSC operations, then Emergency Response Training requirements must be waived by the Emergency Coordinator prior to their utilization in the OSC.

OSC MANAGER DUTIES ONCE THE OSC HAS BEEN ACTIVATED:

_____ 3.1 Review staffing needs for OSC.

_____ 3.1.1 Review OSC Personnel Logs from all groups to determine all required positions have been filled.

_____ 3.1.2 Determine appropriate OSC staffing. Establish adequate staffing levels in all groups.

_____ A. Provide the names of NON-ERO personnel required to support OSC operations to the Emergency Coordinator.

_____ 3.1.3 Establish personnel accountability through completion of the personnel sign-in sheets for all personnel who have reported to the OSC. Continuing accountability will be the responsibility of the individual managers.

- OSC Personnel Log sheets are attached to each manager's enclosures.
- Name and employee ID number is required.

NOTE:
- During declared emergencies, Duke Energy does **NOT** need to meet Fatigue 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.
- Consider hours previously worked prior to ERO activation in determining shift turnover schedules for 24 hour staffing. {11}

_____ 3.1.4 Assure 24-hour staffing is in place should evacuation of non-essential personnel be required.

_____ A. Request all OSC Managers to maintain accountability of all the people in their group that will remain onsite after non-essential personnel leave the site.

_____ 3.1.5 Communicate/inform the Operations person in the OSC they now have the responsibility for answering the 4911 emergency phone.

_____ 3.2 Perform assessments/roundtables at least **EVERY 30 MINUTES** and ensure that all OSC team members have clear understanding of high priority tasks and any time critical tasks. Coordinate the roundtables with the TSC Emergency Coordinator so roundtables with TSC and OSC run concurrently. {4}

_____ 3.2.1 Request plant status from Ops. Liaison.

_____ 3.2.2 Review team status with OSC lead individuals.

_____ 3.2.3 Make announcements for outgoing activities and plant status to keep the OSC personnel updated.

_____ 3.2.4 Have all personnel in the OSC read dosimeters and remind the TSC personnel to do the same.

NOTE: Control noise in OSC

_____ 3.3 Keep TSC/OSC Liaison updated on status of jobs in the field.

_____ 3.4 If personnel resources are reduced, jobs will be prioritized as follows:

- Tasks required by the Emergency Operating Procedure (EOP)
- Emergency Coordinator in TSC shall be asked to determine which jobs have the highest priority.

_____ 3.5 Plant procedures should be followed whenever possible. Should a situation arise where normal procedures would be inappropriate, action will be performed as determined by management of the dispatched team.

_____ 3.6 Activation of the OSC Backup Emergency Response Facility (ERF)

_____ 3.6.1 Relocate documentation (logbooks, task sheets, etc.), radios, battery packs and chargers to OSC Backup Emergency Response Facility (ERF) in the event the backup location (Room 316 Oconee Office Building) is required.

_____ 3.6.2 Security will unlock room 316, the Mechanical Equipment Room on the 3rd floor and remove the lock from the ladder in that room.

NOTE:
- Operations Shift Manager has authority to request Security to open Master File to secure additional procedures and/or drawings in the Oconee Office Building for Backshift, Holidays, and Weekends.
- A procedure cart is available in the Backup Emergency Response Facility (ERF).

_____ 3.6.3 Establish room layout per diagram (from Emergency Telephone Directory) and set-up instructions posted on front of OSC and TSC roll around cabinets as follows:

NOTE: The OSC/TSC Backup Emergency Response Facility (ERF) phones and equipment are located in the roll around cabinets in the OOB 3rd Floor Mechanical Equipment Room.

- Roll OSC/TSC cabinets into designated area of room 316
- Place tables per diagram on front of OSC/TSC cabinets
- Section off OSC from TSC using room divider
- Connect phones to wall jacks
- Establish PA system to communicate with craft personnel located in OOB classrooms. PA system is mounted on wall and will need to be plugged into a power source for operation. Wireless microphone is located in backup OSC cabinet.
- Place OSC/TSC location stanchions, labeled FF, at entrance point to Rooms 316
- Place access/accountability stanchions labeled CC, DD, and EE in place per diagram
- Move white status board into the TSC
- Move and set up OSC/TSC sign-in boards in 316
- Place ERO position signs at applicable work location
- Procedure cart is located in the backup TSC/OSC (EP Implementing Procedures).

_____ 3.6.4 Relocate the following equipment/supplies from the OOB 3rd Floor EP Area to the Backup TSC:

- FAX machine (disconnect phone, power cords) and roll down on cart

_____ 3.6.5 Relocate computer from OOB Classroom 319 to the Backup TSC (directions for disconnect and reconnect are posted on side of computer). This computer is used for the Dose Assessors.

_____ 3.7 **IF** Major damage team response is deemed necessary by OSC Manager:

THEN Send team to inspect damage. Suggested team makeup:

- Operations
- Radiation Protection
- SPOC Team Members
- Security

_____ 3.8 **IF** Major fire/tornado/earthquake/flood damage.

THEN Refer to RP/0/A/1000/022. (Procedure for Major Site Damage Assessment And Repair) in the Unit 3 Control Room Emergency Plan Procedures cart located in OSC.

NOTE:	Loss of offsite power could occur within 2.5 hours after Keowee Hydro Dam failure. A loss of the Little River Dam or Dikes A-D will take longer to affect this power path.

_____ 3.9 Keowee Hydroelectric Project Dam/Dike Failure.

_____ 3.9.1 **IF** requested by the TSC

THEN notify Nuclear Supply Chain Liaison to ensure the following activities are occurring:

NOTE:	A loss of offsite communications capabilities (DEMNET) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started as soon as possible.

- Telecommunications Group is rerouting Oconee Fiber Optic network through Bad Creek.
- Heavy Equipment (eg; earth moving/dump truck, etc.) is enroute to Oconee.

NOTE:	The following bridges are/may be impassable: Highway 123-76; Highway 93; Highway 183; Lawrence Ramsey Bridge; and SE37-149 (near JP Stevens Plant).

- Locating/acquiring additional transportation (eg: heavy lift helicopters) for site personnel.
- Heavy equipment and personnel are available to remove kontex barriers for site evacuation.

_____ 3.10 Termination and Deactivation of OSC

_____ 3.10.1 Drills – Verify WC Technical Assistants have provided the following to the lead OSC Controller:

- Copy of the OSC Log if hand written
- Task Worksheets developed as a result of the drill.

_____ 3.10.2 Real emergencies - All records generated during the Operation of the OSC for a real emergency will be reviewed by the OSC Manager. These records will be forwarded to the Work Control Manager for use during the recovery phase of the Event.

_____ 3.10.3 All equipment and still usable supplies will be returned to their storage locations.

_____ 3.10.4 Direct completion of inventory PT/0/B/2000/008, Procedure to Verify the Availability of Supplies and Equipment in the Emergency Response Facilities, and provide to EP.

_____ 3.10.5 Verify that the OSC is ready for the next time activation is directed.

4. Enclosures

4.1 Work Control Technical Assistant I

4.2 Work Control Technical Assistant II

4.3 Radiation Protection Manager

4.4 OSC RP Assistant

4.5 OSC RP Shift Supervisor

4.5.1 OSC Personnel Log – Radiation Protection

4.6 Nuclear Supply Chain

4.7 Security

4.8 Engineering

4.9 Maintenance Manager

4.10 SPOC Team Supervisor

4.10.1 OSC Personnel Log – SPOC Team

4.11 Chemistry

4.11.1 OSC Personnel Log - Chemistry

4.12 Operations OSC Liaison (Duty Person)

4.13 Operations OSC SRO

4.13.1 OSC Personnel Log - Operations

4.14 OSC Organization Chart

4.14.1 OSC Personnel Log

4.15 Reference

Enclosure 4.1

Work Control Technical Assistant I

1. Work Control Technical Assistant I

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ Assist the OSC Manager

_____ Maintain official OSC Manager log via WebEOC or blue border log sheets for OSC communications and activities

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Ensure 24-hour staffing for this position should evacuation of non-essential personnel be required.

_____ Provide adequate turnover when shift change occurs.

_____ Verify all logs are completed and signed.

_____ Provide copy of the OSC Log and the OSC Task Sheets to the OSC Lead Controller after completion of any drill. If WebEOC was used for log keeping, then EP can retrieve data.

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
- Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building Mechanical Equipment Room.

The Backup Emergency Response Facility (ERF) location for OSC is in Room 316 of the Oconee Office Building.

1. Work Control Technical Assistant II

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ Using WebEOC, log all task and display on projector screen. If computers are down, write tasks on the Task Status Copy Board as teams are dispatched.

> **NOTE:** Additional copy paper for status boards is located in the top drawer of the OSC procedures cabinet.

_____ Make a copy of the status board prior to erasing completed jobs. (Not required if using WebEOC)

_____ Maintain copies of status board data for Task Log. (Not required if using WebEOC)

_____ Send status board updates to TSC via FAX (number is in Emergency Telephone Directory) after each copy is made. Verify FAX machine is not being used for message updates prior to sending. (Not required if using WebEOC)

_____ Ensure priority rankings are provided if jobs have been ranked for completion. Have OSC Manager prioritize as needed.

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Emergency plant status board is updated in TSC. Verify information is correct.

_____ Use electronic classification message sign for plant classification updates. Magnetic signs are available when electronic sign is inoperable.

_____ Post SAMG magnetic signs when applicable.

_____ Ensure signs are posted on the east door to the OSC to prevent entering or exiting through that door.

_____ Ensure 24-hour staffing is in place for this position should evacuation of non-essential personnel be required.

> **NOTE:**
> - Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
> - Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building Mechanical Equipment Room.

The Backup Emergency Response Facility (ERF) location for OSC is in Room 316 of the Oconee Office Building.

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

1. Radiation Protection Manager

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ Direct the following:

- Verify RP technicians are available to meet the required 45 and 75 minute response requirement.
- Ensure all RP OSC personnel are ERO qualified. If the non qualified personnel are needed in the OSC, notify the OSC Manager of their names.
- Ensure habitability surveys are current for the TSC/OSC/CR.
- Assign SDS operator to secure area/process monitor information in the OSC staff room.
- Provide personnel to secure Rx building sample through normal means if directed by TSC.
- Provide availability of RP Fire Brigade Members to Operations OSC Liaison. {1}

_____ Work with the OSC Managers to determine the following:

- Verify respiratory qualifications for their team members by checking respiratory training printout available in the RP Briefing Room.
- Verify their personnel have ED's dosimetry. Use dose cards if EDC is inoperable. RWP is 33.
- Establish the following guidelines for RP Support for OSC Teams:

  General Emergency conditions require RP support

  Rad levels over 100 mR/hr must be evaluated for RP support

  Rad levels greater than 1000 mR/hr require RP support

  Known contaminated areas (including airborne) require RP support

_____ Establish communications with the OSC Manager.

- Request OSC Manager to make announcement "No eating and drinking until the area has been released by RP."
- Provide radiological information as conditions change.
- Discuss the need for blanket dose extensions versus individual dose extension.

NOTE: Prior to any release of radioactive materials it may be prudent to conduct an early dismissal of non-essential personnel from the site

_____ Early Dismissal -

- Confer with/obtain permission from EC regarding early dismissal of non ERO personnel (non essential)
- Announce to the site (2 times): "All personnel that are not on the ERO or not supporting the emergency are to leave site for the day, personnel should check with their supervisors regarding when to return to site."

_____ Evacuation of site personnel

- Prompt Security and NSC personnel that they need to be prepared to move kontek barriers per their enclosures.
- Determine if Keowee Elementary School or Daniel High School will be used to survey personnel evacuated from site and if so ensure RP has opened/prepared and manned the school.
- Review requirements for distribution of KI with OSC RP Assistant. Request WC Technical Assistant I to document in OSC log any and all decisions regarding KI.
- Assure 24-hour staffing is in place should evacuation of non-essential personnel be required
- Determine if persons with special radiological exposure should be evacuated (e.g. declared pregnant women, people with radio-pharmaceutical limitations). Evacuate these people with non-essential personnel. Have WC Technical Assistant I document this decision in the OSC log.
- Request all TSC and OSC Managers acquire the name, employee ID number, and locations of any person(s) who may be left onsite after evacuation of non-essential personnel but are located in an area other than the OSC. Required for dose accountability purposes should radiological release occur.

_____ Relocation to the Backup OSC:

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
- Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building Mechanical Equipment Room.

The Backup Emergency Response Facility (ERF) location for OSC is in Room 316 of the Oconee Office Building.

1. OSC RP Assistant

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ Notify the Radiation Protection Manager of arrival.

_____ Activate SDS for RIA data. No password is required.

_____ Track inplant radiation levels as reported by RIA monitors. Provide info to RP Manager.

_____ Determine if RP support is required for teams being sent to field. Stamp OSC Task Worksheet as appropriate. (Stamps are in the RP Manager's phone box)

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Coordinate release of evacuation instructions with TSC Offsite Communicator.

_____ Provide computer entry of evacuation instructions to Station Emergency Evacuation Coordinators.

_____ Provide information/feedback to Radiation Protection Manager regarding evacuation.

_____ Assist in administration of KI in accordance with SH/0/B/2005/003 (Distribution of Potassium Iodine Tablets In The Event Of A Radioiodine Release).

_____ Ensure 24-hour staffing for this position should evacuation of non-essential personnel be required.

_____ Provide adequate turnover when a shift change occurs.

_____ Shutdown SDS. Press F10. Press Ctrl-Alt-Del keys.

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
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The Backup Emergency Response Facility (ERF) location for OSC is in Room 316 of the Oconee Office Building.

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

1. Radiation Protection Shift Supervisor

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ Serve as Radiation Protection Manager until relieved. Notify OSC Manager.

_____ Establish RP shift personnel to do the following:

- Provide support to medical emergencies in radiation areas only
- Provide RP response to fire emergencies
- Evaluate need for RP support of OSC teams in the field, if Rad Levels are greater than or equal to 100 mr/hr
- Accompany OSC teams if rad levels are greater than 1000 mR/Hr
- Control entry to contamination areas
- Provide fence survey (inside the Protected Area fence) if directed by Emergency Coordinator (Operations Shift Manager).

_____ Direct the following:

- Account for all shift RP personnel for site assembly.
- Complete Task Worksheets prior to sending team out. Review Task Worksheets for accuracy when the team returns.
- Assign a radio for all RP teams dispatched.
- Require RP teams to **REPEAT BACK** instructions/information
- Keep teams in the field current on changing plant conditions
- Request RP personnel to stay in their assigned area
- Ensure all Inplant Survey Teams are being tracked on the OSC Status Board

_____ Assure all shift personnel reporting to the OSC have ED's and have logged into the Electronic Dose Capture system.

NOTE:
- 20 additional ED's are located in the OSC Emergency Cabinet.
  20 additional ED's are located in the TSC Emergency Cabinet.
- IF EDC system is unavailable, dose cards are to be utilized.
  RWP numbers for drills/emergencies is 33.

_____ Review radiation monitoring system using SDS for indication of radiological activity.

_____ Provide continuing updated radiological data to:

- ♦ OSC Manager until relieved by the Radiation Protection Manager
- ♦ Radiation Protection Manager

_____ Ensure radiological data is reported back to the OSC in an expeditious manner for planning and prioritizing further emergency response activities.

_____ Provide radiological technical assistance with applicable portions of the OSC Team Briefings.

_____ Complete applicable radiological portion of Task Worksheet for other teams being dispatched from the OSC.

_____ Establish a priority system for count room samples.

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
- Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building Mechanical Equipment Room.

The Backup Emergency Response Facility (ERF) location for OSC is in Room 316 of the Oconee Office Building.

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

Enclosure 4.5.1

OSC Personnel Log
RADIATION PROTECTION

DATE: _____

PRIMARY					RELIEF		
POSITION	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**TIME IN AT OSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**SHIFT SCHEDULE**
RP Manager							
OSC RP Assistant							
RP Dose Control							
RP Supervisor (RP Shift Supervisor or S&C Supervisor)							

Enclosure 4.5.1

OSC Personnel Log
RADIATION PROTECTION

DATE: _____

PRIMARY					RELIEF		
POSITION	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**TIME IN AT OSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**SHIFT SCHEDULE**
RP Shift/Techs (Minimum of 3 required on shift)							
RP Techs (2 additional RP Technicians required within 45 minutes of emergency declaration)							
(6 additional RP Technicians required with 75 minutes of emergency declaration)							

NOTE: RP technician positions may be staffed by RP supervision

Enclosure 4.5.1

OSC Personnel Log
RADIATION PROTECTION

DATE: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	EMPLOYEE ID	TIME IN AT OSC	SHIFT SCHEDULE	NAME (Last, First, MI)	EMPLOYEE ID	SHIFT SCHEDULE

Date: _____ NSC Liaison: _____

1. Nuclear Supply Chain

_____ 1.1 Upon reporting to the OSC do the following:

- _____ Sign in on the OSC Personnel Status Board
- _____ Put on position badge
- _____ Log in on the OSC Personnel Log Sheet
- _____ List shift relief coverage

_____ 1.2 Establish contact with lead individuals/essential personnel and ensure 24 hour coverage for emergency response as follows:

Position	Phone Number	Contact Name	Shift-Relief Name
OSC/NSC Liaison	864-873-3085	_____	_____
EOF/Services Manager	704-382-0727 704-382-0728	_____	_____
NSC Material Issue	864-873-2256	_____	_____
SSG Commissary	864-873-3787 or 864-873-2143	_____	_____
NSC Evacuation Coordinator	864-873-3147 or 864-873-2256	_____	_____
SSG Evacuation Coordinator	864-873-3846 or 864-873-2256	_____	_____
SSG Emergency Response Manager	864-873-3846 or 864-873-4523	_____	_____

_____ 1.3 If site evacuation is required, provide names to Evacuation Coordinators

2. Completion of Site Assembly

_____ 2.1 When announcement is made that employees not involved with emergency/drill may return to normal work assignments, perform the following:

_____ 2.1.1 Call 864-873-5353 for the bus to start its route.

_____ 2.1.2 Check with RP Manager on proper routes to follow to ensure there is a clear path for Commissary personnel to deliver food/drinks. If there is a radiological concern, an alternate route may need to be taken.

_____ 2.1.3 Call the Nuclear Health and Safety duty person and determine the proper routes to follow to ensure there is a safe clear path for Commissary personnel to deliver food/drinks(normal route). If there are safety concerns (e.g. chlorine leak, etc.) an alternate route may need to be taken.

_____ 2.1.4 After ensuring safe, clear path, (or if instructed by the OSC Manager) make contact to have food/drinks provided for participates at the TSC/OSC/SIMULATOR and other essential personnel located on site:

SSG Commissary: 864-873-3787 _____

864-873-2143 Contact Name

_____ 2.1.5 Contact EOF Services if additional transportation or equipment (e.g. heavy lift helicopters) for evacuation of site personnel is needed.

A. Ensure Nuclear Maintenance Support equipment operator availability:

- EOF Services Manager 704-382-0727
  704-382-0728

_____Contact Name

_____ 2.1.6 Notify the OSC Manager if there is a need to use non-ERO personnel to support OSC operations.

A. Provide names to the OSC Manager who will give authorization to allow personnel entry into OSC.

3. After termination of drill/event:

_____ 3.1 Contact all the following groups informing them when the drill/event is terminated.

NSC Materials Issue
SSG Commissary
NSC/SSG Evacuation Coordinators

4. Communications to the on site SSG Manager (located at Complex)

_____ 4.1 Contact on site SSG Manager for the following:

- Appendix "R" scenarios, provide equipment as required per NSC Directive, SCD 110.

NOTE:	A loss of offsite communications capabilities (DEMNET) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started as soon as possible.

_____ 4.2 Ensure Telecommunications Group is rerouting the Oconee Fiber Optic Network through Bad Creek as support for Keowee Dam failure event.

NOTE:	The following bridges are/may be impassible: Hwy 123-76, Hwy 93, Hwy. 183, Lawrence Ramsey Bridge, and SE 37-149 (near JP Stevens Plant)

_____ 4.3 Ensure heavy equipment (e.g. earth moving/dump truck, etc.) is enroute to Oconee.

_____ 4.4 Locate/acquire additional transportation (e.g. heavy lift helicopters) for site personnel.

_____ 4.5 Ensure heavy equipment and personnel are on standby to move kontek barrier should site evacuation be required - this is necessary to prevent delay.

5. Activation of Backup Emergency Response Facility (ERF) OSC

_____ 5.1 Backup OSC location is in Room 316 of the Oconee Office Building

_____ 5.2 Emergency Telephone Directory has an arrangement drawing for the Backup OSC.

_____ 5.3 Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building mechanical equipment room.

6. Reminder:

_____ 6.1 If questions, problems, or suggestions develop from this drill, please return a copy of this form along with your comments to the site TSC Emergency Planner for evaluation/resolution(s).

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical II Assistant transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

1. Security

Name: _____ Date: _____

Upon Arrival at the OSC

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ Establish contact with the "Duty" Captain/Lieutenant /Shift Support Officer (Capt./Lieut./SSO) and determine current status of Security and MERT activities, search and rescue efforts, Security reportability issues, etc.

_____ Evaluate known status of radiological conditions with RP Manager in the OSC to determine if there are areas which should be avoided by Security officers.

_____ Determine location of all Security personnel currently posted/patrolling protected/owner controlled area and evaluate need to relocate personnel and/or suspend patrols in areas which present a safety or radiological hazard.

_____ When ERO activation has occurred **AND** this is an actual event:

- ☐ Access MERT availability from the OSC and availability of nurses in the Medical Unit, extension 864-873-4652.
- ☐ Determine the need for additional MERT resources and get approval from OSC Manager to perform this call back.

_____ Complete an "OSC Task Worksheet" for any on-going Security activity (e.g., Owner Controlled Area Checkpoints, Search and Rescue efforts, MERT response, Security Patrols in progress, etc.).

_____ Establish 24 hour staffing of the OSC and evaluate need to recall additional officers to augment ongoing and expected Security activities.

_____ Establish contact with the Security representative at the Joint Information Center to evaluate need to recall officers to assist in ingress control. Call JIC News Manager at 864-624-4362 or 864-624-5388 and ask for Security person.

_____ Establish contact with Security Shift Supervisor and identify "essential" Security personnel.

_____ Have NSC group on standby with forklift to remove kontex barriers where necessary for site relocation/evacuation. This is necessary to prevent delay.

OSC Security Responsibilities

_____ "Repeat Back" instructions/information received during OSC operations.

_____ Complete an "OSC Task Worksheet" for ongoing Security/MERT activities.

_____ Provide OSC Manager with periodic status updates of Security/MERT activities.

_____ Maintain continuous awareness of radiological conditions in the field with RP personnel in the OSC.

_____ Maintain continuous knowledge of location of Security Officers, Security patrols and MERT personnel in the field via communication with the Captain/Lieutenant/Shift Support Officer.

_____ Coordinate response to Security contingencies, on-going Security patrols, etc. with the Capt./Lieut./SSO.

_____ Provide periodic status updates to the Capt./Lieut./SSO.

_____ Maintain periodic contact with the Security representative at the JIC. Call News Manager at 864-624-4362 or 864-624-5388 and ask for Security person.

_____ If evacuation is required, coordinate Security assistance with RP personnel in the OSC. Coordinate entry of non-ERO personnel into the site owner controlled area with the Capt./Lieut./SSO.

_____ Evaluate radiological conditions with RP personnel in the OSC prior to dispatching Security/MERT personnel in the field and ensure that personnel are briefed as required by completion of the "OSC Task Worksheet".

_____ Ensure that Security provides expeditious assistance to teams dispatched from the OSC.

_____ Provide Security participation for OSC Major Damage Assessment Team.

Activation of the TSC/OSC Backup Emergency Response Facility (ERF)

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
- Phones for the Backup OSC are located in the 3rd floor Mechanical Equipment Room.

_____ Ensure that the ground level lobby doors to the Oconee Office Building are unlocked.

_____ Ensure that the Backup TSC/OSC location (OOB room 316) is unlocked.

_____ Ensure that the Oconee Office Building 3rd floor Mechanical Equipment Room is unlocked and chain surrounding ladder is removed (Security Miscellaneous Key #15).

_____ Ensure that the Capt./Lieut./SSO is aware of relocation to the Backup TSC and/or OSC.

MERT Response

_____ Evaluate Radiological Conditions with RP personnel in the OSC.

_____ Evaluate Security staffing requirements with the Capt./Lieut./SSO.

_____ Provide periodic updates of MERT situation to the OSC Manager, and the Capt./Lieut./SSO.

_____ If applicable, ensure Security is aware of the pending arrival of an ambulance.

_____ If ambulance has been called and will be entering the protected area arrange, as necessary, for suspension of Security measures.

_____ If MERT patient is to be transported to a hospital, notify OSC Manager.

Evacuation or Relocation of Site Personnel

_____ Plan evacuation/relocation routes with RP personnel in the OSC.

_____ Notify the Capt./Lieut./SSO of pending evacuation/relocation.

_____ If relocation of personnel is planned, coordinate obtaining the keys to evacuation centers for Radiation Protection or other designated personnel (Keys are maintained in the Security Key Cabinet located in the Unit #3 Control Room.)

_____ Provide periodic status updates to the OSC Manager on the progress of the evacuation.

Emergency Event Terminated

_____ Notify the Capt./Lieut./SSO that the event has been terminated and assist in coordinating a return to normal Security operations.

_____ Contact the Security representative at the JIC and coordinate resolution of any unresolved security issues.

_____ Ensure that Security personnel scheduled to fulfill 24 hour staffing are notified that the event has been terminated.

_____ "Close Out" OSC Task Worksheets generated by Security.

_____ Complete, as applicable, response procedures that were used by Security.

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Provide Engineering support to the OSC.

_____ Ensure Engineering personnel sent to areas in the plant for response are provided a radio for their use.

_____ Ensure 24-hour staffing is in place.

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
- Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building Mechanical Equipment Room.

The Backup Emergency Response Facility (ERF) location for OSC is in Room 316 of the Oconee Office Building.

_____ Provide a list of essential Engineers remaining onsite to assist in the mitigation of the emergency event should evacuation occur. This list should be given to the OSC RP Manager giving name and employee ID number.

_____ Coordinate with Engineering Section Manager, Per EM 5.1 Step 5.2.3, and determine the essential Engineers that will remain on site to assist in the mitigation of the emergency event should an evacuation occur. This list should be given to the OSC RP Manager giving name and employee ID number. {12}

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy to WC Technical Assistant I for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

Enclosure 4.9

Maintenance Manager

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Request additional assistance from the opposite discipline to assist in the OSC if needed.

_____ Assign Task Worksheet to the appropriate SPOC Team Supervisor.

_____ Check with RP Manager to determine if RP support will be required for each Maintenance task team dispatched from the OSC.

_____ Maintain communication with SPOC Team Supervisors as to status of Maintenance teams in the field.

_____ Check all completed Task Worksheets to assure they are properly completed.

_____ Provide information to OSC Manager relative to team availability.

_____ Prioritize tasks that need to be completed.

_____ Ensure 24-hour staffing is in place for Maintenance should evacuation of non-essential personnel be required by discussing staffing needs with the Maintenance Evacuation Coordinator.

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup OSC.
- Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building Mechanical Equipment Room.

The Backup Emergency Response Facility (ERF) location for OSC is in Room 316 of the Oconee Office Building.

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
    - Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager

Enclosure 4.10

SPOC Team Supervisor

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Provide accountability for team members.

NOTE:	A total of six (6) SPOC/Maintenance personnel must be available to support the OSC within 75 minutes of emergency declaration. {2}

_____ Call back additional personnel if less than 4 (I&E) and 2 (MM) are available to support the OSC.

- Bring in an additional person (if needed) to handle monitoring of SPOC teams in the field

_____ Assign a SPOC team member to monitor SPOC teams in the field from the Briefing/Debriefing OSC Room.

NOTE:	If EDC system is unavailable, dose cards are to be utilized. RWP number for drill/emergencies is 33.

_____ Ensure all team members have EDs and have logged onto the EDC system.

_____ Assist in setting up the Primary OSC.

_____ Develop OSC Task Worksheets for each task assigned by Operations prior to full activation of OSC.

_____ Provide availability of SPOC Fire Brigade Members to Operations OSC Liaison. {1}

_____ Assure all hand-held radios have fresh batteries.

_____ Determine if RP coverage is required for the team being dispatched.

_____ Notify the OSC Manager of the need to use non qualified personnel to support OSC operations.

_____ Provide the names of non qualified personnel to the OSC Manager.

_____ Turn over jobs completed or in the field when the Work Control OSC Manager reports to the OSC. (Page 3 of 4) of this enclosure.

_____ Assign a radio to any Maintenance team leaving from the OSC. Two-way communication with the OSC is a requirement.

_____ Provide changing plant status to teams in the field.

_____ Determine if Maintenance team members have current respiratory training by checking respiratory training printout located in the RP Briefing Room.

_____ Assist in setting up the Backup OSC/TSC located in Room 316/316 in the Oconee Office Building as follows:

NOTE:
- Emergency Telephone Directory has an arrangement drawing for the Backup TSC and OSC.
- Phones for the Backup OSC are located in the 3rd floor of the Oconee Office Building Mechanical Equipment Room.

_____ If the Backup TSC/OSC are required to be set up at the front end of an emergency/drill, then utilize Step 3.6 of this procedure for additional instructions.

1. OSC Manager Turnover Sheet

_____ 1.1 List plant status and major equipment out of service prior to event:

Unit 1 _____

Unit 2 _____

Unit 3 _____

Other _____

_____ 1.2 Describe initiating event and initial classification:

_____

_____

_____ 1.3 Describe any event classification escalations.

_____ 1.4 Review current plant status.

_____ 1.5 Review OSC ACTIVITY board. List key tasks that have been completed and removed from the board.

_____

_____

_____ 1.6 Summarize any OSC staffing deficiencies.

_____ 1.7 Summarize OSC equipment/communications status.

_____ 1.8 Summarize Site Assembly/Evacuation status.

_____ 1.9 Review OSC Log entries.

_____ 1.10 Other Items: _____

_____

_____

_____ _____

SPOC Team Supervisor OSC Manager

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

Enclosure 4.10.1

OSC Personnel Log
SPOC Team

Date: _____

PRIMARY					RELIEF		
POSITION	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**TIME IN AT OSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**SHIFT SCHEDULE**
SPOC Team Supervisor							
I&E Technicians (2 on shift/ 2 additional within 75 minutes)							
Mechanical Maintenance (1 on shift/ 1 additional within 75 minutes)							

NOTE: I&E/Maintenance technician position can be staffed by SPOC supervisor

Enclosure 4.10.1

OSC Personnel Log
SPOC Team

Date: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	EMPLOYEE ID	TIME IN AT OSC	SHIFT SCHEDULE	NAME (Last, First, MI)	EMPLOYEE ID	SHIFT SCHEDULE

Name: _____ Date: _____

NOTE:	The Chemistry temporary supervisor will serve as Chemistry Manager and Chemistry Single Point of Contact on backshift, weekends and holidays until relieved by the duty Chemistry Manager.

_____ Complete the OSC Chemistry Personnel Log, Enclosure 4.11.1.

_____ Ensure 24 hour staffing is set up.

_____ If drill/emergency occurs on backshift, weekends, or holidays, account and report for all Chemistry personnel onsite during a site assembly.

_____ If drill/emergency occurs during normal dayshift hours, account for all Chemistry ERO responders to OSC to Chemistry Admin Specialist.

NOTE:
- Recommended staffing is Chemistry Manager, 2 Chemistry Staff Support, and 4 Technicians.
- Dose cards will be used if EDC is unavailable.
- Drawings of room layout are in the Emergency Telephone Directory.

_____ Ensure Chemistry has required personnel in the OSC

_____ Enter the names on the OSC position/status board.

_____ Ensure all Chemistry team members have EDs and have logged onto the EDC system under RWP #33.

_____ Ensure all Chemistry team members put on position badges.

_____ Determine if Chemistry team members have current respiratory training by checking respiratory print out in RP Briefing Room.

_____ Provide availability of Chemistry Fire Brigade members to the Operations OSC Liaison.

_____ Assist in setting up the Backup OSC located in Room 316 in the Oconee Office Building if Backup OSC is activated.

_____ Ensure OSC Manager is informed of current status of Chemistry areas of responsibilities and any Chemistry emergency response activities prior to OSC activation.

_____ Provide names of any non-ERO Chemistry personnel to support OSC operations to the OSC Manager.

_____ Chemistry Manager or designee should conduct an initial pre-job with Chemistry Team using CSM 5.1 as guidance as soon as practical after OSC is activated.

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

Enclosure 4.11.1

OSC Personnel Log
Chemistry

Date: _____

PRIMARY					RELIEF		
POSITION	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**TIME IN AT OSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**SHIFT SCHEDULE**
Chemistry Manager							
Chemistry Staff Support							
Chemistry Shift/Techs							
(Minimum of 2 technicians required on shift)							

Enclosure 4.11.1

OSC Personnel Log
Chemistry

DATE: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	EMPLOYEE ID	TIME IN AT OSC	SHIFT SCHEDULE	NAME (Last, First, MI)	EMPLOYEE ID	SHIFT SCHEDULE

Enclosure 4.12

Operations OSC Liaison (Duty Person)

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Ensure all Operations personnel reporting to the OSC have signed in on the Operations OSC Personnel Log.

_____ Establish communications with the Control Room, Superintendent of Operations, the Operations OSC Team SRO via the Operations Headset System. Operations Bridge number is 4908.

_____ Request plant status updates through the Operations Headset System.

_____ Log-On to the OAC/PMCSDS system for plant information.

NOTE:
- The Fire Brigade is dispatched from the OSC as a Time Critical Task. {1}
- Security SAS will answer all 4911 calls in conjunction with Operations personnel and will coordinate ALL MERT calls, unless under the pressure of a Security event, then Operations will handle MERT event.

_____ Identify non-Operations Fire Brigade members in the OSC (SPOC, RP and Chemistry). {1}.

_____ When OSC is activated Operations will answer all 4911 calls into OSC.

_____ Operations will handle all calls except MERT - OSC SRO.

_____ Operations will coordinate fire and hazmat support with SPOC, RP, and Chemistry with Operations - OSC SRO.

_____ Operations will coordinate all Hydro/Dam events with the SM/TSC Emergency Coordinator.

_____ Provide OSC Task Worksheet for any teams dispatched by Operations (this includes Fire Brigade) from the OSC.

_____ Support the OSC Manager by providing information concerning the priority of jobs in the field.

_____ Provide plant status information to OSC Manager.

_____ Keep Keowee Hydro personnel informed of plant status for evacuation purposes.

_____ Provide Operations advice to support the entire OSC (including Briefing Teams as needed).

_____ Keep Operations personnel updated on work in the field via the Operations Headset System.

_____ Ensure 24-hour staffing is in place for Operations should evacuation of non-essential personnel be required. Provide a list of Operations personnel remaining onsite (but not in the TSC or OSC) should evacuation occur. This list can be given to the OSC RP Manager giving name, location, and employee ID number.

NOTE: The following step is to be completed after OSC activities have been terminated.

_____ Log off OAC/PMC/SDS by closing all open applications and shutting down the computer.

NOTE:
- Drawings are in the Emergency Telephone Directory showing the arrangement of the Backup OSC.
- Phones for the Backup OSC are found in the cabinet located in the 3rd Floor Mechanical Equipment room of the Oconee Office Building.

_____ Assist in setting up the Backup OSC located in Room 316 in the Oconee Office Building.

_____ **IF** incoming call is received on Emergency Line (4911)

THEN complete the OSC 4911 Emergency Line Checklist for each call

_____ Notify Security in the OSC to activate MERT. (RP/0/A/1000/016)

_____ Notify Operations to activate Fire Brigade. (RP/0/A/1000/029)

_____ Notify Operations to report Keowee Hydro Condition A or Condition B dam failure to the OSM/TSC Emergency Coordinator and EOF Director

_____ Provide chemical spill information to Operations AND on call Nuclear Health and Safety duty personnel. (RP/0/A/1000/017)

OSC 4911 EMERGENCY LINE CHECKLIST

Date _____ **Time** _____

1. **What is the Name of the caller?** _____

   What number can the caller be reached at? _____

NOTE: TELL CALLER NOT TO HANG UP PHONE UNTIL RELEASED

2. **What is the nature of the emergency?**

   Fire _____ **Medical** _____ **Spill** _____ **Other** _____

3. **Are there any injured people** _____

4. **What is the location where the emergency has occurred?**

   _____

5. **Are people in the immediate area in danger? Yes** _____ **No** _____

   If **YES,** have caller alert the people & get them moved to a safe area without putting themself in danger.

6. **What equipment is affected by the emergency?** _____

FIRE: **Dispatch Fire Brigade per RP/0/A/1000/029**

MEDICAL: **Have OSC Security Manager dispatch Security MERT per RP/0/A/1000/16**

SPILLS: **Dispatch Fire Brigade per RP/0/A/1000/017**

SPILLS: **Have Nuclear Health and Safety Personnel initiate RP/0/A/1000/017**

7. ***For spills:***

   What is the material spilled? _____

   If the spilled material is ammonia gas, ammonia liquid, chlorine gas or hydrazine, have all people in the immediate area relocated to areas uphill and upwind of the spill.

   Has the spilled material reached a body of water or has the potential for reaching a body of water? Yes __ **No** __

   _____

Completed by (your name): _____

TASK WORKSHEET INSTRUCTIONS

NOTE:	Operations Task Leader can be considered as group manager and may sign Step 9 of OSC Task Worksheet.

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow copy for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

Enclosure 4.13

Operations - OSC SRO

Name: _____ Date: _____

_____ **SIGN** in on the OSC Personnel Status Board, **SIGN** OSC Personnel Log and **PUT ON** position badge.

_____ **REPEAT BACK** instructions/information received during OSC operations.

_____ Assure all hand-held radios have fresh batteries.

NOTE: If EDC system is unavailable, dose cards are to be utilized. RWP number for drill/emergencies is 33.

_____ Ensure all Operations team members have ED's and have logged onto the EDC system.

_____ Develop OSC Task Worksheets for each task assigned by Operations.

_____ Coordinate team dispatch to assure RP is or is not required.

_____ Turn over jobs completed or in the field when the Work Control OSC Manager reports to the OSC.

_____ Assign a radio to any Operations team leaving from the OSC. Two-way communication with the OSC is a requirement.

_____ Provide changing plant status to teams in the field.

_____ Determine if Operations team members have current respiratory training by checking respiratory training printout located in the RP Briefing Room.

NOTE The Fire Brigade is dispatched from the OSC as a Time Critical Task. {1}

_____ Inform personnel who are Fire Brigade members and assigned to Operations tasks whether they are to respond to a Fire Brigade activation if it should occur during the performance of tasks.

_____ Identify Operations Fire Brigade personnel in the OSC. {1}

_____ Utilize Enclosure 4.2, Fire Brigade Response - OSC/TSC Activation, of RP/0/A/1000/029, Fire Brigade Response, when prompted by Operations OSC Liaision.

NOTE:
- Drawings are in the Emergency Telephone Directory showing the arrangement of the Backup OSC.
- Phones for the Backup OSC are found in the cabinet located in the 3rd Floor Mechanical Equipment room of the Oconee Office Building.

_____ Assist in setting up the Backup OSC located in Room 316 in the Oconee Office Building.

TASK WORKSHEET INSTRUCTIONS

- Ensure sufficient job details are covered using a Task Worksheet for guidance.
- OSC Manager assigns a task to the appropriate discipline manager after receiving information from Operations or the TSC.
- Appropriate discipline manager writes on the form the task number, the task to be performed and identifies the Task Leader.
- Task Leader should complete the Task Worksheet with detailed task information and determine RP support requirements.
- Task Leader should hold briefing with team members before they go out and ensure that original Task Worksheet (white copy) is taken to the field with the team.
- Task Leader provides yellow copy of task sheet to WC Technical Assistant II when team leaves OSC.
- WC Technical Assistant II transfers information from the yellow copy of Task Worksheet to the OSC Status Board (WebEOC or copy board) and files yellow for tracking teams in the field.
- Task Leader shall return the completed Task Worksheet (white copy) to appropriate discipline manager for review when the team returns from the field.
- Appropriate discipline manager returns Task Worksheet (white copy) to WC Technical Assistant II to document task completion on the OSC Status Board.
- WC Technical Assistant II attaches original white copy to yellow copy and files.

TEAM DISPATCH

- Teams will be dispatched from the OSC RP Briefing Room.
- Teams will return completed Task Worksheet to the Task Leader where feedback about the completed task will take place.
- Task Leader will review the completed Task Worksheet (white copy) to assure the worksheet has been correctly completed.
- Task Leader will provide the completed Task Worksheet (white copy) to appropriate discipline manager.

Enclosure 4.13.1

OSC Personnel Log
Operations

Date: _____

PRIMARY					RELIEF		
POSITION	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**TIME IN AT OSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**SHIFT SCHEDULE**
Operations OSC Liaison							
Operations Shift/Supvs. and NLO's							

Enclosure 4.13.1

OSC Personnel Log
Operations

Date: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	EMPLOYEE ID	TIME IN AT OSC	SHIFT SCHEDULE	NAME (Last, First, MI)	EMPLOYEE ID	SHIFT SCHEDULE
Operations Shift/ Supv's & NLOs							

Enclosure 4.13.1

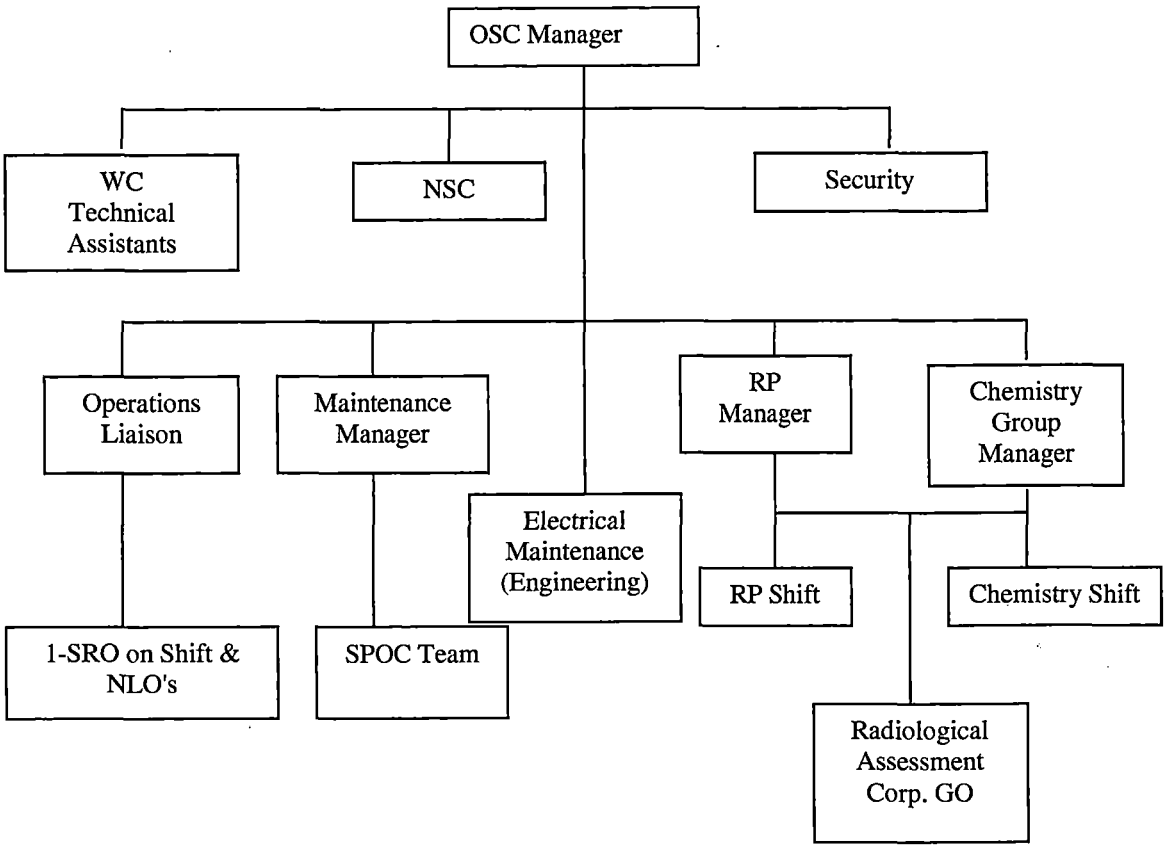
OSC Personnel Log
Operations

DATE: _____

PRIMARY					RELIEF		
POSITION	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**TIME IN AT OSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**EMPLOYEE ID**	**SHIFT SCHEDULE**

Enclosure 4.14

Operational Support Center Organization Chart



Enclosure 4.14.1
OSC Personnel Log

DATE: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	EMPLOYEE ID	TIME IN AT OSC	SHIFT SCHEDULE	NAME (Last, First, MI)	EMPLOYEE ID	SHIFT SCHEDULE
OSC Manager							
Work Control Technical Asst. I							
Work Control Techhnical Asst. II							
Security							
NSC							
Engineering							
Electrical (1 person 75 min.)							
Maintenance Manager							

Enclosure 4.14.1
OSC Personnel Log

DATE: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	EMPLOYEE ID	TIME IN AT OSC	SHIFT SCHEDULE	NAME (Last, First, MI)	EMPLOYEE ID	SHIFT SCHEDULE

Reference:

{1} PIP 02-04907

{2} PIP O-03-01131

{3} PIP O-06-4583

{4} PIP O-06-5898

{5} PIP O-07-1590

{6} PIP O-11-3079

{7} PIP O-10-7817

{8} PIP O-12-1590

{9} PIP G-11-1389

{10} PIP O-12-3002

{11} PIP C-12-3794

{12} PIP O-13-1765

{13} PIP O-13-7716

{14} PIP O-14-2211

{15} PIP O-13-15223

Form 703-1. Procedure Process Record (PPR)

(R08-10)

Duke Energy

PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/1000/025

Revision No. 006

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Operational Support Center Manager Procedure

(4) Prepared By Natalie Harness Natalie Harness Date 2/3/2015

(5) Requires NSD 228 Applicability Determination?

☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.

☒ No (Minor Editorial Changes)

(6) Reviewed By* Donald A. Crowl (QR)(KI) Date 2/25/15

Cross-Disciplinary Review By* (QR)(KI) NA DAC Date 2/25/15

Reactivity Mgmt Review By* (QR) NA DAC Date 2/25/15

Mgmt Involvement Review By* (Ops. Supt.) NA DAC Date 2/25/15

(7) Additional Reviews

Reviewed By* Date

Reviewed By* Date

(8) Approved By* Patrick M Staggs Date 5/21/15

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*

Revision/Change Package Fill-In Form

Rev. 04/23/2012

The purpose of this fill-in form is to provide a location to type in information you want to appear on the various forms needed for Major/Minor Procedure Revisions, and Major/Minor Procedure Changes. After you type in information on this form, it will be electronically transferred to the appropriate locations in the attached forms when you perform Step 3 below.

Step 1- press [F12] (Save As) then save this form using standard file name convention in appropriate LAN storage location.

Step 2-type in basic information in the blanks below:

Note: place cursor in center of brackets before typing.

1. ID No.: RP/0/A/1000/025
2. Revision No.: 006
3. Change No.: __ **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Operational Support Center Manager Procedure
5. For changes only, enter procedure sections affected: __
6. Prepared By: Natalie Harness NH
7. Preparation Date: 2/3/2015
8. PCR Numbers Included in Revision: ONS-14-05922

Step 3- go to Print Preview to update this information in all the attached documents.

Step 4- page down to affected pages and enter any additional information needed.

Step 5- when all information is entered, print package and review for correctness.

Procedure Title: Operational Support Center Manager Procedure

SUMMARY OF CHANGES: (DESCRIPTION AND REASON)

General Changes

Revision 006 of RP/0/A/1000/025 consists of changes resulting from a fleet wide initiative to replace the Selective Signaling System with "Duke Emergency Management Network (DEMNET)".

The replacement of the Selective Signaling System with DEMNET is described in EC 113233.

In general, this revision consists of equipment title changes from Selective Signaling to DEMNET in sections of the procedure describing notifications to Oconee County and Pickens County from the Control Room in the event of an unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters. These changes reflect the replacement of the Selective Signaling System with DEMNET which supports a fleetwide initiative to align State/county notification methodology at all Duke Energy nuclear plant sites.

A new fleet procedure AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET), has been developed to provide instructions for notifying State/county organizations using DEMNET. Applicable sections of the Oconee Nuclear Station Emergency Plan, emergency plan implementing procedures, and support procedures are being revised to implement these changes. These changes are being screened / evaluated in accordance with 10 CFR 50.54(q) under separate cover.

Revision 006 of RP/0/A/1000/025 consists of the following changes:

- Page 9 of 11, Note Section, Step 3.9.1: Deleted Selective Signaling in the note that addresses loss of offsite communications capabilities. Selective Signaling is being replaced by the Duke Emergency Management Network (DEMNET). DEMNET has the ability to transmit and receive calls via the internet on a land line or by satellite.
- Enclosure 4.6, NSC, Note Section, Step 4.1: Deleted Selective Signaling in the note that addresses loss of offsite communications capabilities. Selective Signaling is being replaced by the Duke Emergency Management Network (DEMNET). DEMNET has the ability to transmit and receive calls via the internet on a land line or by satellite.

PCR Numbers Incorporated

ONS-14-05922

Enclosure

Attachment to 50.54q

RP/0/A/1000/025, Rev 006, Operational Support Center Manager Procedure

#	Page /Section	Current	Proposed Change	Reason
1.	Page 9 of 11, Note Section, Step 3.9.1:	A loss of offsite communications capabilities (Selective Signaling and WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should e started as soon as possible.	A loss of offsite communications capabilities (DEMNET) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should e started as soon as possible.	Editorial: Deleted Selective Signaling in the note that addresses loss of offsite communications capabilities. Selective Signaling is being replaced by the Duke Emergency Management Network (DEMNET).
2.	Enclosure 4.6, NSC, Note Section, Step 4.1	A loss of offsite communications capabilities (Selective Signaling and WAN) could occur within 1.5 hours after Keowee Hydro Dam failure.	A loss of offsite communications capabilities (DEMNET) could occur within 1.5 hours after Keowee Hydro Dam failure.	Editorial: Deleted Selective Signaling in the note that addresses loss of offsite communications capabilities. Selective Signaling is being replaced by the Duke Emergency Management Network (DEMNET).

Form 703-2. Procedure Change Process Record
(R08-10)

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/025 Revision No.006

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Operational Support Center Manager Procedure

(4) Section(s) of Procedure Affected: Page 9 of 11, Section 3.9.1 Note & Enclosure 4.6, Step 4.1 Note

(5) Requires NSD 228 Applicability Determination?

☐ Yes (Procedure change with major changes) - Attach NSD 228 documentation.

☒ No (Procedure change with minor changes)

(6) Description of Change: *(Attach additional pages, if necessary.)*
See attached change matrix.

(7) Reason for Change:
Revision 006 of RP/0/A/1000/025 consists of the following changes:

- Page 9 of 11, Note Section, Step 3.9.1: Deleted Selective Signaling in the note that addresses loss of offsite communications capabilities. Selective Signaling is being replaced by the Duke Emergency Management Network (DEMNET). DEMNET has the ability to transmit and receive calls via the internet on a land line or by satellite.
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(8) Prepared By Natalie Harness Natalie Harness Date 2/3/2015

(9) Reviewed By* Donald A. Crew (QR)(KI) Date 2/25/15

Cross-Disciplinary Review By* _____ (QR)(KI) NA SAC Date 2/25/15

Reactivity Mgmt. Review By* _____ (QR) NA SAC Date 2/25/15

Mgmt. Involvement Review By* _____ (Ops. Supt.) NA SAC Date 2/25/15

(10) Additional Reviews

Reviewed By* _____ Date _____

Reviewed By* _____ Date _____

(11) Approved By* Patrick H Street Date 5/21/15

* *Printed Name and Signature*

§50.54(q) Screening Evaluation Form

§50.54(q) Screening Evaluation Form Activity Description and References:
RP/0/A/1000/025, Operational Support Center Manager Procedure, Revision 006

BLOCK 1

Revision 006 of RP/0/A/1000/025 consists of changes resulting from a fleet wide initiative to replace the Selective Signaling System with "Duke Emergency Management Network (DEMNET)".

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

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:	Preparer Signature	Date:
Natalie Harness	Natalie Harness	2/2/15
Reviewer Name:	**Reviewer Signature**	**Date:**
Don Crowl	Don Crowl	2/25/15

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