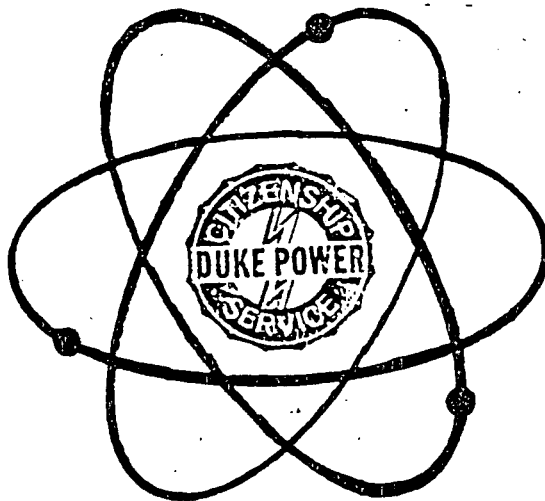


DUKE POWER COMPANY

OCONEE NUCLEAR STATION

EMERGENCY PLAN IMPLEMENTING PROCEDURES



APPROVED:

M. S. Tuckman
M. S. Tuckman, Station Manager

8/4/86
Date Approved

8/4/86
Effective Date

VOLUME C
REVISION 86-4
JULY, 1986

AC45
1/1

VOLUME C

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CONTROL COPY

DUKE POWER COMPANY
PROCEDURE PREPARATION
PROCESS RECORD

(1) ID No: RP/O/B/1000/06
Change(s) 0 to
0 Incorporated

(2) STATION: OCONEE

(3) PROCEDURE TITLE: PROTECTIVE ACTION RECOMMENDATIONS

(4) PREPARED BY: Colman D. Jennings DATE: 4/23/85

(5) REVIEWED BY: Donald L. Davidson DATE: 4/29/85

Cross-Disciplinary Review By: R L Swigart N/R: 4-29-85

(6) TEMPORARY APPROVAL (IF NECESSARY):

By: _____ (SRO) Date: _____

By: _____ Date: _____

(7) APPROVED BY: 2A Barr Date: 4/30/85

(8) MISCELLANEOUS:

Reviewed/Approved By: R. J. B. J. Date: 4/29/85

Reviewed/Approved By: _____ Date: _____

DUKE POWER COMPANY
OCONEE NUCLEAR STATION
PROTECTIVE ACTION RECOMMENDATIONS

1.0 SYMPTOMS

- 1.1 Radioactive releases (or potential for release) that produce projected doses in excess of the limits of Enclosure 4.2 requires protective action recommendations.

2.0 IMMEDIATE ACTIONS

- 2.1 Refer to Enclosure 4.1 to determine the protective action recommendations.
- 2.2 Request actual dose projections and re-evaluate recommendations to counties and state using offsite monitoring measurements (if available) current meteorology, and core/reactor coolant system/containment status.

3.0 SUBSEQUENT ACTIONS

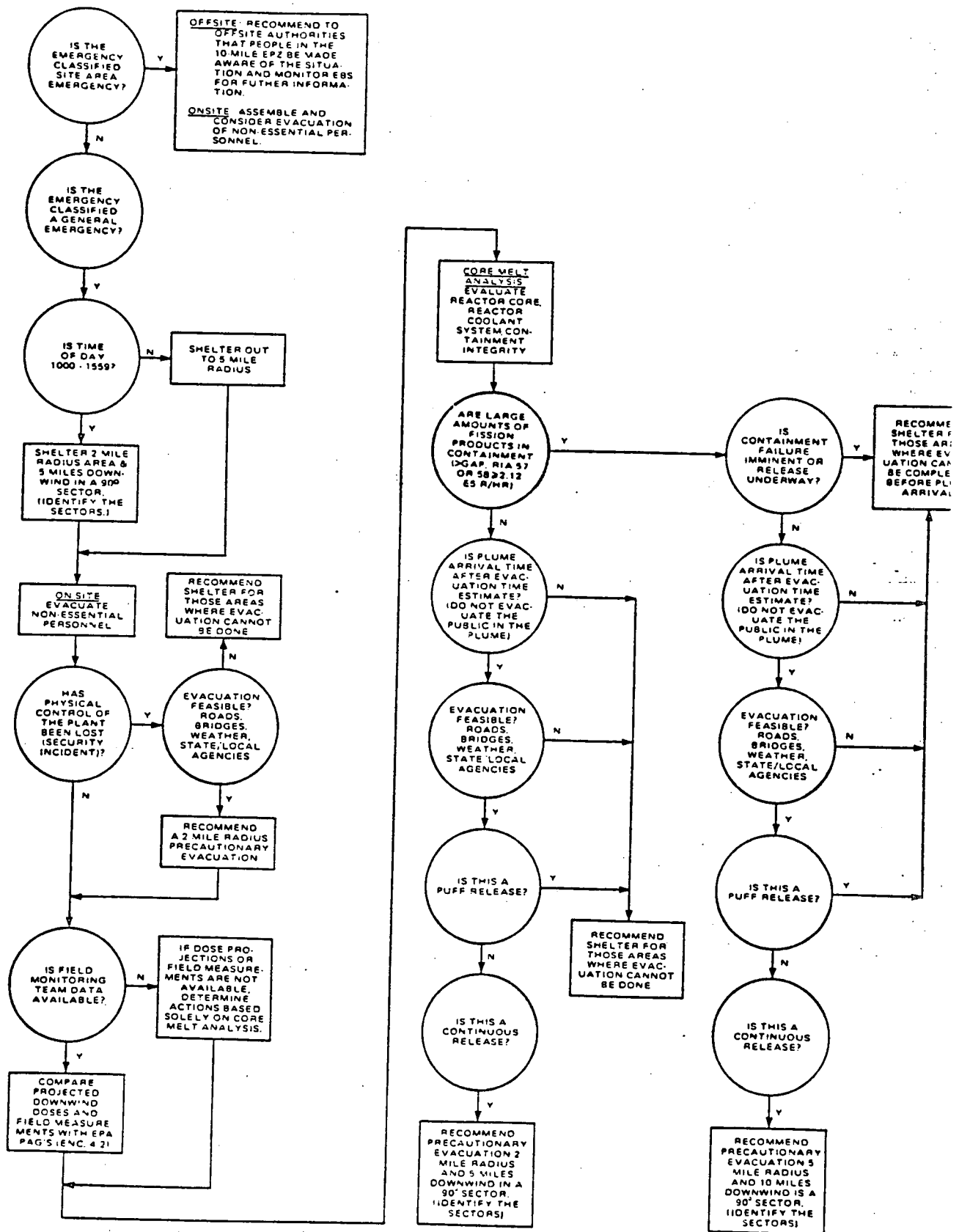
NOTE: COUNTY AND/OR STATE EMERGENCY OPERATIONS CENTER FACILITIES MAY OR MAY NOT BE ESTABLISHED AND THE GENERAL OFFICE EMERGENCY RESPONSE ORGANIZATION HAS NOT BEEN ACTIVATED.

- 3.1 Consider the following in conjunction with determining the protective action recommendations to be made:
 - 3.1.1 Sheltering for the population in the plume exposure EPZ not evacuated.
 - 3.1.2 For any sheltering decision, consider evacuation of the population affected by ground contamination after the plume passes.
- 3.2 Contact Oconee County and Pickens County Emergency Preparedness agencies to update them on the revised recommendations. Notify the State of South Carolina warning point of the recommended action.

4.0 ENCLOSURES

- 4.1 Protective Action Guide Flowchart
- 4.2 Protective Action Guide

PROTECTIVE ACTION GUIDE FLOWCHART



DUKE POWER COMPANY
OCONEE NUCLEAR STATION
PROTECTIVE ACTION GUIDES

RP/O/B/1000/06
Enclosure 4.2

Projected Dose (Rem) to the Population	Recommended Actions (a)	Comments
Whole Body <1 Thyroid <5	No protective action required. State may issue an advisory to seek shelter and await further instructions or to voluntarily evacuate. Monitor environmental radiation levels.	Previously recommended protective actions may be reconsidered or terminated.
Whole Body 1 to <5 Thyroid 5 to <25	Seek shelter and wait further instructions. Consider evacuation particularly for children and pregnant women. Monitor environmental radiation levels. Control access.	
Whole Body 5 and above Thyroid 25 and above	Conduct mandatory evacuation of populations in the predetermined area. Monitor environmental radiation levels and adjust area for mandatory evacuation based on these levels. Control access.	Seeking shelter would be an alternative if evacuation were not immediately possible.
<p>Projected Dose (Rem) to Emergency Team Workers</p> <p style="text-align: center;">- VOLUNTARY BASIS - (PLANNED EMERGENCY EXPOSURE BEYOND 10 CFR 20 LIMITS)</p>		
Whole Body 5-25* Skin of whole body 30-125* Thyroid 125* Extremities 75	Control exposure of emergency team members to these levels except for lifesaving missions. (Appropriate controls for emergency workers, include time limitations, respirators, and stable iodine.)	Respirators and stable iodine should be used where effective for emergency team workers.
Whole body 25-75* Thyroid 150* Skin of whole body 150* Extremities 375	Control exposure of emergency team members performing lifesaving missions to this level. (Control of time of exposure will be most effective.)	

(a) These actions are recommended for planning purposes. Protective action decisions at the time of the incident must take existing conditions into consideration.

*NOTE: Dose up to this limit must be authorized by the Emergency Coordinator.

INFORMATION
ONLYDUKE POWER COMPANY
PROCEDURE PROCESS RECORD

CONTROL COPY

REPARATION

(2) STATION Ocone(3) PROCEDURE TITLE Offsite Communicator(4) PREPARED BY Leslie B. Jennings DATE 2/27/86(5) REVIEWED BY Donald L. Davidson DATE 2/27/86Cross-Disciplinary Review By _____ N/R DL

(6) TEMPORARY APPROVAL (If Necessary)

By _____ (SRO) Date _____

By _____ Date _____

(7) APPROVED BY J. B. Barr DATE 3/6/86

(8) MISCELLANEOUS

Reviewed/Approved By _____ Date _____

Reviewed/Approved By _____ Date _____

COMPLETION

(9) DATE(S) PERFORMED _____

(10) PROCEDURE COMPLETION VERIFICATION

- ☐ Yes ☐ N/A Check lists and/or blanks properly initialed, signed, dated or filled in N/A or N/R, as appropriate?
- ☐ Yes ☐ N/A Listed enclosures attached?
- ☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?
- ☐ Yes ☐ N/A Charts, graphs, etc. attached and properly dated, identified and marked?
- ☐ Yes ☐ N/A Acceptance criteria met?

VERIFIED BY _____ DATE _____

(11) PROCEDURE COMPLETION APPROVED _____ DATE _____

(12) REMARKS

DUKE POWER COMPANY
OCONEE NUCLEAR STATION
OFFSITE COMMUNICATOR

RP/0/B/1000/15

1.0 SYMPTOMS

Technical Support Center Activation

2.0 IMMEDIATE ACTIONS

NOTE: Personnel performing duty as Offsite Communicator should have training prior to serving in this role to assure familiarity with location of equipment and procedure requirements.

Procedure does not have to be followed in sequence.

- 2.1 Report to the affected unit Control Room and locate the Operations On-Shift Communicator.
- 2.2 Make Emergency Coordinator aware that you have reported in and are working with the On-Shift Communicator for a turnover.
- 2.3 Determine that all required messages have been given to offsite agencies.
- 2.4 Assist Operations On-Shift Communicator in filling out the next message sheet (if the time frame indicates that one should be sent). If the person being utilized as On-Shift Communicator is needed for some other duty, complete the form, get approval from Shift Supervisor and make the call(s).

NOTE: All message sheets must be approved by the Emergency Coordinator prior to the information being released to offsite agencies.

- 2.4.1 Message sheets are located in the Emergency Procedures Cart. Sample form attached for information (Enclosure 4.1). Call back numbers that should be used for return calls from the offsite agencies are printed on the message forms. Assure that this information is given to the Offsite Agency, with an extension number given, so that the switchboard will know how to reach the Offsite Communicator.

- 2.4.2 Authentication procedures are located in the Emergency Telephone Directory (Yellow binder in the very front of the cart).
- 2.4.3 Communication Systems available for use. See Emergency Telephone Directory pages 1 and 2. Directory also gives additional telephone numbers.
 - 2.4.3.1 Selective Signaling - Shift Supervisor - Offices 1 & 2, 3. See Emergency Telephone Directory, page 8.
 - 2.4.3.2 ONS Phone System (Switchboard)
 - 2.4.3.3 Outside line in Control Room (Grey Box on middle column of CR 1 & 2 and ventilation column in Unit 3). Technical Support Center location is on the Station Manager's desk.
 - 2.4.3.4 Offsite Radio System is available in Unit 1 & 2 Control Room Communications area and in the Offsite Monitoring Section of the Technical Support Center. Emergency Telephone Directory has instructions for use of the radio system.

3.0 SUBSEQUENT ACTIONS

NOTE: Wording for messages should be very clear and non-technical. The offsite agencies need to be able to understand the information given to them.

- 3.1 Report to the Technical Support Center with the Shift Supervisor/ Emergency Coordinator.
- 3.2 Sign the Technical Support Center Turnover Sheet of the applicable emergency classification procedure being used to respond to the present emergency class.
- 3.3 Bring the Emergency Procedures Cart to the TSC. (Secure approval from Emergency Coordinator.)
- 3.4 Complete message sheets on the following frequency.
 - 3.4.1 Alert - every hour or as agreed upon.
 - 3.4.2 Site Area Emergency - every half hour or as agreed upon.
 - 3.4.3 General Emergency - every half hour or as agreed upon.

- 3.5 Once the Crisis Management Center has relieved the station of offsite notification responsibilities, the Offsite Communicator should verify the following:
 - 3.5.1 Projects and HP Personnel are keeping TSC Status Boards current.
 - 3.5.2 Information flow between groups has been established.
 - 3.5.3 Plant personnel are being updated on current plant status and emergency level by Emergency Coordinator on PA System. Use Enclosure 4.2.
 - 3.5.4 Check with Field Monitoring Team Coordinator to determine if Offsite Monitoring Teams (if still under control of the TSC) are aware of plant status and emergency classification.
- 3.6 Determine the current meteorological data. TSC Data Sheets or CMC Data Sheets are available sources to use. Work with Offsite Dose Assessor in the TSC and use the same meteorological data (if possible).
- 3.7 Communicator has the responsibility to ensure that messages are sent within the required time frame. Messages to change emergency classifications must be made within 15 minutes of the decision by the Emergency Coordinator.
- 3.8 Initial messages at the Site Area Emergency and General Emergency level require the Emergency Coordinator to communicate the action required by the public to the Counties and the State. This information is written in the message form (Enclosure 4.1) under Section 8.
 - 3.8.1 The initial message at the Notification of Unusual Event, Alert, Site Area Emergency and General Emergency level requires that only Part 1 section be completed.
 - 3.8.2 Offsite Communicator is responsible for giving over the telephone all the information on the emergency message except Part 1, Section 8B - 8F dealing with actual protective action recommendations.
 - 3.8.3 Part 2 shall be completed and released to offsite agencies as the information becomes available. Offsite dose calculation information is not given during the Alert status even if projected dose is available.
 - 3.8.4 Do not hold up sending messages if all followup information is not available. If not available, use same info from previous message form and document.

- 3.9 The Communicator shall write down any questions that are asked by the offsite agencies. Secure the correct information to be approved by signature of the Emergency Coordinator. The questions and answers shall be attached to the message sheet used when the questions were asked. Indicate the date, time the answers were called back, and to whom the information was given. Do not use another message sheet.
- 3.10 Offsite Communicator shall be responsible for making all offsite calls to agencies requesting their support.
- 3.11 Termination Instructions
 - 3.11.1 Complete Part 1, Sections 1-3a.
 - 3.11.2 Complete Part 3, Termination Message.
 - 3.11.3 Determine that the follow-up letter is sent within the required time frame.

4.0 ENCLOSURES

- 4.1 Warning Message
- 4.2 Emergency Information

WARNING MESSAGE: NUCLEAR FACILITY TO STATE/LOCAL GOVERNMENT

Release of this message approved by M. S. Tuckman at 0900
(name) (time/date)

PART 1: INITIAL WARNING MESSAGE

1. Date: 9/21/85 Time: 0810
2. This is Oconee Nuclear Station concerning Unit # 1
My name is: John Doe Telephone: 882-4461 Ext. 1244
This message (Number 2):
☐ (a) Reports a real emergency. ☐ (c) Reports the termination of a real emergency.
☐ (b) Reports the change in the class of a real emergency. ☒ (d) Is an exercise message
3. Message Authentication
Message Receiver: Authenticate number 16
Message Sender: I authenticate number 16 as codeword Carson City
(a) IF A TERMINATION MESSAGE. GO TO PART 3
4. The class of emergency is:
☒ (a) Notification of Unusual Event ☐ (c) Site Area Emergency
☒ (b) Alert ☐ (d) General Emergency
5. This classification of emergency was declared at: 0655 on 9/21/85
(time) (date)
6. The initiating event causing the emergency classification is: Steam generator tube leak
56 gpm
7. The emergency condition: ☒ (a) Does not involve the release of radioactive materials from the plant.
☐ (b) Involves the potential for a release, but no release is occurring.
☐ (c) Involves the release of radioactive materials.
8. The following protective actions are recommended:
☒ (a) No protective action is recommended at this time.
☐ (b) People living in zones _____ remain indoors with the doors and windows closed, turn off air conditioners and other ventilation, monitor EBS stations.
☐ (c) People living in zones _____ evacuate their homes and businesses and go to a designated shelter.
☐ (d) Pregnant women and children in zones _____ remain indoors with the doors and windows closed, turn off air conditioners and other ventilation, and monitor EBS stations.
☐ (e) Pregnant women and children in zones _____ evacuate and go to a designated shelter.
☐ (f) Other recommendations: _____
9. I repeat, this message:
☐ (a) Reports a real emergency.
☐ (b) Reports a change in the classification of a real emergency.
☒ (c) Is an exercise message.
10. Do you have any questions?
11. RELAY THIS INFORMATION TO THE PERSONS LISTED IN YOUR ALERT PROCEDURES WHO MUST BE NOTIFIED OF INCIDENTS AT NUCLEAR FACILITIES.

PART 2: FOLLOW-UP MESSAGE(S)

1. Plant Status: Is completed for subsequent information--is not completed for an initial call.
Reactor (a) x is not tripped/(b) _____ was tripped at (Time): _____
Plant is at: (a) 90 % power (c) _____ hot shutdown (or hot standby)
(b) _____ cold shutdown (d) _____ cooling down
Prognosis is: (a) x stable (c) _____ degrading
(b) _____ improving (d) _____ unknown
2. Emergency actions underway at the facility include: Plant is shutting down. Taking extreme caution to keep reactor on line and cool down normally to prevent a release through the relief valves.
3. Onsite support needed from offsite organizations: None at the present time.
4. Dose Projection Data
Windspeed: 5 mph Wind Direction: From 135^o
Precipitation: None
Release Type: (a) n/a Ground/ (b) _____ Elevated Weighted Dose Conversion Factor:
Stability Class: A (A,B,C,D,E,F, or G) (a) n/a (R/hr)/(Ci/m³) (whole body)
(b) _____ (R/hr)/(Ci/m³) (Child Thyroid)
Radiological Release: Noble Gas Equivalent n/a curies/sec.
Iodine Equivalent n/a curies/sec.
5. The type of actual or projected release is: not applicable at this time.
____ (a) Airborne
____ (b) Waterborne
____ (c) Surface Spill
____ (d) Other _____
____ (e) No release is in progress or expected at this time (Skip Items 6, 7, & 8)
6. Release (a) _____ will begin at _____. Not applicable at this time.
(b) _____ began at _____.
7. The estimated duration of the release is _____ hours. Not applicable at this time.
8. The source and description of the release is: Not applicable at this time.

PART 2: FOLLOW-UP MESSAGE(S) Continued

9. Dose Projections: Not applicable at this time.

Projected Integrated Dose in Rem

Based on _____ hours of release

Dose Commitment		
Distance	Whole Body (Rem/hour)	Child Thyroid (Rem/hour of inhalation)
Site boundary		
2 miles		
5 miles		
10 miles		

Whole Body	Child Thyroid

10. Field measurement of dose rate (mr/hr) or contamination (X) (if available):

Time	Zone	Distance from Plant	Direction from Plant	Whole Body	Child Thyroid

11. I repeat, this message:

- ☐ (a) Reports a real emergency.
☐ (b) Reports a change in the class of a real emergency.
☒ (c) Is an exercise message.

12. Do you have any questions?

*****END OF FOLLOW-UP MESSAGE(S)*****

PART 3: TERMINATION MESSAGE1. The event was terminated at _____ on _____
(Time) (Date)Termination is completed only
when the incident is closed out

2. The event at the plant was terminated for the following reason(s): _____

*****END OF TERMINATION MESSAGE*****

PERSONS and/or WARNING POINTS ALERTED

Use Primary notification system

41* Selective Signaling

Record the name, title, date, time and warning point notified

- See Emergency Telephone Direct 24 hr. availability

1. Jame Smith Dispatcher
 (name) (title)
9/21/85 0811 Oconee County Sheriff's Department
 (date) (time) (warning point)
2. Sue Jones Dispatcher
 (name) (title)
9/21/85 0811 Pickens County Sheriff's Department
 (date) (time) (warning point)
3. Cpl. Mark Brown Dispatcher
 (name) (title)
9/21/85 0811 State Warning Point - SCWD
 (date) (time) (warning point)
4. _____
 (name) (title)

 (date) (time) (warning point)
5. _____
 (name) (title)

 (date) (time) (warning point)
6. _____
 (name) (title)

 (date) (time) (warning point)
7. _____
 (name) (title)

 (date) (time) (warning point)

DATE _____

TIME _____

UNIT _____

RP/O/B/1000/15
Enclosure 4.2

EMERGENCY CLASSIFICATION: ALERT SITE AREA GENERAL AREA

INITIATING CONDITIONS _____

PLANT STATUS _____

SITE EVACUATED YES _____ NO _____ EVACUATION ROUTE _____

PROTECTIVE ACTIONS IN EFFECT AS OF DATE _____ TIME _____

	PREGNANT WOMEN/ CHILDREN	SECTORS IN PICKENS COUNTY	SECTORS IN OCONEE COUNTY
SHELTER	_____	_____	_____
EVACUATE	_____	_____	_____

INFORMATION ONLY

STATION SERVICES PROCEDURE 1.3.1

ORIGINAL DATE 10/07/83

APPROVAL J. McIntosh

REVISED DATE 2/5/85

DUKE POWER COMPANY

OCONEE NUCLEAR STATION

STATION SERVICES EMERGENCY PLAN

1.0 Purpose

To describe responsibilities of the Station Services Group during a Station Emergency to include:

Accountability of all site people and the Establishment of the TSC

2.0 Procedure

2.1 Administrative Duty Personnel Emergency Response Notifications

When notified of Emergency Condition:

2.1.1 Notify Superintendent of Station Services

- A) John McIntosh or
- B) Don Austin

2.1.2 Notify one person to make remaining calls:

- A) Mike Roach or
- B) Buea DeNard or
- C) Penny Goebel or
- D) Joan Sanders

2.1.3 Remaining Calls:

- A) Station Services (TSC) Communication:
(Option of Superintendent or Designee)
 - a) Bill Stengel or
 - b) Stan Scott

- B) Training and Safety Coordinator:
 - a) Jerry Itin or
 - b) Dixie Kelly
- C) Station Services Clerical Support
 - a) Teresa Stewart
 - b) Dreama Bridges
- D) Administrative Coordinator:
 - a) Mike Roach or
 - b) Buea DeNard
- E) Contract Services Coordinator:
 - a) Tom McQuarrie
 - b) Scott Bryant
- F) Switchboard Relief if necessary - Duty Person or Superintendent would identify whether this is necessary at this point.
 - a) Penny Goebel or
 - b) Joan Sanders

2.2 Accountability of all Station Services site personnel shall be made within 20 minutes to the Administrative Coordinator Clerk, Ext. 1796. This call must be made within the designated time frame and should include number of people and the names of any personnel who have not been located. This information will then be called in to the Station Services Superintendent, located in the TSC. Station Services Superintendent will report total Station Services personnel to the Security Shift Lieutenant. The Superintendent will determine action which is deemed necessary at this time to locate unaccounted individuals.

2.3 Establishment of TSC.

- ____ 2.3.1 Upon arrival to site, check with switchboard operator to determine if a representative has been notified from each group identified as the emergency response organization (reference Enclosure 1). If a group cannot be notified, assist the switchboard operator with alternative contacts and verify the Shift Supervisor is aware of response group(s) not notified.

____ 2.3.2 Prior to entering protected area:

- ____ Pick up Emergency Response Notebook, and Administrative Policy Manual from John McIntosh's office (in blue cabinet) and take to TSC.
- ____ Verify that Security has dispatched officer(s) to TSC and OSC to control access, and all phones have been switched. If this has not been accomplished, request Security support.

____ 2.3.3 Upon entering protected area:

- ____ Locate roll-around cart in I&E office on Turbine floor (or elsewhere) and take to TSC cabinet in Control Room to provide storage and distribution capability.

____ 2.3.4 Remove copier and telecopier and set up in Computer Room (Unit 1 & 2) or verify they are already in use.

- ____ Verify that portable radio with ear set has been delivered to TSC by Safety Dept. for monitoring purposes.
- ____ Remove materials and supplies from storage cabinet and place on roll-around cart for use in TSC.
- ____ Set up TSC logbook and record names of people in TSC (may request Security assistance). Ensure people properly use sign in and sign out log.
- ____ Place Pickens and Oconee Emergency Plan on roll around cart or verify they are in use elsewhere.
- ____ Place General Arrangement Drawings and Site Drawing on table (for list of drawing and table locations, see PT/O/B/2000/04).
- ____ Place Fire Plan on roll around cart or verify it is in use elsewhere.
- ____ Place paper, pads, pencils, pens, and notebooks on roll-around cart or verify their availability elsewhere.
- ____ Place Crisis Telephone Directory on roll-around cart or verify its use elsewhere.

_____ Place Data Displays (stored in TSC cabinet) for information updates in TSC and OSC or verify their set-up (and verify they will be updated by Integrated Scheduling, in the TSC only).

_____ 2.3.5 Verify existence of the following or remind others of the requirement.

_____ Verify the radio has been set up by the Environmental Section.

_____ Verify the TSC cart is available (located in SS office) and normally put into use by Coleman Jennings, Offsite Communicator) with the following materials:

_____ Emergency Plan and Implementing Procedure

_____ Crisis Management Plan

_____ Message Forms

_____ Authentication Procedures

_____ Verify availability of Technical Specification (normally in SS Office).

_____ Verify availability of FSAR (normally in SS Office).

_____ Verify availability of Station Directives (normally in Control Room or SS Office).

_____ Verify availability of Plant Operations Drawings (in Control Room).

_____ Verify availability of Safety related structures, systems and components, description (provided by Joe Davis).

_____ Verify availability of various I&E Drawings (located in Shop).

_____ Verify availability of Emergency Procedures (provided by Norman Pope)

_____ Verify the VAX system is on line and operable.

_____ Model A System (HP)

____ Verify the OSC is established and operational.

____ Personnel in place.

____ Supplies/first aid kits available.

____ Survey instruments available.

____ Dosimetry available.

____ Intercom Systems operable.

____ Radios operable and available.