

**Duke Energy Company  
Oconee Nuclear Site**

**SPILL PREVENTION CONTROL AND  
COUNTERMEASURE PLAN**

**Revision October 2009**

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**Enclosure 1**

Spill Risk Inventory and Summary

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Site Drawing to Identify Risk Locations

Implementing Procedure RP/0/1000/017 Rev 011, Spill Response

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References (40 CFR 110 and 112) / Index to Revised Regulations / Training Module

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CONTACT 4911 FOR ALL SPILLS

# **SPCC PLAN**

## **PART I**

### **General Information**

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**SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN  
FACILITY INFORMATION**

Name of facility: Oconee Nuclear Site  
Type of facility: Electric Generating Station

Facility location: Eight (8) miles northeast of Seneca and approximately 25 miles west of Greenville, South Carolina, near the intersection of Highways 183 and 130.

**Name and address of owner or operator:**

Name: Duke Energy  
Address: 7800 Rochester Highway  
Seneca, SC 29672

**Designated person accountable for oil spill prevention at facility:**

Name: Anthony Garland

Title: Environmental, Health and Safety Manager (Interim)

Signature: 

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**MANAGEMENT APPROVAL**

This SPCC Plan will be implemented as herein described.

Name: David Baxter

Title: Oconee Site Vice President

Signature: 

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**PROFESSIONAL ENGINEER CERTIFICATION**

By means of this certification the Professional Engineer attests to the following:

- (i) That he is familiar with the requirements of 40 CFR Part 112;
- (ii) That he or his agent has visited and examined the facility;
- (iii) That the Plan has been prepared in accordance with good engineering practice, including consideration of applicable industry standards, and with the requirements of this part;
- (iv) That procedures for required inspections and testing have been established; and
- (v) That the Plan is adequate for the facility.

I hereby certify that I have examined the facility, and being familiar with the provisions of 40 CFR, Part 112, attest that this SPCC Plan has been prepared in accordance with good engineering practices.

John T. Estridge

Printed Name of Registered Professional Engineer

John T. Estridge

Signature of Registered Professional Engineer

(Seal)



Date:

9/28/2009 Registration No. 12877 State S. C.

**CERTIFICATION OF SUBSTANTIAL HARM DETERMINATION**

FACILITY NAME: Oconee Nuclear Site  
FACILITY ADDRESS: 7800 Rochester Highway  
Seneca, South Carolina 29672

1. Does the facility have a maximum storage capacity greater than or equal to 42,000 gallons and do the operations include over water transfers of oil to or from vessels?

YES \_\_\_\_\_

NO X

2. Does the facility have a maximum storage capacity greater than or equal to one million (1,000,000) gallons and is the facility without secondary containment for each aboveground storage area sufficiently large to contain the capacity of the largest aboveground storage tank within the storage area?

YES \_\_\_\_\_

NO X

3. Does the facility have a maximum storage capacity greater than or equal to one million (1,000,000) gallons and is the facility located at a distance (as calculated using the appropriate formula in Attachment C-III or an alternative formula considered acceptable by the RA) such that discharge from the facility could cause injury to an environmentally sensitive area as defined in Appendix D?

YES \_\_\_\_\_

NO X

4. Does the facility have a maximum storage capacity greater than or equal to one million (1,000,000) gallons and is the facility located at a distance (as calculated using the appropriate formula in Attachment C-III or an alternative formula considered acceptable by the RA) such that a discharge from the facility would shut down a public drinking water facility?

YES \_\_\_\_\_

NO X

5. Does the facility have a maximum storage capacity greater than or equal to one million (1,000,000) gallons and within the past years, has the facility experienced a reportable spill in an amount greater than or equal to 10,000 gallons?

YES \_\_\_\_\_

NO X**CERTIFICATION OF SUBSTANTIAL HARM DETERMINATION**

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- \* If an alternative formula is used, documentation of the reliability and analytical soundness of the alternative formula must be attached to this form.

**CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals responsible for obtaining this information, believe that the submitted information is true, accurate, and complete.

Signature: \_\_\_\_\_

Name/ Title: John T. Estridge, Senior Engineer

Date: \_\_\_\_\_

**Introduction** The SPCC program originated from Section 11(j)(1)(C) of the Federal Water Pollution Control Act Amendments of 1970, which later emerged unchanged as Section 311(j) of the Clean Water Act amendments of 1972. The Environmental Protection Agency (EPA) first published regulations implementing the substantive requirements of the SPCC program for oil in 1973 with the final rules published on December 11, 1973, 38 FR 34164 and revised final rules published on July 17, 2002. Title 40 Code of Federal Regulations, Part 112 (40 CFR 112) "Oil Pollution Prevention" establishes procedures, methods and equipment and other requirements for equipment to prevent the discharge of oil from non-transportation-related onshore and offshore facilities into or upon the navigable waters of the United States or adjoining shorelines.

The ONS Spill Prevention, Control, and Countermeasure Plan (SPCC) is designed to meet the requirements of the Oil Pollution Act of 1990 (40 CFR, Part 112). This plan revision incorporates SPCC Phase 2 rule changes issued in the Federal Register on July 12, 2003. This plan serves as an aid to heighten management and employee awareness of potential petroleum product spills.

The first line of defense to prevent the discharge of oil into navigable waters and shorelines and contain such discharges should they occur is to urge the use of pollution prevention methods and equipment. This includes education and training of operating personnel to reduce accidental discharges. The second line of defense is providing adequate secondary containment and/or diversionary structures or equipment to prevent discharged oil from reaching navigable waters. The final defense is a strong oil spill contingency plan following the provision of 40 CFR Part 109, as well as having a commitment of work force, equipment and materials required to expeditiously control and remove any harmful quantity of oil discharged.

The plan emphasizes the systems that are in-place to prevent petroleum product spill/discharges into navigable waters of the United States. This plan addresses:

- All areas of the Oconee site, including but not limited to Keowee Hydro, Complex, Garage, Switchyards, Independent Spent Fuel Storage Installation, all other areas located on the site.
- Substantial harm determination
- Description of drainage at the Oconee Nuclear Site and description of 'navigable waters' relative to the site.
- Description of bulk storage tanks, above and underground
- Petroleum fuel transfer operations including tank truck loading/unloading facilities
- ONS Security's role in site spill prevention/control
- Provisions for spill documentation/history
- Site training/drill programs to address petroleum product spill prevention/mitigation
- Preventive maintenance as a means of spill control
- Containment and/or drainage control structures or equipment
- Site emergency response/reporting programs should a petroleum product spill/discharge occur
- Spill cleanup materials on-site, as well as available manpower for spill cleanup
- Provisions for SPCC review and update
- Hazard evaluation of potential petroleum product spill/discharge areas on site

**OBJECTIVE.** The objective of this SPCC Plan is to establish a comprehensive program to minimize the hazards to human health and to the environment by prevention and control of oil spills at the Oconee Nuclear Site. The Plan has been prepared in accordance with the guidelines in 40 CFR 112.7 and 112.8. It includes descriptions of potential spill sources with a prediction of the direction, rate of flow, and total quantity of oil, which could be discharged from each source. The appropriate containment structures are also listed. Clean up plans and a commitment of work force are included for areas not having adequate secondary containment.

The appropriate Environmental, Health and Safety (EHS) personnel shall periodically review and evaluate this Plan at a minimum of once every five years or whenever there is a change in facility design, construction operation or maintenance which affects the potential for the discharge of oil. The Plan shall be certified by a Registered Professional Engineer.

All appropriate site personnel shall be instructed in the proper operation and maintenance of equipment to prevent the discharges of oil and applicable pollution control laws, rules, and regulations. Spill prevention briefings should be held at intervals frequent enough to assure adequate understanding. Key oil handling personnel shall have training at least annually.

**DISCUSSION** Oil released to the environment is harmful in several ways. Initially, the introduction of very small amounts of oil leads to very noticeable surface sheens, reducing the aesthetic appearance. Oil sheens also eliminate the air-water interface, reducing the quantity of dissolved oxygen in natural waters. Secondly, oil adversely affects waterfowl and aquatic organisms by coating gaseous exchange surfaces of their respiratory systems. The waterfowl are rendered incapable of normal flight, fish are unable to respire properly and the normal respiratory and photosynthetic functions of aquatic life and other ecosystems are seriously altered. Thirdly, oil in public water supplies produce taste and odor problems, which cannot be removed by conventional water treatment processes.

Oils used at Oconee Nuclear Site are largely lubricating and fuel oils. Synthetic oils are used in the electro-hydraulic systems (EHC), e.g., the Main Turbine Hydraulic Oil System (LH). Synthetic oils such as the electrohydraulic control fluid (EHC) used have many of the same properties of natural oils, but pose a unique environmental problem due to their density. EHC fluid is heavier than water and thus sinks, rather than floats, in water. When this fluid is spilled efforts must be made to prevent it from entering sumps.

Finally, the presence of an oil sheen on the surface of any natural waters is subject to fines and penalties by state and federal regulatory agencies.

**PHILOSOPHY** The site philosophy for the Spill Prevention, Control and Countermeasure Plan (SPCC Plan) shall be to treat the spill at its source. Oil pollution prevention is best accomplished by containing spilled oil within the smallest possible area at the source, preventing it from getting into floor and yard drainage systems. This will minimize oil clean up efforts needed and potential reportable off-site discharges.

**SPILL CONTINGENCY PROCEDURES** Oconee Emergency Procedure RP/O/B/1000/17 ONS Spill / Incident Response, details procedures for oil spill response. Contingency plans and a commitment of work force are included in this Plan for areas, which do not have adequate secondary containment. Provided here is the sequence for properly reporting oil spills.

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1. The individual who first detects the spill shall report the spill to operations at Extension 4911
2. Operations, shall contact the appropriate personnel for mitigation, cleanup, and reporting per emergency procedure RP/0/B/1000/172 Spill / Incident Response.
3. Environmental Work Practice 5.1 Spill Response provides guidance on mitigation and spill clean up.

Permanent oil booms and a concrete skimmer wall are located in Chemical Treatment Pond #3. This equipment is designed to trap any released oil from the switchyard and plant area to prevent a discharge of oil from the site. Any oil reaching the Keowee River or Lake Keowee is considered to be a discharge and is reportable to regulatory agencies.

**Facility Layout (40CFR 112.7(a)(3))**

Oconee Nuclear Site (ONS) is a three (3) unit nuclear fission steam electric generating station located on the shore of Lake Keowee in Oconee County, South Carolina. The area associated with the industrial activity includes asphalt parking lots, paved or hard-packed dirt areas, and areas of landscaping.

Oil quantities and type are provided in Enclosure 1, site SPCC inventory, and Enclosure 2, Site Map, of this plan.

# **SPCC PLAN**

## **PART II**

### **DESIGN AND OPERATING INFORMATION**

### **ONSHORE FACILITY (EXCLUDING PRODUCTION)**

A. Facility Drainage

**Drainage from diked storage areas** is controlled as follows (include operating description of valves, pumps, ejectors, etc. NOTE: If diked storage areas are not equipped with drains, water that collects in diked areas is removed after visual inspection. These areas are manually pumped or drained by using valves. (Flapper-type valves should not be used)

**Drainage from undiked areas** is controlled as follows (description of ponds, lagoons, catchment basins, and methods of retaining and returning oil to facility are included):

Oil contaminated water which may flow into the ONS Turbine Building sumps has the oil separated by an oil skimmer. The oil removed by the skimmer is placed in proper containers, and disposed of according to the guidance provided in Environmental Work Practice 2.8, Used Oil. Traces of oil which may not be removed by the skimmer are pumped to Chemical Treatment Pond #1,2 and are batch released to Chemical Treatment Pond #3. Any oil reaching Chemical Treatment Pond #3 is removed using oil absorbent materials.

Both the Oconee Complex and the ONS Transportation Facility wastewater drain systems are equipped with in-line oil/water separators to remove used oil from wastewater being pumped into the site wastewater treatment system.

The majority of oil released at Keowee Hydro Station will gravity drain into the station sumps. An oil/water skimmer removes oil from the station sump as needed. Oil is removed from water in the other sumps using oil absorbent materials stored in the station.

**The procedure for supervising the drainage** of rain water from secondary containment into a storm drain or an open watercourse is as follows (include description of (a) inspection for pollutants, and (b) method of valving security):

Chemical Treatment Pond #3, which serves as secondary containment for many site systems, is equipped with a fixed concrete skimmer wall which limits only water greater than 16" deep to be continuously discharged downstream over a level-controlled spillway gate. The skimmer wall keeps the oil within the pond for removal and disposal. This pond also has an oil boom as an additional precaution in the event of an oil spill.

Operations procedures require the inspection of the contents of above ground storage tank secondary containment before discharging through valves. No drainage from other secondary containment goes directly to storm drains or water-course.

**Drainage from the ONS Transportation Facility** fuel loading/unloading area could potentially reach the wastewater conveyance area via a nearby yard drain that by-passes Chemical Treatment Pond #3. A drain cover designed for the purpose of spill containment is placed over the drain during major fuel loading/unloading. The Transportation Facility Spill Control Best Management Practices Manual contains provisions for loading and unloading fuel.

**Secondary containment design, construction materials, and volume:**

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Chemical Treatment Pond #3 serves as secondary containment for most site drainage systems. Permanent aboveground tanks are also located in a diked storage area of concrete construction, with adequate volume to contain the contents of the largest tank in the storage area.

The Mosquito Control Facility is located west of Highway 183/130 near the Site Softball Field. The Mosquito Control Facility is operated six months a year. A 500 gallon gasoline storage tank provides fuel oil to a pump dispenser located on a pier for marine fueling of Duke Energy watercraft. The 500 gallon tank has a twenty four inch high concrete wall for secondary containment. The system is equipped with an anti-siphon valve which prevents product from draining out of the above ground tank due to siphoning action caused by a piping failure. The fueling pump is located over a catch basin design to contain the entire volume of fuel in the pump dispenser should a leak occur. The piping system is constructed with two inch Environ double walled piping from the tank to the pier. Should the piping fail the product will flow into a 55 gallon sump located near the pier. The sump is designed to contain the entire volume of fuel in the piping between the storage tank and the pump dispenser. A master power switch is located in a locked box outside the building that disconnects power to the system. The system will be de-energized when fueling operations is not in progress. No fuel can be dispensed from the system when de-energized. The system has an emergency shut off valve at the head of the pier which will isolate the fuel line in an emergency. This valve will be locked in the closed position when not in use. There is a fire vibration valve underneath the fuel dispenser which can automatically seal off product in the line in case of an emergency. In addition to the master power isolation switch the fuel dispenser will be padlocked at all times.

#### B. Oil Containing Operating Equipment

Description of site petroleum product storage tanks: design, materials of construction, fail-safe engineering features, and corrosion protection (where applicable):

The following underground storage tanks are cylindrical design, carbon steel construction, primed and painted for corrosion protection in accordance with Code 650 of the American Petroleum Institute. Each tank is equipped with cathodic protection:

- a) SSF Underground Storage Tank
- b) Oconee Complex Used Oil Storage Tank

No fail-safe engineering features are incorporated in the tank design. High soil resistivity and no corrosion evident on tanks taken out of service and removed from ground are evidence of lack of need for corrosion protection.

The following underground storage tanks are cylindrical design, fiberglass-reinforced plastic which complies with the standard for fiberglass by Underwriters Laboratories Standard 1316 and the "Standard for Reinforced Plastics Underground Tanks for Petroleum Products."

- a) ONS Transportation Facility automatic transmission fluid tank
- b) ONS Transportation Facility motor oil tank
- c) ONS Transportation Facility hydraulic fluid tank
- d) ONS Transportation Facility hydraulic fluid tank
- e) ONS Transportation Facility used oil tank
- f) ONS Transportation Facility unleaded gasoline tank
- g) ONS Transportation Facility diesel fuel tank

Underground storage tanks that are replaced or new installations are constructed of fiberglass-reinforced plastic which complies with the standard for fiberglass by Underwriters Laboratories Standard 1316, and or "Standard for Reinforced Plastics Underground Tanks for Petroleum Products

C. Miscellaneous Storage Tanks and Storage Areas:

The following aboveground storage tanks are cylindrical design:

Auxiliary Boiler Fuel Storage Tanks (2)  
Mosquito Control Facility (1)  
Refueling Vehicle (2)

D. Facility Tank Car & Tank Truck Loading/Unloading Rack

Tank car and tank truck loading/unloading occurs at the facility. Yes

- 1. Loading/unloading procedures meet the minimum requirements and regulations of the Department of Transportation. Yes
- 2. The unloading area has a quick drainage system. No
- 3. The containment system will hold the maximum capacity of any single compartment of a tank truck loaded/unloaded in the plant. No

Containment system design, construction materials, and volume:

The oil unloading site does not have a containment system.

- Oil spills at the unloading site inside the protected area drain into the yard drains which flow into the Chemical Treatment Pond #3.
- Chemical Treatment Pond #3 will hold the capacity of a single compartment of a tank.
- The loading and unloading site at the ONS Transportation Facility does not have a containment system. Oil spills at this site potentially could drain into the wastewater conveyance below CTP-3. A spill control kit containing oil

absorbent material is located in the loading/unloading area. A drain cover designed to contain spills is required to be placed over the drain before any filling of underground storage tanks occurs.

- Fuel for ONS underground storage tanks is ordered in quantities that will not overfill the tank. Provisions for spill response are contained in the ONS Transportation Facility Spill Control Best Management Practices manual.
4. An interlocked warning light, a physical barrier system, or warning signs are provided in loading/unloading areas to prevent vehicular departure before disconnect of transfer lines. Yes

Methods, procedures, and/or equipment used to prevent premature vehicular departure:

A security guard remains with the truck driver and his vehicle while inside the protected area fence as required by the ONS Security Plan.

Gasoline and diesel pumps at the ONS Transportation Facility are equipped with "breakaway" nozzles.

5. Drains and outlets on tank trucks and tank cars are checked for leakage before loading/unloading or departure. Yes

#### E. Transformers and Electrical Equipment

The Main Step Up Transformers and Auxiliary Transformers ATA,ATB,ATE are located inside the protected area in a graveled area. Small leaks or spills that occur are absorbed into the gravel. The gravel is then removed and disposed of properly. All drains in the transformer area drain either to the storm drainage system and would be contained within CTP3 where spills could be contained and cleaned up. These transformers are inspected at least once per 12 hour shift by Operations personnel as part of the Operator Rounds Program.

Pad mounted transformers are located in several areas around the site. Those owned by Duke Energy Distribution are given a comprehensive inspection every eight years by Duke Energy per the Customer Operations Distribution Manual OM - 41.01. Legal records of these inspections are kept for 6 years.

With the exception of any catastrophic event causing severe damage to the transformer, any oil leakage from pad mounted transformers occur through the 'window' of the transformer where the cables run out the bottom of the transformer into the ground. This leakage would not be a threat to surface water. Oil leakage out of the transformer causes problems with the service of the transformer and would be quickly detected.

Pad mounted transformers inside the plant protected area are inspected at least once per 12 hour shift by Operations personnel as part of the Operator Rounds Program.

Remote transformers outside the protected area are inspected once per month by EHS personnel this Plan.

F. Security

(b)(7)(F)



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(b)(7)(F)

## G. Inspection Procedures

1. The required inspections follow written procedures. Yes
2. The written procedures and a record of inspections, signed by the appropriate supervisor or inspector, are attached. No

Discussion:

Areas around or near yard drains are inspected for spills. Equipment located near yard drains which could cause a potential spill into the yard drain is inspected daily. Chemical Treatment Pond #3 (CTP3) is inspected daily during daylight hours for oil contaminated water. ONS Security patrols Keowee Hydro Station, Turbine Building drains, ONS Intake, Warehouse #7, CTP3, switchyards, World of Energy, intake canal skimmer wall, Keowee Storage Building, L-1 Lay-down yard, Keowee Tailrace and Intake, ONS Transportation Facility, Oconee Complex, Dry Cask storage area, Geotechnical Center, Mosquito Control Facility and the Maintenance Training facility. Patrols are documented on an OC Checklist Form (Owner Control Checklist) per ONS Security Procedure 501. All Security patrols are trained and qualified to this task.

ONS Operations inspects plant premises twice daily for anything out of the ordinary as provided in various operations procedures. These areas include intake, discharge, switchyards, above ground tanks and containment, and the protected area. The plant turbine building sumps are also inspected twice daily for oil contamination. PT/2/A/0600/001 is used to document the surveillance and is maintained as the record of these inspections.

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ONS Environmental Chemistry inspects CTP3 daily for oil accumulation, as required by ONS Chemistry procedure CP/O/B/4002/28, National Pollutant Discharge Elimination System Monitoring and Sampling Program. Oil is removed immediately to further reduce the likelihood of oil being discharged into Lake Hartwell.

ONS Transportation Facility underground tanks are electronically monitored daily. Records are maintained for 12 months at the ONS Transportation Facility. Equipment is visually inspected on an as-used basis.

Keowee Hydro Station operators visually inspect all station equipment, including the hydro station sumps and tailrace, for traces of oil during each workday shift as specified by Operations Management Procedure OMP 5-2. Procedure OP/O/A/2000/043 provides the method for surveillance/ inspection and record keeping.

Duke Energy Company conducts various inspections of the Oconee Nuclear Site which assist in identifying potential problems and needed maintenance. The site Engineering Group conducts 5-year Civil Inspections of all site equipment and structures. These inspections include inspections of equipment supports and foundations, secondary containment systems, etc. The Civil Engineering Group also performs annual inspections on the site treatment ponds.

All spills encountered are reported to the ONS Units 1&2 Control Room by calling extension 4911. This call activates emergency response procedure RP/O/B/1000/17, Spill Response.

3. Tank inspection methods, procedures, and record keeping:
  - A. Above ground tanks are inspected externally once per 12 hour shift inside the radiologically protected area and at least once per week outside the protected area.
  - B. Underground tanks at the ONS Transportation Facility are monitored according to SCDHEC Underground Storage Tank Regulations which require separate records for each tank to include as a minimum, a daily record of the amount of stored regulated substance withdrawn and received, the level of water in the tank, and the amount of stored regulated substance in the tank. The records shall include a daily computation of gain or loss of the stored regulated substance. Records of all inspections are maintained onsite for one year. Provisions for record keeping are contained in the ONS Transportation Facility Spill Control Best Management Practices manual.
  - C. The 550 gallon used oil tank at the Oconee Complex is monitored twice per week as required per regulations.
  - D. As a result of Nuclear Regulatory Commission operability requirements, an alternate inventory control program for the Standby Shutdown Facility

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underground storage tank was proposed by Duke Energy Company and approved by SCDHEC. The alternate program requirements are:

- 1) Outflow measurements via internal level instrumentation readings before and after each use.
- 2) Tank will be thoroughly mixed, via the recirculation line, and sampled for water and sediment content each day product is added or removed.
- 3) The level of combined water and product will be measured each day product is added or removed.
- 4) Individual levels of water and product in the tank will be calculated from water and sediment analysis results.
- 5) Mass balances will be calculated to compare measured outflow to measured changes in tank volumes, and to calculate unaccounted for gains and losses.
- 6) The tank is cathodically protected, and the impressed current is verified operable annually.

Reference Procedures: MP/O/A/5050/039 Diesels SSF, PM and Inservice Inspection 12 year  
USFAR Ch. 18, Section 18.3.17.14 SSF Diesel Fuel Oil Tank Inspection  
MP/O/A/5050/017 Diesels SSF Op. Inspection and Tests

4. Disposal facilities for plant effluents discharged into navigable waters are observed frequently for indication of possible upsets which may cause an oil spill event.

Yes

Method and frequency of observations:

Chemical Treatment Pond-3 is subject to semi-annual SCDHEC NPDES discharge monitoring requirements for oil and grease. Daily visual inspections by Environmental Chemistry for accumulation of oil are performed per ONS Chemistry procedure CP/O/B/4002/28, National Pollutant Discharge Elimination System Monitoring and Sampling Program.

#### H. Personnel, Training, and Spill Prevention Procedures

1. Personnel are properly instructed in the following:
  - (a) Operation and maintenance of equipment to prevent oil discharges Yes
  - (b) Applicable pollution control laws, rules, and regulations. Yes

Procedures employed for instruction:

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The site has prepared administrative operating procedures, as well as Environmental Work Practices (EWPs), Site Directives (SDs) and Nuclear System Directives (NSDs).

Site personnel are trained to the requirements of the directives and procedures. The site employs an Employee Training and Qualification System to ensure personnel are trained prior to performing certain tasks. Personnel responsible for site oil spill prevention, containment, reporting, and decontamination are familiar with the pollution control laws, rules, and regulations pertaining to oil spills.

The Duke Energy Company EH&S Manual requires all new employees to receive Environmental Overview Training as a part of site orientation. This training addresses: 1) government programs that regulate spills and spill control, 2) the use and dangers of oil and some of the more hazardous substances at the site, 3) spill identification, 4) procedures for proper immediate response to spill incidents, and 5) the employee's awareness of potential spill situations, and 6) the employee's responsibility to make recommendations which may lessen the risk of occurrence.

A Duke Automated Reading and Training (DART) package is used to provide SPCC training to individuals at Oconee Nuclear station.

2. Scheduled prevention briefings for the operating personnel are conducted frequently enough to assure adequate understanding of the SPCC Plan. Yes

The briefing program:

Formal oil spill prevention, containment, and cleanup training for Oconee Site fire brigade/Hazmat personnel is conducted periodically. All site personnel are made aware of the importance of oil spill prevention through programs initiated in conjunction with the safety and team meetings that all personnel attend.

#### I. Potential Spills

Potential spill sources are listed in Enclosure 1, SPCC inventory. This list contains the location of each product source, the amount, failure mode, risk assessment, release rates (low and high), direction of flow/containment, inspection frequency, and risk class.

Site Spill History: Records are maintained for each spill that occurs at the Oconee Nuclear Site. All spills reported to the ONS control room are documented on the Spill Report form per procedure RP/O/B/1000/17, Spill Response. The completed spill report is then forwarded to ONS Environmental Management. The reports are filed in chronological order in the Environmental Management offices.

NOTE: Response to statements should be: YES, NO or NA (Not Applicable).

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- A. Facility experienced a reportable spill event since January 10, 1974 (effective date of 40 CFR, Part 112). (If YES, complete Attachment #1). Yes
- B. Potential Spills -- Prediction and Control: (See Enclosure 1)
- C. Containment or diversionary structures or equipment to prevent oil from reaching navigable waters are practicable. (If NO, discuss in part III) No

Each spill is also documented in the PIP database. This database is maintained for the life of station.

Within the previous five (5) years, one reportable spill to navigable water is shown. A description of this spill is provided below.

Date:

Volume:

Cause:

08/16/2001

1 gallon Hydraulic hose rupture on underwater concrete chipping tool. Spill occurred while repairing concrete pier on walkway to Keowee intake structure. Spill was contained by oil boom which was in place due to pre-job briefing.

Corrective Action plan:

Reported spill immediately, stopped work. Spill was contained due to oil boom being in place prior to job start. Eason diving cleaned-up spill residue from structure and Lake Keowee.

Plan for Preventing Recurrence:

Eason Diving developed an inspection plan for inspecting all hydraulic hoses prior to making a dive. The plan includes specifics with regard to hose diameters and checks for swelling at fittings.

Facility Transfer Operations, Pumping, and In-plant Process

- Corrosion protection for buried pipelines:
  - (a) Pipelines are wrapped and coated to reduce corrosion. Yes
  - (b) Cathodic protection is provided for pipelines if determined necessary by electrolytic testing. Yes
  - (c) When a pipeline section is exposed, it is examined and corrective action taken as necessary. Yes
- Pipeline terminal connections are capped or blank-flanged and marked if the pipeline is not in service or on standby service for extended periods.  
NA

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No pipeline terminal connections are taken out of service for any extend periods of time due to continual use or emergency standby.

- Pipe supports are designed to minimize abrasion and corrosion and allow for expansion and contraction.

Yes

Pipe support design:

Meets 10 CFR requirements within NRC protected area. Other hangers are designed to minimize abrasion and corrosion and allow for expansion. This is ensured by consulting the Duke Energy Company Nuclear Coating Maintenance Manual.

- Procedures for regularly examining all above-ground valves and pipelines (including flange joints, valve glands and bodies, catch pans, pipeline supports, locking of valves, and metal surfaces):

An external visual inspection is conducted once per shift within the protected area and at least once per week outside the protected area.

(Also, see Part I,D.2.)

- Procedures/practices for warning vehicles entering the facility to avoid damaging above-ground piping:

Above ground piping around the gasoline and used oil tanks are protected by concrete pillars. All other above ground piping is located within buildings where vehicular traffic is not permitted.

- Secondary containment of diversionary structures are impracticable for this facility for the following reasons (attach additional pages if necessary).

The underground storage tanks at the ONS Transportation Facility were not originally installed with secondary containment. Tanks installed or removed on site comply with:

- 1) Flammable and combustible liquid code NFPA 30
- 2) Automotive and Marine Service Station Code NFPA 30A
- 3) Recommended practices for installation of Underground Liquid Storage Systems PE1 RP100.
- 4) Installation of Underground Petroleum Storage System API 1615
- 5) Recommended practice for abandonment or removal of Underground Service Tanks API 1604
- 6) 40 CFR 280
- 7) DHEC UST Rules

The SSF Underground Diesel Storage Tank has a protective coating with cathodic protection. Associated piping is constructed of stainless steel with a protective coating.

The 550 gallon Used Oil Storage Tank at Oconee Complex has a protective coating, cathodic protection, and meets state/federal requirements for testing and monitoring.

The nuclear site's CCW pumps sit on an intake structure in the plant intake canal from Lake Keowee because these pumps must be at the water and were operable prior to January 10, 1974. It is impracticable to redesign complete containment for them.

The 205 MVA transformer at Keowee Hydro Station is located adjacent to the station's discharge structure. It contains 17,620 gallons of transformer oil. The transformer sets on a concrete base. The transformer and base are surrounded by approximately 1440 cu. ft. gravel and an additional 760 cu ft. of containment above the gravel. While this volume is less than the entire contents of the transformer it is unlikely that the entire contents of the transformer would be spilled without any corrective spill protection or cleanup measures being taken. Additionally, a concrete berm surrounds the valve pit. The location and position of the transformer render it to be impracticable to redesign complete containment.

#### J. Oil Sources Containing PCB's

Oconee Nuclear Site has no known oil sources containing regulated Polychlorinated Biphenyls (PCB's).

# **SPCC PLAN**

## **PART III**

- A. Equipment and Supplies**
- B. Commitment of equipment and manpower**
- C. Contingency Plan**
- D. SPCC / BMP Inventory**
- E. Spill Risk Inventory and Summary**
- F. Site Drawing to Identify Risk Locations**
- G. Implementing Procedure RP/0/1000/017 Rev 011, Spill Response**
- H. Environmental Work Practice 5.1 Rev. 03, Spill Response**
- I. ENC005 SPCC Training Records**
- J. SPCC Regulations**
- K. Notification Telephone List**

**SPCC PLAN****PART III-A****HAZARDOUS MATERIAL RESPONSE****EQUIPMENT AND SUPPLIES**

The following list of shows typical equipment and supplies are maintained on site for spill clean-up. The procedure PT/O/B/0250/045 Quarterly Inspection of Hazardous Materials Response Team Equipment contains a listing of equipment that that is maintained to respond to an oil spill or other hazardous material spill. The list of equipment is inspected on a quarterly basis.

1. The following equipment/supplies are located in Building 8019 and are maintained by Emergency Planning:

- Oil skimmer, ACME floating
- floats for oil skimmer
- discharge hose for oil skimmer
- absorbent blankets
- oil boom (5 ft sections)
- sledge hammer, gloves, flashlights, plastic bags
- oil absorbent granular
- rope

2. The following equipment/supplies are located in the storage building next to the Microwave Tower and are maintained by Emergency Planning.

- oil tanker (1,000 gallon capacity)
- flat bottom boat, outboard motor and trailer

3. Haz-Mat Response Vehicle

Vehicle with the following equipment/supplies:

- Plastic buckets
- Duct tape
- Warning signs
- Nylon twine
- Sponges
- Barricade ribbon (Yellow/Black)
- Barrier tape "Restricted Area"
- Barrier tape "Hazardous Materials"
- Plug-N-Dike
- Absorbent pan

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CONTACT 4911 FOR ALL SPILLS

- Wire brush
- Funnel
- Poly (10'x 100'x .006 mil)
- Dome clamps
- Hydrant valve ( Gate )
- Fire hydrant to garden hose adapter
- Hydrant wrench
- Spanner wrench
- Hack saws
- Wood mallet
- Work gloves
- Push broom
- Round point shovel
- Square point shovel
- Beryllium C-clamp
- Sledge hammer
- Beryllium pick
- Beryllium pipe wrench
- Beryllium crow bar
- Square point shovel ( plastic )
- Seed shovel ( plastic )
- Vetter Leak Seal System:
  - Regulator
  - Clean Airlines
  - Air Bag (small)
  - Air Bag (large)
  - Blue airline with gauge
  - Manifold
  - Ratchet straps
  - Chains
- Drum pump
- Pre-cut plastic ( 10' x 10' )
- PVC basin assemblies
- Level "B" suits- encapsulated
- Level "B" suits - non-encapsulated
- Silver shield gloves
- SCBA ( MSA 4500 II dual purpose )
- Safety cones
- Poly bags ( 38" x 61" )
- Garden hose ( 50' )
- Hazardous Materials Response Kit Beryllium hand tools:
  - Wire brush
  - Bung wrench
  - Pipe wrench ( 12" )
  - Ball peen hammer
  - 2 lb. hammer

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CONTACT 4911 FOR ALL SPILLS

- Putty knife
- Needle nose pliers
- Pliers ( 8" )
- Adjustable wrench ( 12" )
- Screw driver ( 18" )
- Gloves: Nitrile, Butyl, Viton
- Boots
- Nozzles ( garden hose )
- Litmus paper
- Hazardous Materials Response Kit ( plugs )
- Hazardous Materials Response Kit ( plugs, tap and drain)
- Cotton glove liners
- Long handle brushes
- Water Cooler
- Spill pools
- Radio w/ Charger
- 2 1/2" Fire Hose
- Binoculars
- Tyvek Suits

4. Keowee Hydro Station:

- Oil Boom
- Spill Response Pallet:
  - Absorbent pads
  - Absorbent booms
  - Barrier tape
  - Protective gloves
  - Goggles
  - Disposal bags
  - Nylon ties
  - Shovel

5. ONS Intake Structure:

- Oil Boom
- Spill Response Pallet:
  - Absorbent pads
  - Absorbent booms
  - Barrier tape
  - Protective gloves
  - Goggles
  - Disposal bags
  - Nylon ties

6. Mosquito Control Facility

- Spill Response Pallet:
  - Absorbent pads
  - Barrier tape
  - Protective gloves
  - Goggles
  - Disposal bags
  - Nylon ties
  - Absorbent boom



**SPCC PLAN****PART III-B****COMMITMENT OF MANPOWER**

The Oconee Nuclear Site Fire Brigade and the Oconee Nuclear Site HazMat Team have primary responsibility for coordinating cleanup of oil spills which reach navigable waters. Ten fire brigade members are required to be on-site at all times. The HazMat Team has approximately fifteen members who are on call through the site pager system. In addition, written agreements exist with three local volunteer fire departments and one outside contractor to provide assistance as needed. Specific resources are detailed below (staffing levels may vary slightly):

**A. Emergency Response Personnel**

1. Fire Brigade -- Approximately 150 employees: interior structural fire fighting capabilities. The fire brigade has also been trained to the Duke Energy Operations level for hazardous materials response.
2. HazMat Team -- Approximately 15 people: responds to spills as needed (includes oil to water). The HazMat team has been trained to the Duke Energy Technician level for hazardous materials response.
3. Clean-up Teams -- As needed site staffing will be provided by the group responsible for the spill. Training given as needed on the scene.
4. Contractor - As needed per request of HazMat Team:  
Duke Energy PCM Environmental Services, Inc.  
Environmental Remediation Crew  
1-800-738-8567

**B. Technical Staff Support**

1. Environmental Management -- 1 manager plus 4 person full-time staff: overall environmental and compliance.
2. Emergency Planning Manager -- overall site emergency planning
3. Operations Shift Manager -- 1 person/shift plus relief: overall operation of the nuclear generating units with authority to draw on all available resources as needed; serves as Emergency Coordinator until relieved by Station Manager
4. Station Manager -- 1 person and 4 designees: serves as Emergency Coordinator after turnover from Operations Shift Manager.

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CONTACT 4911 FOR ALL SPILLS

## SPCC PLAN

## PART III-C

## CONTINGENCY PLAN SUMMARY

During the first 24 to 48 hours of an oil spill, evaporation is the single most important weathering process affecting removal of low molecular weight hydro-carbons from the slick. In addition to redistribution of physically dispersed oil, the more soluble components of oil such as benzene, toluene, xylene, and naphthalene dissolve in the water and do not resurface. Photochemical oxidation of most oil on water occurs slowly.

The objective of this "Plan" is to establish a comprehensive program for addressing oil spillage at the Oconee Site. Compliance with the Guidelines for the preparation and Implementation of a Spill Prevention, Control and Countermeasure Plan established under Title 40, Code of Federal Regulations, Part 112 has been carefully undertaken.

The overall governing document for spills on the Oconee Site is Response Procedure RP/O/B/1000/17, Spill Response. As soon as an oil spill is detected, every reasonable effort will be made to contain it and clean up as much oil and residue as practical. Proper reporting of the spill is made by Response Procedure RP/O/B/1000/17, Spill Response (which includes reporting to government agencies, action by response personnel, etc.).

## Site Methods of Clean-Up:

- A. Mechanical containment and collection is the most preferred method.
- B. Shoreline clean-up is done mechanically. See Part III-A. This equipment is maintained by Emergency Planning.

A spill (other than spills to water), is any oil spill or leak in excess of drips, splatters, etc. resulting from routine maintenance.

- A. For oil spills that have not yet entered floor drains, yard drains, or bodies of water (lakes, rivers, canals, etc.), the detector of the spill shall:
  - 1. Prevent oil from entering drains or bodies of water. Contain the spill within the smallest area practical with rags (use other material to contain the spill if rags are not available).
  - 2. Notify the Control Room Emergency Phone, extension 4911. The caller should be prepared to provide the following information if available:
    - a. Name of product/material spilled

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CONTACT 4911 FOR ALL SPILLS

- b. Time of spill
    - c. Quantity of material spilled
    - d. Duration of spill
    - e. Source of spill
    - f. Cause of spill
    - g. Injuries related to the spill
    - h. Extent of property damage
  3. Follow the subsequent action and cleanup instructions provided by the person at extension 4911.
- B. For oil spills that have entered floor drains, yard drains, or bodies of water (lakes, rivers, canals, etc.) the detector of the spill shall:
1. Notify the Control Room Emergency Phone , extension 4911.
  2. Be prepared to provide the information listed in A.2.a-h above.
  3. Follow the subsequent action and cleanup instructions provided by the person at extension 4911.

The person notified in Step A.2 or B.1 (extension 4911), as directed by RP/O/B/1000/17, shall contact the Environmental Management Duty Person for a determination of reportability of the spill and complete the Spill Report Form. If the spill is reportable, the notification requirements provided in the procedure (including reporting to government agencies) shall be executed.

The responsibility for coordinating spill clean-up shall be with the department/division responsible for the spill. Coordinating spill cleanup in a safe manner shall be accomplished by obtaining instructions from EHS and/or the Chemical Control Database.

- C. Oconee Site SPCC/BMP Spill Risk Inventory has been prioritized by severity of spill. This inventory contains spill risks for chemicals as well as oil.

**OCONEE NUCLEAR SITE  
SPCC PLAN**

**PART III-D**

**SPCC/BMP RISK INVENTORY**

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**CONTACT 4911 FOR ALL SPILLS**

**OCONEE NUCLEAR SITE  
SPCC PLAN**

**PART III-E**

**SITE DRAWING TO IDENTIFY RISK LOCATIONS**

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**CONTACT 4911 FOR ALL SPILLS**

**OCONEE NUCLEAR SITE  
SPCC PLAN**

**PART III-F**

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**CONTACT 4911 FOR ALL SPILLS**

**OCONEE NUCLEAR SITE  
SPCC PLAN**

**PART III-G**

**Implementing Procedure RP/0/1000/017 Rev 011, Spill Response**

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**CONTACT 4911 FOR ALL SPILLS**

**OCONEE NUCLEAR SITE  
SPCC PLAN**

**PART III-H**

**Environmental Work Practice 5.1 Rev. 03, Spill Response**

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**CONTACT 4911 FOR ALL SPILLS**



**OCONEE NUCLEAR SITE  
SPCC PLAN**

**PART III-I**

**ENC005 SPCC Training Records**

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**CONTACT 4911 FOR ALL SPILLS**

OCONEE NUCLEAR SITE  
SPCC PLAN

PART III-J

SPCC Regulations 40 CFR 112

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CONTACT 4911 FOR ALL SPILLS

**OCONEE NUCLEAR SITE  
SPCC PLAN**

**PART III-K**

**Notification Telephone List**

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**CONTACT 4911 FOR ALL SPILLS**

**Oconee Nuclear Site  
SPCC Notification Telephone List**

The following process shall be used for reporting oil spills on the Oconee Nuclear Site. This process will be used for all spills of oil, and includes both spills to land and to water.

1. All spills on site will be reported to the control room at Ext. 4911. From an off-site phone dial 864-873-4911.
2. The control room will use Procedure No. RP/0/B/1000/017, Spill Response, latest revision, to determine reportability of the spill. All spills will also be documented within the PIP database.
3. For spills that require notification, the following agencies will be notified, in accordance with RP/0/B/1000/017 Spill Response, immediately by telephone.
  1. South Carolina Department of Health and Environmental Control
    - a. 803-253-6488 or
    - b. 888-481-0125
  2. National Response Center
    - a. 800-424-8802
  3. Nuclear Regulatory Commission (for signification spills)
    - a. Ext 3001 or
    - b. Ext 3008
  4. Oconee County Emergency Preparedness
    - a. 864-638-4111
  5. Pickens County Emergency Preparedness
    - a. 864-898-5500

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**CONTACT 4911 FOR ALL SPILLS**

Location 1: ONS Turbine Building								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformer 3Y - Unit 3 east side of turbine building: Oil	24,000 gal.	Tank rupture	Low risk	240	2400	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 3 outage schedule.	4
Transformer 3Z - Unit 3, east side of turbine building: Oil	24,000 gal.	Tank rupture	Low risk	240	2400	Leakage or spill will blow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 3 outage schedule.	4
Transformer 3 - square - Unit 3, east side of turbine building: Oil	24,000 gal.	Tank rupture	Low risk	240	2400	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 3 outage schedule.	4
Transformer CT4 - Unit 3, east side of turbine building: Oil	3546 gal.	Tank rupture	Low risk	35	355	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 3 outage schedule.	4
Transformer CT5 - Unit 3, east side of turbine building: Oil	4734 gal.	Tank rupture	Low risk	47	473	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 3 outage schedule.	4
Diesel fuel storage tank (above ground) - south side of turbine building: Diesel fuel	1000 gal.	Tank rupture	Low risk	10	100	Leakage or spill will flow to pavement to yard drains to CTP-3.	No scheduled PM/inspection.	3
Transformer 1T - Unit 1, east side of turbine building: Oil	9700 gal.	Tank rupture	Low risk	97	970	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 1 outage schedule.	4
Transformer 1M - Unit 1, east side of turbine building: Oil	17,470 gal.	Tank rupture	Low risk	175	1747	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 1 outage schedule.	4
Transformer CT1 - Unit 1, east side of turbine building: Oil	18,892 gal.	Tank rupture	Low risk	189	1889	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing.	No regularly scheduled inspection. Inspection schedule dependent on Unit 1 outage schedule.	4

Transformer 2T - Unit 2, east side of turbine building: Oil	9699 gal.	Tank rupture	Low risk	97	970	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing	No regularly scheduled inspection. Inspection schedule dependent on Unit 2 outage schedule.	4
Transformer 2M - Unit 2, east side of turbine building: Oil	18,387 gal.	Tank rupture	Low risk	184	1839	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing	No regularly scheduled inspection. Inspection schedule dependent on Unit 2 outage schedule.	4
Transformer CT2 - Unit 2, east side of turbine building: Oil	18,892 gal.	Tank rupture	Low risk	189	1889	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing	No regularly scheduled inspection. Inspection schedule dependent on Unit 2 outage schedule.	4
Transformer 3T - Unit 3, east side of turbine building: Oil	9699 gal.	Tank rupture	Low risk	97	970	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing	No regularly scheduled inspection. Inspection schedule dependent on Unit 3 outage schedule.	4
Transformer 3X - Unit 3, east side of turbine building: Oil	24,000 gal.	Tank rupture	Low risk	240	2400	Leakage or spill will flow to graveled containment area surrounded by 6" high concrete curbing	No regularly scheduled inspection. Inspection schedule dependent on Unit 3 outage schedule.	4
Maintenance Support Building transformer (RTE): Oil	490 gal.	Tank rupture	Low risk	5	49	Leakage or spill flows to graveled containment area to yard drains to CTP-3.	No regularly scheduled inspection. Visual daily by security.	4
Transfer oil storage tank - 3 tanks, one each at northeast corner, middle, and southeast corner of turbine building basement: Oil	14,000 gal. each (Total: 42,000)	Tank rupture	Low risk	140	1400	Tanks are surrounded by concrete containment wall. Flow outside containment walls will flow to turbine building sumps.	Tank inspected daily by operations during required walk-through inspections.	4
Main turbine oil tank - 3 tanks, one for each turbine, accessible from second floor of turbine building: Oil	7450 gals. Each (Total: 22,350)	Tank rupture	Low risk	74	745	Tanks are surrounded by concrete containment wall. Flow outside containment walls will flow to turbine building sumps.	Tank inspected daily by operations during required walk-through inspections.	4
Pumps located in Turbine Building, Auxiliary Building: Oil contained in 721 pumps	25,050 gal.	Leak/engine rupture	Low risk	1	2	Leakage or spill will flow to building sumps.	Maintenance inspections required by operations directives.	4
3 <sup>rd</sup> floor: 35t	300 gal.	Tote bin	Low risk	3	30	Leakage or spill flows to	Visual inspection during	4

Hydrazine contained in 6 tote bins unit	per rupture					floor drains to Turbine Building sump.	Operations walk- through.	
3 <sup>rd</sup> floor: Ethanolamine contained in 6 tote bins unit	300 gal. per rupture	Tote bin	Low risk	3	30	Leakage or spill flows to floor drains to Turbine Building sump.	Visual inspection during Operations walk- through.	4
Unit 1-2 area, column M-17 and M-18: Calgon CS stored in 10 containers	100 lb. per container	Container rupture	Low risk	1 lb.	10 lb.	Material is in granular form. Spill may pour onto floor drains, then to Turbine Building sump.	Visual inspection during Operations walk- through.	4
3 <sup>rd</sup> floor: 2% DMA contained in 6 tote bins	300 gal. per unit	Tote bin rupture	Low risk	3	30	Leakage or spill flows to floor drains to Turbine Building sump.	Visual inspection during Operations walk- through.	4
3 <sup>rd</sup> floor, column M-55: Nalco 39L	55 gallon	Container rupture	Low risk	0.5	5	Leakage or spill will flow into floor drains, then to Turbine Building sump.	Visual inspection during Operations walk- through.	4
3 <sup>rd</sup> floor: 12% Carbohydrazide contained in 3 tote bin units	400 gals. per rupture	Container	Low risk	4	40	Leakage or spill will flow into floor drains, then to Turbine Building sump.	Visual inspection during Operations walk- through.	4
Basement, Units 1, 2 and 3: Powdex cation - ammonia resin contained in maximum of 150 bags (per unit)	22 lb. maximum per container	Bag rupture	Low risk	1 lb.	2 lb.	Material is in granular form. Spill may pour into floor drains, then to Turbine Building sump.	Visual inspection during Operations walk- through.	4
Basement, Units 1, 2 and 3: Powdex cation - hydrogen resin contained in maximum of 150 bags (per unit)	19 lb. max per container	Bag rupture	Low risk	1 lb.	2 lb.	Material is in granular form. Spill may pour into floor drains, then to Turbine Building sump.	Visual inspection during Operations walk- through.	4
Basement, Units 1, 2 and 3: Powdex anion - hydroxide resin contained in maximum of 150 bags (per unit)	12.5 lb. max per container	Bag rupture	Low risk	1 lb.	5 lb.	Material is in granular form. Spill will pour into floor drains, then to Turbine Building sump.	Visual inspection during Operations walk- through.	R
5 <sup>th</sup> floor, cabinet in 3FA and 3PB battery room: No-Oxide grease	3 lb.	Container rupture	Low risk	1 lb.	3 lb.	Leakage or spill will be contained on battery room floor.	Daily inspection per procedure IP/O/A/3000.	4
Basement, Units 1, 2 and 3: Powdex	12 lb. max per	Bag rupture	Low risk	1 lb.	5 lb.	Material is in granular form. Spill will pour into	Visual inspection during Operations walk- through.	4

anion - pre-mixed resin contained in maximum of 150 bags (per unit)	container					floor drains, then to Turbine Building sump.		
3 <sup>rd</sup> floor, cabinet 1PA and 1PB/2PA and 2PA battery room: No-Oxide grease	3 lb.	Container rupture	Low risk	1 lb.	3 lb.	Leakage or spill will be contained on battery room floor.	Daily inspection per procedure IP/0/A/3000.	4
5 <sup>th</sup> floor, 3PA and 3PB battery room: battery acid contained in 188 cells	6.7 gals per cell	Cell rupture	Low risk	1	6	Leakage or spill will be contained in battery room. Possibility of acid leaking under door to floor drains to basement drains to sump.	Daily inspections per procedure IP/0/A/3000.	4
3 <sup>rd</sup> floor, 1PA and 1PB/2PA and 2PB battery room: battery acid contained in 236 cells	6.7 gals per cell	Cell rupture	Low risk	1	6	Leakage or spill will be contained in battery room. Possibility of acid leaking under door to floor drains to basement drains to sump.	Daily inspections per procedure IP/0/A/3000.	4
Service Air Compressor	295 gal	Rupture	Low risk	1	295	To internal containment tank or to storm drain to CTP3	Daily inspection	4
Service Air Compressor	295 gal	Rupture	Low risk	1	295	To internal containment tank or to storm drain to CTP3	Daily inspection	4
Service Air Compressor	295 gal	Rupture	Low risk	1	295	To internal containment tank or to storm drain to CTP3	Daily inspection	4

## Location 2: ONS Auxiliary Building

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>FM/Inspection</u>	<u>Risk Class</u>
Unit 3, 6 <sup>th</sup> floor, air handling equipment room - breathing air compressor: Oil	25 gallons	Engine rupture	Low risk	0.3	3	Leakage or spill will be contained in the air handling equipment room. No floor drains.	Monthly FM/inspection.	4
Unit 3, 6 <sup>th</sup> floor, air handling equipment room - breathing air compressor: Oil	4 gals	Engine rupture	Low risk	0.1	0.4	Leakage or spill will be contained in the air handling equipment room. No floor drains.	Monthly FM/inspection.	4
Siemens transformer	417 gals.	Tank rupture	Low risk	4	42	Leakage or spill will flow	No scheduled	3



- between outage trailers 1 & 2: Oil						to yard drains, then CTP-3.	PM/inspection.	
Secondary Lab: Miscellaneous chemicals	8 - 10 gals	Container rupture/spill	Low risk	0.25	1	Leakage or spill flows to floor drain to Turbine building sump. Spills are to be secured per procedure CP/01B/2001/08.	No scheduled PM/inspection	4
Primary Lab: miscellaneous chemicals	8 - 30 gals	Container rupture/spill	Low risk	0.25	1	Leakage or spill flows to floor. No floor drains.	No scheduled PM/inspection	4
Unit 1&2 caustic storage - 2 <sup>nd</sup> floor, north area: 35% sodium hydroxide contained in 2 tote bins	350 gals. Maximum container size	Container rupture	Low risk	4	35	Leakage or spill will flow to floor drains to Radwaste treatment system. Used only in accident mitigation.	No scheduled PM/inspection	4
Unit 1&2 chemical addition area - 2 <sup>nd</sup> floor: Lithium hydroxide	42 gallons	Container rupture	Low risk	0.25	4	Leakage or spill will flow to floor drains to Radwaste treatment system. Powdered form.	No scheduled PM/inspection	4
Unit 3 BMAT - 1 <sup>st</sup> floor (day tank): Lithium hydroxide	40 gal.	Container rupture	Low risk	1	4	Leakage or spill will flow to floor drains to Radwaste treatment system.	No scheduled PM/inspection	4
Unit 3 caustic storage area: Sodium hydroxide contained in tote bins	350 gals. Maximum container size	Container rupture	Low risk	0.5	5	Leakage or spill will flow to floor drains to Radwaste treatment system	No scheduled PM/inspection	4
Unit 3 caustic storage area: lithium hydroxide	2 gals.	Container rupture	Low risk	0.25	2	Leakage or spill will flow to floor drains to Radwaste treatment system. Powdered form.	No scheduled PM/inspection	4
Unit 1 & 2 boric acid and chemical storage, 2 <sup>nd</sup> floor	900 gals	Container rupture	Low risk	1	4	Leakage or spill will flow to floor drains to Radwaste treatment system	No scheduled PM/inspection	4
Unit 3 boric acid and chemical storage, 2 <sup>nd</sup> floor	900 gals.	Container rupture	Low risk	1	4	Leakage or spill will flow to floor drains to Radwaste treatment system	No scheduled PM/inspection	4
Unit 2 chemical storage cage. Room 224	15 gals.	Container rupture	0.25	2		Leakage or spill will flow to floor drains to Radwaste treatment system	No scheduled PM/inspection	4
Room 400, cabinet in 1CA and 1CB battery room: No-	3 gals.	Container rupture	Low risk	0.25	3	Leakage or spill will be contained in battery room.	Daily inspection per procedure IP/0/A/3000	4

Oxide grease								
Room 400, 1CA and 1CB battery room: battery acid contained in 120 cells	6.7 gals. Per cell	Cell rupture	Low risk	0.25	6	Leakage or spill will be contained in battery room. Spills may blow under door to sump.	Daily inspection per procedure IP/0/A/3000	4
Room 408, cabinet in 2CA and 2CB battery room: No-Oxide grease	3 gallons	Container rupture	Low risk	0.25	3	Leakage or spill will be contained in battery room.	Daily inspection per procedure IP/0/A/3000	4
Room 408, 2CA and 2CB batteries, battery acid contained in 120 cells	6.7 gals. Per cell	Cell rupture	Low risk	0.25	6	Leakage or spill will be contained in battery room. Spills may flow under door to sump.	Daily inspection per procedure IP/0/A/3000	4
Room 458, cabinet in 3CA and 3CB battery room: No-Oxide grease	3 gals.	Container rupture	Low risk	0.25	3	Leakage or spill will be contained in battery room.	Daily inspection per procedure IP/0/A/3000	4
Room 458, 3CA and 3CB batteries: battery acid contained in 120 cells	6.7 gals. Per cell	Cell rupture	Low risk	0.25	6	Leakage or spill will be contained in battery room. Spills may flow under door to sump.	Daily inspection per procedure IP/0/A/3000	4

## Location 3: Standby Shutdown Facility

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>FM/Inspection</u>	<u>Risk Class</u>
Tank on west side of protected area: Oil	550 gals.	Tank rupture	Low risk	6	55	Leakage or spill will flow to floor drains, then to containment sump.	Inspections performed as required	2
Underground storage tank: diesel	50,000 gals.	Tank rupture or spill while filling	Low risk	500	5000	Leakage or spills occurring during filling will flow to yard drains to CTP-3. Tank leakage will flow to ground to groundwater.	Inspections performed as required.	2
Cabinet outside DCSFS battery room: No-Oxide grease	3 gals.	Container rupture	Low risk	0.253		Leakage or spill will be contained in SSF.	Daily visual operations inspection.	4
DCSF battery room, DCSF A and B batteries - equipment room:	11.1 gals. per cell	Cell rupture	Low risk	1	10	Leakage or spill will flow to floor drains to sump.	Daily inspection schedule per procedure. IP/0/A/3000	4

battery acid contained in 59 cells								
DCSF battery room, DCSF A and B batteries - diesel generator room: battery acid contained in 59 cells	11.1 gals. per cell	Cell rupture	Low risk	1	10	Leakage or spill will flow to floor drains to sump.	Daily inspection schedule per procedure. IP/O/A/3000	4

## Location 4: Warehouse No. 3

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Chemical storage cabinet 1 - 21: lab chemicals	1 gal. maximum	Container rupture	Low risk	0.25	1	Contained in warehouse area.	Yearly inventory check.	4
Hydrazine solution, 35%	680 gals.	Container rupture	Low risk	7	68	Contained in warehouse area.	Yearly inventory check.	4
Ethanolamine	600 gals. Contained in 2 tote bins	Container rupture	Low risk	3	30	Contained in warehouse area.	Yearly inventory check.	4
DMA 2%	600 gals. Contained in 2 tote bins	Container rupture	Low risk	3	30	Contained in warehouse area.	Yearly inventory check.	4
Carbohydrazide	600 gals. Contained in 2 tote bins.	Container rupture	Low risk	3	30	Contained in warehouse area	Yearly inventory check.	4
Maint Paint Storage - Paint and thinners	5 gal. maximum container size	Container rupture	Low risk	1	5	Leakage or spills contained inside paint storage room.	Monthly inspection schedule.	4

## Location 5: Trash Compactor

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Hydraulic and motor oil in compactor	15 gals.	Engine or tubing failure	Low risk	0.1	10	Leakage or spill will flow to pavement to yard drain (40 ft.) to CTP-3.	No scheduled PM/inspection.	3



<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Fireproof cabinet: Primer 2050 resins, misc. cutting oils, methyl salicylate	Approx. 6 gal. total	Ruptured container	Low risk	1/2 pint	1 quart	Leakage contained in fireproof cabinet. No floor drains.	Monthly cabinet inspection.	4
Pipe thread machine: cutting oil	5 quarts	Leak in holding container	Low risk	1/2 pint	5 quarts	Leakage or spills will flow to floor to yard drains to CTP-3.	No scheduled PM/inspection.	3
<b>Location 9A: Oil House Unit 1 Basement</b>								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Fireproof cabinet 1: gas and misc oil	5 gallons gas, 9 quarts oil	Ruptured container	Low risk	1/16	1	Leakage contained in cabinet. No floor drains.	Monthly cabinet inspection.	4
Fireproof cabinet 2: gas and oil	5 gallons gas, 12 gallons oil	Ruptured container	Low risk	1/16	1	Leakage contained in cabinet. No floor drains.	Monthly cabinet inspection.	4
Fireproof cabinet 3: grease and oil	5 gallons grease, 9 quarts oil	Ruptured container	Low risk	1/16	1	Leakage contained in cabinet. No floor drains.	Monthly cabinet inspection.	4
<b>Location 10: Pipeyard</b>								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
No specific spill potential at this location.								
<b>Location 11: Cafeteria - ONS</b>								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Cooking oil: contained in 2 cooking vats	5 gallons in each vat	Vat rupture	Low risk	1/16	5	Leakage or spill will be contained in kitchen.	No scheduled PM/inspection.	4
Cafeteria stockroom: cooking	5 gals. (maximum)	Container rupture	Low risk	1/16	5	Leakage or spill will be contained in stockroom.	No scheduled PM/inspection.	4

oil	container size (Total: 10 gal.)	250 gal. maximum	Container rupture	Low risk	2.5	25	Leakage will flow to yard drain 15 feet away	No scheduled PM/inspection.	4
Location 12: Machine Shop									
Location/Product	Amount	Failure Mode	Risk Assessment	Low Release Rate (gal/hr)	High Release Rate (gal/hr)	Direction of Flow/Containment	PM/Inspection	Risk Class	
Fireproof cabinet	25 gals.	Container rupture	Low risk	1/16	1	Leakage contained in cabinet. No floor drains.	No scheduled inspection. Visual only.	4	
Shop valve area	10 quarts	Container rupture	Low risk	1/16	1	Leakage contained in cabinet. No floor drains.	No scheduled inspection. Visual only.	4	
12 machines: motor oil and coolant - 50 to 100 gallon capacity each	100 gallon maximum	Rupture of holding container	Low risk	0.1	10	Leakage or spill retained in drip pan under each machine. No floor drains.	Visual inspection during use.	4	
Cleaning vat: ZEP degreaser	50 gals.	Vat rupture	Low risk	0.25	5	Leakage or spill retained in shop area. No floor drains.	Visual inspection during use.	4	
Location 13: Water Treatment Room									
Location/Product	Amount	Failure Mode	Risk Assessment	Low Release Rate (gal/hr)	High Release Rate (gal/hr)	Direction of Flow/Containment	PM/Inspection	Risk Class	
Caustic/Acid pumps: 1 gal. each pump	1 gal.	Pump rupture	Low risk	1/16	4	Oil will be contained in diked area around caustic/acid tanks.	Pumps are inspected monthly.	4	
Chlorine storage: 4 cylinders	150 lb. per cylinder	Cylinder rupture	Low risk	15 lb.	150 lb.	Rain present during leak or spill would wash chlorine into yard drains to CTP-3. Cylinders are visually inspected daily and during change-out.	Daily inspection schedule.	4	
Coagulant tank: Polyelectrolyte	50 gals.	Tank rupture	Low risk	0.5	5	Leak or spill must flow into CTP-3. Spills are to be secured per procedure CE/01B/2001/08.	Daily inspection	4	
Caustic day tank:	125 gals.	Tank rupture	Low risk	2	12.5	Leak or spill into floor	Weekly inspection	4	

Location/Product	Amount	Failure Mode	Risk Assessment	Low Release Rate (gal/hr)	High Release Rate (gal/hr)	Direction of Flow/Containment	PM/Inspection	Risk Class
Sodium hydroxide						Spills are to be secured per procedure CP/01B-2001/08.	schedule.	
D.E. slurry tank:	800 gals.	Tank rupture	Low risk	8	80	Leak or spill into floor drains goes to CTF-3. Spills are to be secured per procedure	Tank is filled and inspected daily.	4
Acid storage tank:	5000 gallons	Tank rupture	Low risk	50	500	Leakage or spill will be contained by a 2 ft. high concrete wall. Spills outside the wall are to be secured per procedure CP/01B/2001/08.	Yearly inspection schedule and inspection when filling tank. Provides guidance for safely unloading tankers.	4
Acid day tank:	70 gals.	Tank rupture	Low risk	0.7	7	Leak or spill into floor drains goes to CTF-1, 2. Spills are to be secured per procedure CP/01B/2001/08.	Weekly inspection schedule.	4
Caustic storage tank: sodium hydroxide	6000 gals.	Tank rupture	Low risk	60	600	Leakage or spill will be contained by a 2 ft. high concrete wall. Spills outside the wall are to be secured per procedure CP/01B/2001/08.	Yearly inspection schedule and inspection when filling tank. Provides guidance for safely unloading tankers. Drivers holding a CDL must obey all DOT regulations.	4
Location 14: ONS Service Area								
Location/Product	Amount	Failure Mode	Risk Assessment	Low Release Rate (gal/hr)	High Release Rate (gal/hr)	Direction of Flow/Containment	PM/Inspection	Risk Class
Warehouse No. 1, fire cabinet 1 - 11: OIL, insulation adhesive, sealant, sealers, paints, adhesives, etc.	1 gal	Container rupture	Low risk	1/16	1	Leak or spill contained in fire cabinet or flows 3 feet to floor drain if spilled outside cabinet.	No scheduled inspection.	4
Location 15: ONS Receiving Area								
Location/Product	Amount	Failure Mode	Risk Assessment	Low Release Rate (gal/hr)	High Release Rate (gal/hr)	Direction of Flow/Containment	PM/Inspection	Risk Class

				(gal/hr)	Rate (gal/hr)			
Loading dock	Various amounts of chemicals and oil. Maximum amount per container: 350 gal.	Container rupture	Low risk	3.5	35	Leak or spill flows into drain and eventually into CTP-3.	No scheduled inspection.	3
Location 16: I & E Test Equipment Room								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Fireproof cabinet: pump oil	1 gal.	Container rupture	Low risk	1/16	1	Leak or spill contained in cabinet. No floor drains.	Monthly inspection schedule.	4
Location 17: Hot Machine Shop								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Fireproof cabinet: misc oil and coolants	12 quarts	Container rupture	Low risk	1/16	1/4	Leakage or spill contained in cabinet. No floor drains.	No scheduled inspection.	4
Machinery: oil in 4 machines	25 - 50 gals. In each machine	Oil line rupture	Low risk	1/4	5	Leakage or spill contained in drip pans. No floor drains.	Monthly inspection schedule.	4
Cleaning vats: PF degreaser	80 gals	Vat rupture	Low risk	0.25	5	Leakage or spill retained in shop area. No floor drains.	Visual inspection during use.	4
Location 18: Borated Water Storage Tanks								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
3 storage tanks: boron	388,000 gal. capacity each	Tank rupture	Low risk	3880	38,800	Leakage or spill will go to yard drains and eventually to CTP-3.	Monthly inspection schedule. Daily visual inspection by security.	4
Location 19: Oconee Office Building								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate</u>	<u>High Release</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>



				(gal/hr)	Rate (gal/hr)			
Diesel generator: diesel fuel	1000 gals.	Fuel line rupture	Low risk	1	10	Leakage and spills contained in secondary containment basin.	Inspected monthly during scheduled generator check-out.	4
Transformer (south of OOB): oil	315 gals.	Tank rupture	Low risk	1/2	32	Leakage or spill flows to yard drain before going to CTP-3	Daily visual inspection by security. No pre- determined PM schedule.	3
Mobile air compressor - southwest corner of OOB: compressor oil	2.5 gals.	Container rupture	Low risk	1/4	2 1/2	Leakage or spill will flow to housing floor to asphalt to drainage ditch to CTP-3 to wastewater conveyance.	Quarterly PM inspection.	3
Environmental Lab - 2 <sup>nd</sup> floor, fireproof cabinet: misc chemicals	3 - 6 gals.	Container rupture	Low risk	0.25	1	Leakage or spills outside the cabinet flow to floor drains, then the sewage lagoon, then CTP-3, before reaching Keowee River.	No scheduled PM/inspection.	4

## Location 20: Chemical Treatment Ponds 1 and 2

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
No specific spill potential								

## Location 21: Microwave Tower

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Lead calcium batteries in microwave house: acid	17.7 gals. Contained in 15 units	Container rupture	Low risk	0.25	2	Leakage or spill will be contained on concrete floor of microwave house.	No scheduled PM/inspection.	4
Sewage treatment pond 1 storage building (below microwave tower): EX-197 coagulant	Drum: 55 gals.	Container rupture	Low risk	1	6	Leakage or spill contained in storage building.	Daily visual inspection (not documented).	4
Sewage treatment pond storage building: Sanuril tablets	75 lbs. each (total 750 lbs.)	Container rupture	Low risk	.7	7	Leakage or spill contained.	Daily visual inspection.	4
Boat storage	75 lbs.	Container	Low risk	.7	7	Leakage or spill contained.	Daily visual inspection.	4

building: D-Chlor tablets	each (Total: 750 lbs.)	rupture						
Location 22: 44 KV Switchyard								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformer: Oil contained in 17 units	115 gallons each (Total: 1955)	Tank rupture	Low risk	1	12	Leakage or spill flow from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections dependent on reactor outages.	3
Transformer: Oil	1830 gals.	Tank rupture	Low risk	18	183	Leakage or spill flow from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections dependent on reactor outages.	3
Transformer: Oil	1200 gals.	Tank rupture	Low risk	12	120	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections dependent on reactor outages.	3
Transformer (ME): Oil	385 gals.	Tank rupture	Low risk	4	39	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections dependent on reactor outages.	3
Transformer (SD): Oil	177 gals.	Tank rupture	Low risk	2	18	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Location 23: CT-5 Switchyard								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformers: Oil contained in 4 units	300 gals. Each (Total: 1200)	Tank rupture	Low risk	3	30	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Transformer: Oil	4734 gals.	Tank rupture	Low risk	47	473	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Circuit breaker (OCB101): Oil	1740 gals. Each	Tank rupture	Low risk	17	174	Leakage or spill flows from graveled switchyard to yard	Daily visual inspection by security. Scheduled	3

contained in 3 units	(Total: 5220)					drains to CTP-3.	inspections dependent on reactor outages.	
Circuit breaker 1-2: Oil contained in 2 units	45 gals. Each (Total: 90)	Breaker rupture	Low risk	4	5	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Bus regulators 1-3: Oil contained in 3 units	205 gals. Each (Total: 615)	Regulator rupture	Low risk	2	21	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Transformers: Oil contained in 3 units	244 gals. Each (Total: 732)	Tank rupture	Low risk	2	25	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Transformers: Oil contained in 6 units	21 gals. Each (total: 126)	Tank rupture	Low risk	1/16	2	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
4T Transformer: Oil	9240 gals.	Tank rupture	Low risk	92	924	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
5T Transformer: Oil	1855 gals	Tank rupture	Low risk	19	186	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Transformer: Oil contained in 2 units	139 gals. Each (Total: 278)	Tank rupture	Low risk	1	14	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Circuit breakers: oil contained in 25 units	8 gals. Each (Total: 200)	Tank rupture	Low risk	1/16	1	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Transformer STA: Oil	278 gals.	Tank rupture	Low risk	3	28	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Transformer STB: Oil	278 gals.	Tank rupture	Low risk	3	28	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Transformer spare bushings: Oil contained in 7	15 gals. Each unit (Total: 105)	Tank rupture	Low risk	1/16	2	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on	3

units	105)						reactor outages.	
HCV transformer: oil	126 gals.	Tank rupture	Low risk	1	13	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security. Scheduled inspections dependent on reactor outages.	3
Relay house - cabinet outside SY- 1 and SY-2 battery room: No-Oxide grease	3 lb.	Container rupture	Low risk	.025 lb.	3 lb.	Leakage or spill will be contained in battery room.	Daily inspection schedule.	4

## Location 24: 230 KV Switchyard

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Relay house, SY-1 and SY-2 batteries: battery acid contained in 118 cells	2 gals. per cell	Cell rupture	Low risk	.25	2	Leakage or spill will flow to floor, through doorway to graveled area.	Daily inspection. Quarterly PM schedule.	4
Relay house, SY-1 and SY-2 batteries: battery acid contained in 118 cells	2 gals per cell	Cell rupture	Low risk	0.25	2	Leakage or spill will flow to floor, through doorway to graveled area to yard drains to CTP-3.	Daily inspection. Quarterly PM schedule.	4
Autobank transformers: Oil contained in 4 units	15,300 gals. each (Total: 61,200)	Tank rupture	Low risk	153	1530	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspections by security and scheduled inspections dependent on reactor outages.	3
Circuit Breaker 4B: Oil 2	65 gals.	Tank rupture	Low risk	2	27	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspections by security and scheduled inspections dependent on reactor outages.	3

## Location 25: 525 KV Switchyard

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformer CT4: Oil	2810 gals.	Tank rupture	Low risk	28	281	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections.	3
Transformer CT123: Oil	13,800 gals.	Tank rupture	Low risk	138	1380	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections.	3

Transformer, south end: Oil contained in 7 units	9215 gals. each unit (Total: 64,505)	Tank rupture	Low risk	92	922	Leakage or spills flow from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections.	3
Transformer: Oil contained in 24 units	550 gals. each (Total: 13,200)	Tank rupture	Low risk	5	55	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections.	3
Transformer: Oil contained in 2 units	177 gals. each (Total: 354)	Tank rupture	Low risk	2	18	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections.	3
Compressor: Oil contained in 16 units	8 gals. each (Totals: 128)	Tank rupture	Low risk	1/16	1	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections dependent on reactor outages.	3
Hydraulic oil contained in 6 units	5 gals. each (Total: 30)	Tank rupture	Low risk	1/16	1	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections dependent on reactor outages.	3
Transformer STC: Oil	354 gals.	Tank rupture	Low risk	4	35	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspection by security and scheduled inspections dependent on reactor outages.	3
Relay house, SY-3 and SY-4 batteries: battery acid contained in 118 cells	2 gals per cell	Cell rupture	Low risk	0.25	2	Leakage or spill will flow to floor, through doorway to graveled area to yard drains to CTP-3.	Daily inspection. Quarterly PM schedule.	4
Transformer STD: Oil	354 gals.	Tank rupture	Low risk	4	35	Leakage or spill flows from graveled switchyard to yard drains to CTP-3.	Daily visual inspections by security and scheduled inspections.	3
Relay house - cabinet outside SY-3 and SY-4 battery acid contained in 118 cells	2 gals per cell	Container rupture	Low risk	0.25 lb.	3 lb.	Leakage or spill will be contained in battery room.	Daily inspection schedule.	4

## Location 26: Above Ground Storage Tanks

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Auxiliary boiler fuel tank and	45,000 gals.	Tank rupture	Low risk	450	4500	Leakage or spill is retained in concrete	Daily visual inspection by security and scheduled	3

loading area: diesel fuel						containment area.	inspections as required by law.	
Auxiliary boiler fuel tank and loading area: diesel fuel	30,000 gals.	Tank rupture	Low risk	300	3000	Leakage or spill is retained in concrete containment area.	Daily visual inspection by security and scheduled inspections as required by law.	3
Cooling water pump: Oil contained in 12 units	55 gals each (Total: 660)	Spill or container rupture	Medium risk	1/5	55	Leakage or spill flows to concrete structure with no containment before going directly into Lake Keowee.	Daily visual inspection by security and monthly PM schedule.	1

## Location 29: Warehouse No. 4

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformer (NW of building): oil in 2 units	150 gals.	Tank rupture	Low risk	1.5	15	Leakage or spills flow to asphalt to yard drains to CTP-3.	No scheduled PM/inspection.	3

## Location 30: Maintenance Training Facility

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Fireproof cabinet: cutting oils	5 quarts	Spill or container rupture	Low risk	1/16	4	Leakage or spill contained in cabinet. No floor drains.	Monthly PM schedule	4
Parts washer: Degreaser ZEP DYNH 143	40 gals.	Tank rupture	Low risk	05	4	Leakage or spill will flow onto floor. No floor drains.	No scheduled PM/inspections.	4
GE transformer: Oil	345 gals.	Tank rupture	Low risk	4	35	Leakage or spill will flow into yard drain to river.	No scheduled PM/inspection.	2

## Location 31: Warehouse No. 5

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Portable equipment: hydraulic oil, motor oil	3 gals max	Oil line rupture	Low risk	4	3	Leakage or spill flows to floor drain or yard drain to river.	Monthly PM schedule.	2
Kerosene storage tank (above ground)	500 gals max.	Tank rupture	Low risk	10	100	Leakage or spill will flow to graveled yard.	No scheduled PM/inspection.	3
Kerosene storage tank (above ground)	250 gals. Max	Tank rupture	Low risk	10	100	Leakage or spill will flow to containment skid.	No scheduled PM/inspection.	3

## Location 32: Keowee Hydro Station

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>FM/Inspection</u>	<u>Risk Class</u>
8500 gal. tanks located in main lube oil room: oil contained in 2 units.	3500 gals each (Total: 1350)	Tank rupture	Low risk	7	68	Leakage or spill flows to floor drains to un-watering sump. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	2
Unit 1 generator thrust bearing oil pot: Oil	1025 gals.	Tank rupture	Low risk	10	102	Leakage or spill flows to wheel pit to tailrace. Sump pumps will be turned off should spill occur.	Daily shift equipment. Low level alarms in control room. Quarterly spill control material inspection.	2
Unit 1 governor: Oil	2220 gals.	Tank rupture	Low risk	22	222	Leakage or spill flow to wheel pit to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	1
Unit 1 turbine bearing oil pot: Oil	110 gals.	Tank rupture	Low risk	1	11	Leakage or spill flows to station sump to tailrace. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	2
Unit 1 turbine grease pump: Grease	15 gals.	Container rupture	Low risk	0.25	2	Leakage or spill flows to station sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	4
Main step-up transformer: Oil	17,260 gals.	Tank rupture	Low risk	176	1762	Leakage or spill flows to 1070 cu. Ft. rocked containment area.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	1
Unit 2 turbine grease pump: grease	15 gals.	Container rupture	Low risk	0.25	2	Leakage or spill flows to station sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	4
Unit 2 turbine bearing oil pot: oil	110 gals	Tank rupture	Low risk	1	11	Leakage or spill flows to wheel pit to tailrace. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	2
Unit 2 thrust	1025 gals.	Tank rupture	Low risk	10	103	Leakage or spill flows to	Daily shift equipment inspection.	2

bearing oil pot: oil						wheel pit to tailrace. Sump pumps will be turned off should spill occur.	Low level alarms in control room. Quarterly spill control material inspection.	
Unit 2 governor: oil	2220 gals.	Tank rupture.	Low risk	22	222	Leakage or spill flows to station sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	1
Air compressor crankcase: oil contained in 6 units	3 gals. each unit (Total: 18)	Crankcase rupture	Low risk	4	3	Leakage or spill flows to station sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	2
Hoist and crane gearboxes: Oil contained in 8 units	72 gals each unit (Total: 576)	Gearbox rupture	Low risk	1	7	Main powerhouse crane leakage or spill flows to station sump to oil-water separator. Sump pumps will be turned off should spill occur. Draft tube hoist spill will flow to tailrace. Crankcase spill at intake will flow to Lake Keowee.	Weekly shift equipment inspection. Quarterly spill control material inspection.	2
Draft tube gallery station un-watering pumps: Oil contained in 2 units	1 gal each unit (Total: 2)	Tank rupture	Low risk	4	1	Leakage or spill flows to station sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Low level alarms in control room. Quarterly spill control material inspection.	2
Main lube oil room: grease contained in 3 units	125 lb. each unit (Total: 375)	Tank rupture	Low risk	1	13	Leakage or spill flows to unwatering sump to oil- water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	2
Operating floor: CRC-336	1 gal.	Container rupture	Low risk	0.25	1	Leakage or spill flows to station sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	3
Main lube oil room: CRC-556	1 gal.	Container rupture	Low risk	0.25	1	Leakage or spill flows to unwatering sump to oil- water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Main lube oil room: tapping fluid	1 pint each unit	Container rupture	Low risk	1/8	1/8	Leakage or spill flows to unwatering sump to oil-	Daily shift equipment inspection.	4



contained in 5 units.	(Total: 5 pints)					water separator. Sump pumps will be turned off should spill occur.	Quarterly spill control material inspection.	
Main lube oil room: grease contained in 2 units	1 lb. each unit	Container rupture	Low risk	0.25	1	Leakage or spill flows to unwatering sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Operating floor: tapping fluid contained 2 units	1 gal. each unit	Container rupture	Low risk	0.25	1	Leakage or spill flows to unwatering sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Operating floor: paint contained in 10 units	1 gal. each unit	Container rupture	Low risk	0.25	1	Leakage or spill flows to unwatering sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Main lube oil room: oil contained in 5 units	5 gals. each unit	Container rupture	Low risk	0.25	1	Leakage or spill flows to unwatering sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Main lube oil room: governor dash pot oil	3 quart	Container rupture	Low risk	0.25	0.25	Leakage or spill flows to unwatering sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Main lube oil room: ZEP cleaning solvent	20 gals.	Container rupture	Low risk	0.25	2	Parts cleaning equipment has secondary containment.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Battery room: battery acid contained in 118 cells	7.3 gals. each	Cell rupture	Low risk	0.25	1	Leakage or spill flows to station sump. Neutralizing agents on hand to treat acid.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Operating floor: marvel mystery oil	1 gal.	Container rupture	Low risk	1/16	1	Leakage or spill flows to unwatering sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
Main lube oil room: vacuum pump oil	1 gal.	Container rupture	Low risk	1/16	1	Leakage or spill flows to unwatering sump to oil-water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4

Operating floor: vacuum pump oil	2 gal.	Container rupture	Low risk	1/8	1	Leakage or spill flows to unwatering sump to oil- water separator. Sump pumps will be turned off should spill occur.	Daily shift equipment inspection. Quarterly spill control material inspection.	4
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## Location 33: Ocohee Fleet Services

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Accumulation area - waste antifreeze	55 gals.	Drum rupture and leak from building	Low risk	1	6	Leakage will flow to the building floor.	Monthly inspection.	3
UST No. 2 and loading area: automatic transmission fluid	1000 gals.	Tank overflow or tank leak	Low risk	10	100	Leakage or spill goes into ground and yard drains. A yard drain which discharges into wastewater conveyance area is protected with a spill mat during unloading.	Tank is set up on continuous monitor for leak detection.	2
UST No. 3 and loading 1 area: No. 2 diesel fuel	2000 gals.	Tank overflow or tank leak	Low risk	120	1200	Leakage spill goes into ground and yard drains. A yard drain which discharges into wastewater conveyance area is protected with a spill mat during unloading.	Tank is set up on continuous monitor for leak detection.	2
UST No. 4 and loading area: hydraulic oil	1000 gals.	Tank overflow or tank leak	Low risk	10	100	Leakage spill goes into ground and yard drains. A yard drain which discharges into wastewater conveyance area is protected with a spill mat during unloading.	Tank is set up on continuous monitor for leak detection.	2
UST No. 5 and loading area: motor oil	2000 gals.	Tank overflow or tank leak	Low risk	20	200	Leakage spill goes into ground and yard drains. A yard drain which discharges into wastewater conveyance area is protected with a spill mat during unloading.	Tank is set up on continuous monitor for leak detection.	2
UST No. 6 and loading area: unleaded gasoline	12,000 gals.	Tank overflow or tank leak	Low risk	120	1200	Leakage spill goes into ground and yard drains. A yard drain which discharges into wastewater conveyance area is protected with a spill mat during unloading.	Tank is set up on continuous monitor for leak detection.	2
UST No. 7 and loading/unloading	1000 gals.	Tank overflow or tank leak	Low risk	10	100	Leakage spill goes into ground and yard drains. A	Tank is set up on continuous	2

area: used oil						yard drain which discharges into wastewater conveyance area is protected with a spill mat during unloading.	monitor for leak detection.	
Garage work area: miscellaneous petroleum/cleaning products	200 gals. in various containers	Container rupture or spill	Low risk	1/16	5	Leakage or spill goes to floor drains to oil-water separator.	Daily visual inspection (not required)	3
Air compressor room: oil and petroleum products	500 to 900 gals. in various containers	Container rupture or spill	Low risk	5	55	Leakage or spill goes to floor. Drains covered during transfers.	Daily visual inspection (not required)	3
Diesel vehicle fueling station: diesel fuel	12,000 gals.	Vehicle tank overfill	Low risk	12	120	Leakage or spill flows to concrete pad to asphalt to yard drain to wastewater conveyance. Drains covered during deliveries. Pump equipped with breakaway nozzles.	No scheduled inspection/PM.	2
Gas vehicle fueling station: unleaded gasoline	12,000 gals.	Vehicle tank overfill	Low risk	12	120	Leakage or spill flows to concrete pad to asphalt to yard drain to wastewater conveyance. Drains covered during deliveries. Pump equipped with breakaway nozzles.	No scheduled inspection/PM.	2
Parts warehouse: 15W40 Exxon motor oil	1 gal max container size (Total: 24)	Container rupture	Low risk	1/16	1	Leakage or spill will be contained in warehouse. No floor drains.	No scheduled PM/inspection.	4
Parts warehouse: SAE 30 motor oil	1 gal max container size (Total: 24)	Container rupture	Low risk	1/16	1	Leakage or spill will be contained in warehouse. No floor drains.	No scheduled PM/inspection.	4
Parts warehouse: automatic transmission fluid	1 quart max container size (Total: 24)	Container rupture	Low risk	1/16	1	Leakage or spill will be contained in warehouse. No floor drains.	No scheduled PM/inspection.	4
Parts warehouse: outboard 2-cycle engine oil	1 gal max container size	Container rupture	Low risk	1/16	1	Leakage or spill will be contained in warehouse. No floor drains.	No scheduled PM/inspection.	4

Parts warehouse: DOT 4 brake fluid	1 gal max container size (Total: 12)	Container rupture	Low risk	1/16	1	Leakage or spill will be contained in warehouse. No floor drains.	No scheduled PM/inspection.	4
Parts warehouse: car cleaning products	1 gal max container size	Container rupture.	Low risk	0.25	1	Leakage or spill will be contained in warehouse. No floor drains.	No scheduled PM/inspection.	4
Parts warehouse: batteries acid solution in cells	3 quarts per cell	Cell rupture	Low risk	0.25	1	Leakage or spill will be contained in warehouse. No floor drains.	No scheduled PM/inspection.	4
Used battery storage area: acid solution 1 cells	3 quarts per cell	Cell rupture	Low risk	0.25	1	Leakage or spill will flow to wash bay sump.	No scheduled PM/inspection.	4
UST No. 1 and loading area: hydraulic oil		1000 gal.	Tank overflow or tank leak	10	100	Leakage or spill goes into ground and yard drains. A yard drain which discharges into wastewater conveyance area is protected with a spill mat during unloading.	Tank is set up on continuous monitor for leak detection.	2
Wash bay area: used oil	55 gals.	Container rupture or spill	Low risk	1	6	Leakage or spill will flow to wash bay sump.	No scheduled PM/inspection.	4
Wash bay area: flammable storage cabinet premix oil/gas	55 gals.	Container rupture or spill	Low risk	1	6	Leakage or spill will flow to wash bay sump.	No scheduled PM/inspection.	4
Fuel truck - tank (diesel)	1700 gals.	Tank rupture	Low risk	10	100	Leakage or spill will go to paved area and then to wastewater conveyance area.	Daily visual inspection.	3
Fuel truck - tank (unleaded gasoline)	600 gals.	Tank rupture	Low risk	10	100	Leakage or spill will go to paved area and then to wastewater conveyance area.	Daily visual inspection.	3
Fluor fuel truck	500 gals.	Tank rupture	Low risk	10	100	To paved area and then to wastewater conveyance area.	Daily visual inspection.	3
Fluor fuel truck (unleaded gasoline)	300 gals.	Tank rupture	Low risk	10	100	To paved area and then to wastewater conveyance area.	Daily visual inspection.	3

## Location 34: Rifle Range

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Satellite	55 gallon	Container	Low risk	0.5	5	Leakage or spill contained	Monthly scheduled inspection.	4

Accumulation: waste solvents	max container size	rupture				in fire-proof cabinet.		
Equipment storage building: gun cleaning solvents and copper remover	5 gal max container size	Container rupture	Low risk	0.25	5	Leakage or spill contained in building.	No scheduled inspection.	4

## Location 35: L-1 Yard

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformer: oil	186 gals.	Tank rupture	Low risk	2	19	Leakage or spill will flow to ground to yard drains to wastewater conveyance.	No scheduled PM/Inspection.	2
Loading/off-loading ramp: hazardous chemicals and paint products	55 - 110 gals hazardous chemicals, 1 - 55 gals paint products	Container rupture	Medium risk	0.25	10	Leakage or spill goes to drain in low end of ramp, then drains to the wastewater conveyance area.	No scheduled inspection.	2
90-day waste storage building: hazardous chemicals and paint products	55 gals (max storage per container)	Container rupture	Low risk	0.25	6	Leakage or spill confined to building sump and floor.	Weekly inspection schedule.	4
Paint storage building: paint products	55 gals (max storage per container)	Container rupture	Low risk	0.25	6	Leakage or spill confined to building floor.	Weekly inspection schedule.	4
Battery storage building: battery acid (lead sulfate, sulfuric acid)	2 gal (max capacity per unit)	Container rupture	Low risk	0.25	2	Leakage or spill will be contained on building floor.	No documented inspection.	4

## Location 36: Oconee Complex

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Material and Equipment Shop - fire proof cabinet:	5 gals (maximum container	Container rupture	Low risk	1/16	5	Leakage or spill contained in cabinet. Leak or spill outside cabinet flows to	Weekly cabinet inspection schedule.	4

refrigerant, paint, coil cleaner, oil gasoline	size) (Total: 10)					floor drain to oil-water separator.		
Material and Equipment Shop - fire proof cabinet: oil and dye	5 gals (max container size) (Total: 10)	Container rupture	Low risk	1/16	5	Leakage or spill contained in cabinet. Leak or spill outside cabinet flows to oil-water separator.	Weekly cabinet inspection schedule.	4
UST: oil and petroleum products	550 gallons	Tank overfill or tank leak	Low risk	6	55	Leakage or spill flows to ground.	Weekly inspection schedule.	4
Cafeteria: cooking oil contained in 3 vats	2 gals in each vat (Total: 6)	Vat rupture	Low risk	1/16	6	Leakage or spill flows to floor drain, then to oil-water separator.	No scheduled PM/inspection.	4
Cafeteria stockroom: cooking oil	5 gals (max container size) (Total: 30)	Container rupture	Low risk	1/16	5	Leakage or spill contained in stockroom.	No scheduled PM/inspection.	4
Outside cafeteria near janitor storage: used cooking oil	250 gals max	Container rupture	Low risk	2.5	25	Leakage or spill goes to yard drain and then to wastewater conveyance area.	No scheduled PM/inspection.	2
Machine shop: oil contained in 9 welding/tooling machines	8 gals (max contained in 1 machine)	Oil line rupture	Low risk	1/16	1	Leakage or spill flows to floor drain, then to oil-water separator.	Monthly and semi-annual inspection schedule depending on machine use.	4
Air compressor - outside machine shop area: oil contained in 2 compressors	35 gals each (Total: 70)	Oil line or engine rupture	Low risk	1	4	Leakage or spill will be contained by 6: curb.	No scheduled PM inspection.	4
Air dryer - outside machine shop area: oil contained in 2 dryers	35 gals each (Total: 70)	Tank rupture	Low risk	1/16	4	Leakage or spill will be contained by 6: curb	No scheduled PM inspection.	4
Transformer (south end of building): oil	490 gals.	Tank rupture	Low risk	5	49	Leakage or spill flows to concrete pad then to yard drain.	No scheduled PM or inspection.	2
Receiving area loading dock: chemicals and paint products	350 gals (max storage per	Container rupture	Low risk	0.25	6	Leakage or spill flows to yard drain.	No inspection schedule.	4

Warehouse 2: chemicals and paint products	container) 350 gals (max storage per container)	Container rupture	Low risk	0.25	6	Leakage or spill to floor drain.	No inspection schedule.	4
Chiller unit - south end of complex: ethylene glycol	25 gal.	Container rupture	Low risk	0.25	3	No containment. Leakage or spill flows to yard drain. Drain flows to small holding area before discharging into ditch beside Hwy. 183.	30 day inspection schedule. Daily monitoring thru APOGY computer program.	4
Chiller unit - south end of complex: ethylene glycol contained in two units	25 gals.	Container rupture	Low risk	0.25	3	No containment. Leakage or spill flows to yard drain. Drain flows to small holding area before discharging into ditch beside Hwy. 183.	30 day inspection schedule. Daily monitoring thru APOGY computer program.	4
Water chiller unit system - piping and joints: ethylene glycol	4000 gals.	Unit rupture	Low risk	40	400	Leakage or spills will flow to the complex floor. Releases in shop areas will flow to floor drains, then to oil/water separator.	30 day inspection schedule. Daily monitoring thru APOGY computer program.	4
Material and Equipment Shop - fire proof cabinet: varnish, PVC cleaner, PCV cement, tapping fluid, cutting coolant	5 gals (max container size)	Container rupture	Low risk	0.25	1	Leakage or spill contained in cabinet. Leak or spill outside cabinet flows to floor drain to oil-water separator.	Weekly cabinet inspection schedule.	4
Material and Equipment Shop: ZEP solvent contained in parts cleaner	25 gals.	Container rupture	Low risk	0.25	3	Leakage or spill flows to floor drain to oil-water separator.	Weekly inspection.	4
Tool Repair Shop: ZEP solvent contained in parts cleaner	25 gals.	Container rupture	Low risk	0.25	3	Leakage or spill flows to floor drain to oil-water separator.	Weekly inspection.	4
Coatings area - fireproof cabinet No. 1: paint and thinners	5 gals (max container size)	Container rupture	Low risk	0.25	1	Leakage or spill contained in the cabinet or room where cabinet is located. No floor drains.	No scheduled PM/inspection.	4
Water chiller units	25 gals	Container	Low risk	0.25	3	Leakage or spill flows to	No scheduled PM/inspection.	4

- Room 2084: antifreeze contained in 3 units	each unit	rupture				floor drain, then to oil- water separator.		
Coatings area - fireproof cabinet No. 2: paint and thinners	5 gals (max container size)	Container rupture	Low risk	0.25	3	Leakage or spill contained in the cabinet room where cabinet is located. No floor drains.	No scheduled PM/inspection.	4
Paint storage building - east of coatings area: paint and thinners	55 gals (max container size)	Container rupture	Low risk	0.50	5	Leakage or spill contained in the building sump. Spills outside building must flow 500 ft. before reaching yard drain.	No scheduled PM/inspection.	4
Coatings area - waste drum: waste paint products	55 gals (max container size)	Container rupture	Low risk	0.25	6	No floor drains. Leakage or spill will be contained in coatings area.	Monthly inspection.	4

## Location 37: World of Energy

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformer (south or employee parking lot): oil	218 gals.	Tank rupture	Low risk	2	21	No containment. Leakage or spill flows to ground, then to yard drain.	No regularly scheduled PM/inspection.	3

## Location 38: Ocone Technical Training Center

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Transformer (north of building): oil	487 gals.	Tank rupture	Low risk	5	49	No containment. Leakage or spill flows to concrete pad to ground.	No regularly scheduled PM/inspection.	4
Transformer (north of building): oil	239 gals.	Tank rupture	Low risk	4	35	No containment. Leakage or spill flows to concrete pad to ground.	No regularly scheduled PM/inspection	4

## Location 40: Mosquito Control Facility

<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Gasoline Fuel Storage Tank (above ground): gasoline	500 gals.	Tank rupture	Low risk	5	49	Leakage or spill will flow to 24" high concrete containment berm.	No inspection/PM schedule.	4



fuel								
Gasoline pump at dock	500 gals.in tank	Spill	Low Risk	<1	5	No containment, spill will flow to ground and lake.	No inspection/OM schedule	4
<b>Location 41: Waste Disposal Facilities - L1 Yard</b>								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
Used oil, hazardous waste	Varies 0 - 6000	Container rupture	Low risk			Leakage or spill will be contained in the buildings 8 inch berm.	Weekly inspections.	4
90/180 day waste storage building: hazardous chemicals and paint products	55 gals (max storage per container)	Container rupture	Low risk	0.25	6	Leakage or spill confined to building sump and floor.	Weekly inspection schedule.	4
Battery storage building: battery acid (lead sulfate, sulfuric acid)	2 gal (max capacity per unit)	Container rupture	Low risk	0.25	2	Leakage or spill will be contained on building floor.	No documented inspection.	4
<b>Location 42: B5B Pump</b>								
<u>Location/Product</u>	<u>Amount</u>	<u>Failure Mode</u>	<u>Risk Assessment</u>	<u>Low Release Rate (gal/hr)</u>	<u>High Release Rate (gal/hr)</u>	<u>Direction of Flow/Containment</u>	<u>PM/Inspection</u>	<u>Risk Class</u>
B5b Pump/Diesel	275 gals.	Tank rupture	Low risk	10	20	Leakage or spill will be contained within the buildings 6 inch berm. Outside building spill will flow to the intake canal.	Monthly inspections	4
B5b Pump/oil	24 liters	leak	Low risk	1	1	Leakage or spill will be contained within the buildings 6 inch berm.	Monthly inspections	4

## APPENDIX 9

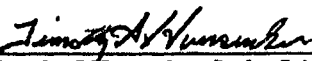
Oconee Nuclear Station  
Chemical Treatment Ponds 1, 2 and 3  
Goundwater Monitoring Sampling And Analysis Plan

**OCONEE NUCLEAR STATION  
CHEMICAL TREATMENT PONDS 1, 2 and 3  
PERMIT #: SC0000515  
BoW Site ID # 00535  
GROUNDWATER MONITORING  
SAMPLING AND ANALYSIS PLAN**

Prepared by:



526 South Church Street  
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July 2010

  
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Timothy S Hunsucker, Senior Scientist

**OCONEE NUCLEAR STATION  
CHEMICAL TREATMENT PONDS  
SAMPLING AND ANALYSIS PLAN**

**1.0 PROGRAM DESCRIPTION**

**1.1 SCOPE OF WORK**

This Groundwater Sampling and Analysis Plan (SAP) establishes field protocols for Duke Energy (DE) to ensure the quality of data generated during groundwater sampling events at the Oconee Nuclear Station (ONS) Chemical Treatment Ponds (NPDES Permit number SC0000515). This SAP has been prepared in accordance with the EPA Environmental Investigations Standard Operating Procedures and Quality Assurance Manual (November 2001), and by the EPA in "Interim Guidelines and Specifications for Preparing Quality Assurance Plans" (QAMS-500/800). The SAP provides guidance to the field personnel concerning methodologies of field sampling, proper record-keeping protocols, data quality objectives, and data validation procedures.

**1.2 BACKGROUND**

The Oconee Nuclear Station site lies within the drainage area of the Little and Keowee Rivers which flow southerly into the Seneca River and subsequently discharges into the main drainage course of the Savannah River. The average annual rainfall at the site area is approximately 53 inches.

The chemical treatment ponds are located on the site of the Oconee Nuclear Station in Oconee County, S.C. The ONS location is typical of the highly variable topographic relief of the Piedmont Region. Gross drainage of the subsurface water is toward Lake Hartwell.

The deposits of the Little and Keowee drainage basin are generally of low permeability resulting in nearly total runoff to Lake Keowee and Lake Hartwell and their numerous tributary water courses. Runoff occurs soon after precipitation, particularly during the spring and summer months when the soil percolation rates are exceeded by the short duration but high yielding rainfall periods. The area is characterized by youthful, narrow streams and creeks which discharge into Lakes Keowee and Hartwell.

Throughout the area, groundwater occurs at shallow depths within the saprolite soil mantle overlying the metamorphic and igneous rock complex. This low permeability saprolite soil, which ranges in thickness from a few feet to over 100 feet, is the aquifer for most of the local groundwater supply. Water supply wells are shallow and few exceed a total depth of 100 feet.

Subsurface water flow is typical of the Piedmont area. The top of the zone of saturation generally follows the topography, but is deeper in the uplands and shallower in the valley bottoms. Depths to the water table commonly range from 5 to 40 feet below the land surface. Additional water is contained in the deeper fractures and joints below the sound rock line. Local subsurface drainage generally travels down the topographic slopes within the more permeable saprolite soil zones toward nearby surface creeks or streams.

Seasonal water table fluctuation is wholly dependent of the rainfall and the magnitude of change may vary considerably from point to point due to the limited areas of available recharge. Average regional fluctuation is about 3 to 5 feet.

Bedrock controls the hydraulic gradient throughout the area because of the topography and thickness of the overlying residual soil. Furthermore, because the relief is highly variable within short distances, it is not possible to assign a meaningful average gradient for the region. In small areas, the groundwater hydraulic gradient is steep and conforms to the topographic slope.

The gradient throughout the area represents the upper surface of unconfined groundwater and therefore is subject to atmospheric conditions. Confined groundwater occurs only locally as evidenced by the existence of isolated springs. These springs do not reflect general conditions covering large areas, but merely represent isolated local strata within the saprolite soil which contain water under a semi-perched condition and/or permeable strata overlain by impermeable clay lenses which have been breached by erosion at their exit and recharged short distances upslope by vertical percolation.

*Note: Synthetic liners were installed in Chemical Treatment Ponds 1 & 2 in July 2007.*

### **1.3 WELL LOCATION AND INSTALLATION**

Chemical Treatment Pond 3 (CTP3):

Three groundwater monitoring wells (A-10, A-11 and A-12) will be used for monitoring groundwater quality around CTP3. Well A-12 is the upgradient, background well and wells A-10 and A-11 are located downgradient of CTP3. The top of casing elevations and other well information is shown in Table 1. The locations of these wells are identified on Figure 1.

Chemical Treatment Ponds 1 & 2 (CTP1 & CTP2):

Five monitoring wells (BG-4, A-1, A-2, A-8 and A-13) will be used for monitoring groundwater quality at these two ponds. Well BG-4 is the upgradient, background well, wells A-1, A-2 and A-13 are located downgradient of the ponds and well A-8 is located between the two ponds. Additionally, monitoring wells A-9, A-14, A-17 and A-18 will be used to provide additional water elevation measurements. The top of casing elevations and other well information is shown in Table 1. The locations of these wells are identified on Figure 2.

### **1.4 PARAMETERS AND FREQUENCY**

Monitoring parameters and frequencies for the groundwater quality monitoring wells are listed in Table 2. Sampling will occur semiannually in April and October with a report of sampling results submitted to SCDHEC by the 28<sup>th</sup> day of the months of July and January. SCDHEC shall be notified within thirty (30) calendar days after receipt of the results for groundwater monitoring and becoming aware of an exceedance of a primary drinking water standard for any parameter listed in the NPDES permit that has an assigned MCL.

## **1.5 DATA QUALITY OBJECTIVES**

The overall quality assurance (QA) objective is to ensure that data of known and acceptable quality are provided. All measurements will be made so as to yield results that are representative of the media and conditions measured. All data will be calculated and reported in units consistent with those of other agencies and organizations to allow data comparability.

The QA objectives for precision, accuracy, and completeness have been established by the participating laboratories in accordance with EPA SW-846, Standard Methods or other accepted agencies for each measurement variable (where possible). The objectives are outlined in the Duke Energy Analytical Laboratory Procedures Manual, and are available upon request.

Detection limits for the water analyses are generally specified by the analytical methods. As stated above, appropriate methods have been selected to meet applicable standards for groundwater quality or the requirements of applicable permits. Instances may occur, however, in which the condition of the sample will not permit attainment of the desired detection limits for various parameters either because of matrix interference or high analyte concentrations requiring sample dilution. The laboratories will provide sufficient information with each data package to allow reviewers of the data to be aware of encountered sample problems.

## **2.0 SAMPLING PROCEDURES**

### **2.1 SAMPLING EQUIPMENT**

Development, purging and sampling equipment are chosen to ensure that component materials are compatible with the sample parameters and also comply with state and federal regulatory requirements for sampling. Dedicated, positive-gas-displacement fluorocarbon resin bladder pumps are installed in each monitoring well with the exception of well A-13 which will be sampled by peristaltic pump using dedicated tubing.

#### **2.1.1 Equipment Cleaning Procedures**

Non-dedicated equipment are cleaned between sampling events in accordance with standard EPA approved cleaning procedures for field equipment described in Appendix B, "Standard Operating Procedures and Quality Assurance Manual," Engineering Support Branch, EPA Region IV, May, 1996.

## 2.2 GROUNDWATER SAMPLING

### 2.2.1 Developing the Well

After installation of new wells, and prior to initial sampling, the monitoring wells are 'developed'. Development removes silt that has settled into the bottom of the well following installation and removes fine silt and clay particles from the well screen and sandpack surrounding the screen to avoid future clogging of the well or poor well performance. Development involves removing an estimated ten or more well volumes from the well using a positive-gas-displacement fluorocarbon resin bladder pump with an up-and-down agitation to loosen particles from the well screen. After development of a well, a true well depth is recorded referenced to the top of casing.

### 2.2.2 Groundwater Level and Total Depth Measurements

Water-level measurements are required to determine the ground-water flow direction and to calculate the volume of standing water in the well. All monitoring wells have been surveyed to determine the elevation of the top of casing (TOC). All depth and water-level measurements are referenced to the TOC and recorded to the nearest one-hundredth of a foot.

Water-level measurements are made with the use of an electronic measuring device consisting of a spool of dual conductor wire, a probe attached to the end, and an inductor. When the probe comes in contact with water, the circuit is closed and a meter, light and/or buzzer attached to the spool signals the contact. The probe is lowered further until it rests on the bottom of the well to determine the depth of the well. The depth and water level are used to determine that the well has not filled with silt and to calculate the volume of standing well water. The volume of well water (in gallons) is calculated using the following equation:

$$V = h \times \pi r^2 \times (7.4805 \text{ gal/ft}^3)$$

where V = volume of standing water (liters)

h = height of standing water (feet) = depth - water level

r = radius of well casing (feet)

The total depth, water-level measurements, and calculated well volume are recorded on the Groundwater Monitoring Data Sheet (Figure 3).

### 2.2.3 Purging the Well

Prior to sampling, the well is purged by removing three to five times the calculated standing water volume (V) and monitoring the indicator parameters for stabilization. Stabilization has occurred when three consecutive measurements for temperature and specific conductance are within  $\pm 10\%$  of previous readings, and pH is within 0.2 units over three successive well volumes. The groundwater is pumped into a graduated container to account for well volumes. Under normal rates of recovery, monitoring wells should be sampled immediately after purging in accordance with EPA guidelines. In low-yield wells (wells incapable of yielding three to five well volumes), groundwater is purged so that it is removed from the bottom of the screened interval. Low-yield wells are evacuated to dryness at least once with indicator parameters being measured. Samples may be collected when the well recharges sufficiently for sampling.

A multi-parameter water quality analyzer is used to measure pH, specific conductance and temperature. Calibration results are recorded on the Field Sampling Calibration Forms (Figure 4). The sample readings are recorded on the Groundwater Monitoring Data Sheet (Figure 3). When stabilization of indicator parameters occurs over three successive well volumes, sampling may begin. It is acceptable to begin sample collection after five complete well volumes have been removed even though indicator parameters have not stabilized. Purge water will be discharged on-site to the CTP3 drain.

#### **2.2.4 Sample Collection**

Immediately after a monitoring well has been sufficiently purged and stabilized as outlined in Section 2.2.3, it is sampled. Monitoring wells that have been evacuated to dryness are sampled as soon as sufficient water has entered the well to obtain the necessary volume for analysis. Evacuated wells are sampled immediately following sufficient recovery (enough volume to allow filling of all sample containers) or within 24 hrs of purging. Sampling personnel wear clean, disposable, non-powdered latex or nitrile gloves at each well. Samples are collected in the order of the volatilization sensitivity of the parameters:

- Metals
- Ammonia
- Sulfate and nitrate
- Radiological

#### **2.2.5 Sample Containers, Volume, Preservative, and Holding Time**

All sample containers supplied for the collection of groundwater samples by the laboratory are new, pre-cleaned and/or prebaked as approved by EPA procedures appropriate for the parameters of interest. Table 3 summarizes the sample container, sample volume, preservation procedure and holding time required for each type of sample and parameter. Sample containers are kept closed until used. Samples are preserved within 15 minutes of collection. All sample containers are provided by DE or vendor laboratories.



### **3.0 SAMPLE TRACKING**

The chain of custody program allows for the tracing of possession and handling of individual samples from the time of field collection through laboratory analysis and report preparation.

#### **3.1 SAMPLE LABELING**

Sample containers are labeled at the time of sampling with the following information: sampling date and time, sample identification number (well ID), parameters analyzed, and initials of sample collector.

#### **3.2 FIELD LOG**

A Field Log is maintained during the course of the field work to document the following:

- Identification of well
- Well depth
- Static water level depth and measurement technique
- Purge volume or pumping rate
- Sample identification numbers
- Well evacuation procedure/equipment
- Sample withdrawal procedure/equipment
- Date and time of collection
- Identification of replicates or blind samples
- Preservative(s) used
- Parameters requested for analysis
- Field analysis data and methods
- Field observations on sampling event
- Name of collector(s)
- Climatic conditions including estimate of air temperature

This information is typically documented on the Groundwater Monitoring Data Sheet (Figure 3), the Field Sampling Calibration Form (Figure 4), or the Chain-of-Custody Record and Analysis Request Form (See Section 3.3) which are filled out for each sampling event. These forms may be recorded and stored electronically on a secured corporate LAN based server or as loose-leaf sheets arranged and filed by project and date. All recorded entries are made electronically or using indelible ink. Errors are corrected by drawing a line through the error, initialing and dating the correction, and starting a new entry on the next line (if necessary).

### **3.3 CHAIN-OF-CUSTODY RECORD AND ANALYSIS REQUEST FORM (CCRARF)**

The CCRARF (Figure 5) accompanies the sample(s), traces sample possession from time of collection to delivery to the laboratories, and clearly identifies which sample containers have been designated for each requested parameter. The record includes the following types of information:

- Sample identification number
- Signature or initials of sample collector
- Date and time of collection
- Sample type (e.g., groundwater, immiscible layer)
- Identification of well
- Number of containers
- Parameters requested for analysis
- Preservative used
- Signatures of persons involved in the chain of possession
- Inclusive dates of possession
- Sample temperature (documented by lab personnel at sample receipt)

### **3.4 SAMPLE CUSTODY, SHIPMENT AND LABORATORY RECEIPT**

For the purpose of these procedures, a sample is considered in custody if it is:

- In actual possession of the responsible person;
- In view, after being in physical possession;
- Locked so that no one can tamper with it, after having been in physical custody; or
- In a secured area, restricted to authorized personnel.

All samples are maintained in the custody of the sampling crew during the sampling event. At the end of each sampling day and prior to the transfer of the samples off-site, chain-of-custody entries are completed on the CCRARF for all samples. Upon transfer of custody, the chain-of-custody form is signed by a sampling crew member, including the date and time. Samples are delivered to outside laboratories by DE personnel or courier. All chain-of-custody forms received by the laboratories are signed and dated by the respective Supervising Scientist(s) or their designee (at the DE lab), or the laboratory sample custodian (at vendor labs) immediately following receipt by the laboratory. In addition, the lab designee will measure the internal temperature of each cooler containing samples and record this temperature on the chain-of-custody form at receipt.

All laboratories maintain a sample-tracing record that will follow each sample through all stages of laboratory processing, the date of sample extraction or preparation, and analysis. These records are used to determine compliance with holding time limits during lab audits and data validation.

Custody procedures followed by DE laboratory personnel are described in detail in the DE Laboratory Services Procedures Manual.

## **ANALYTICAL PROCEDURES**

The main analytical laboratory used in this program is the Duke Energy Laboratory Services Laboratory (S.C. Drinking Water and Wastewater Certification #99005). The organizational structure and staff qualifications of the laboratory are discussed in its generic Quality Assurance Program (QAP). The QAP and Analytical Laboratory Procedures Manual are available for review upon request.

Vendor laboratories that meet EPA and S.C. certification requirements may be used for analyses which cannot be performed in-house.

The analytical procedures used for this groundwater monitoring program are listed in Table 2. Conductivity, pH, and temperature are measured in the field according to the Duke Energy groundwater monitoring and sample collection procedure or the instrument manufacturer instructions.

### **5.0 INTERNAL QUALITY CONTROL CHECKS**

Internal laboratory control checks used by the laboratories are described in their generic QAPs and procedures manuals. The laboratories demonstrate the ability to produce acceptable results using the methods specified.

Internal quality control (QC) checks for sampling procedures and laboratory analyses will be conducted with each sampling event. These checks will consist of the preparation and submittal of field blanks, trip (travel) blanks, and/or field replicates for analysis of all parameters at frequencies described in the laboratories procedures manuals.

The above field QC blanks and replicates included as internal QC checks are described as follows:

- **Equipment Rinsate Blank:** An equipment rinsate blank is made by placing organic-free deionized or distilled water in contact with the field sampling apparatus (bailer, pump tubing, etc.) or with the air near a well that conceivably could be a source of contamination. The water is then preserved and sealed in the same type of sample bottle as the other samples (using the same preservative source) and transported to the laboratory with the samples for analysis of the parameters of interest.
- **Field Blanks:** A field blank consists of sample containers filled in the field with organic-free, deionized or distilled water prepared and preserved in the same manner as the samples. The field blank is transported to the laboratory with the samples and analyzed along with the field samples for the constituents of interest to check for contamination imparted to the samples by the sample container, preservative, or other exogenous sources.
- **Trip Blanks:** A trip (travel) blank is a sample container filled with organic-free water in the laboratory that travels unopened with the sample bottles. It is returned to the laboratory with the field samples, and analyzed along with the field samples for parameters of interest.
- **Field Replicates:** A field replicate is a duplicate sample prepared at the sampling locations from equal portions of all sample aliquots combined to make the sample. Both the field replicate and the sample are collected at the same time, in the same container type, preserved in the same way, and analyzed by the same laboratory as a measure of sampling and analytical precision.

### **6.0 VALIDATION OF FIELD DATA PACKAGE**

The field data package will be reviewed by the Project Scientist or designee for completeness and accuracy.  
The field data package validation consists of:

- A review of field data contained on the Groundwater Monitoring Data Sheets for completeness.
- Verification that all samples, including field blanks and trip blanks, were properly preserved and identified.
- A check of the Field Sampling Calibration Form for equipment calibration and instrument condition.
- A review of the Chain-of-Custody Record and Analysis Request Form for proper completion, signatures/initials of field personnel and the laboratory sample custodian, dates, and for verification that the correct analyses were specified.

## **FIGURES**

1. Oconee Nuclear Station CTP3 Monitoring Well Locations.
2. Oconee Nuclear Station CTP 1&2 Monitoring Well Locations.
3. Ground-Water Monitoring Data Sheet (example).
4. Field Sampling Calibration Form (example)
5. Chain-of-Custody Record and Analysis Request Form (example).

## **TABLES**

1. Oconee Nuclear Station CTP Groundwater Monitoring Well Information.
2. Oconee Nuclear Station CTP Ground Water Parameter List.
3. Parameters, Containers, Preservatives & Holding Times.

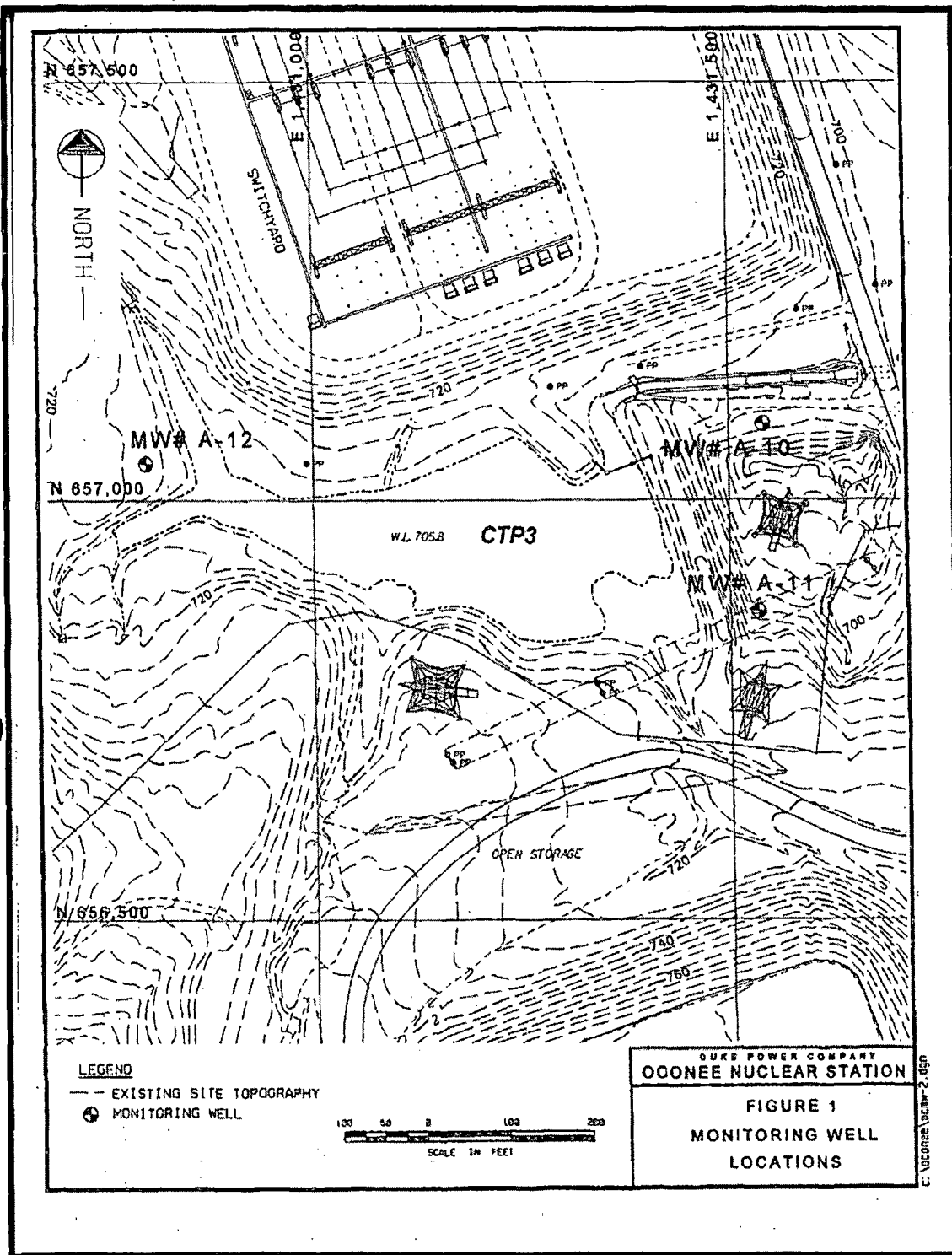


Figure 1. Oconee Nuclear Station CTP 3 Monitoring Well Locations.

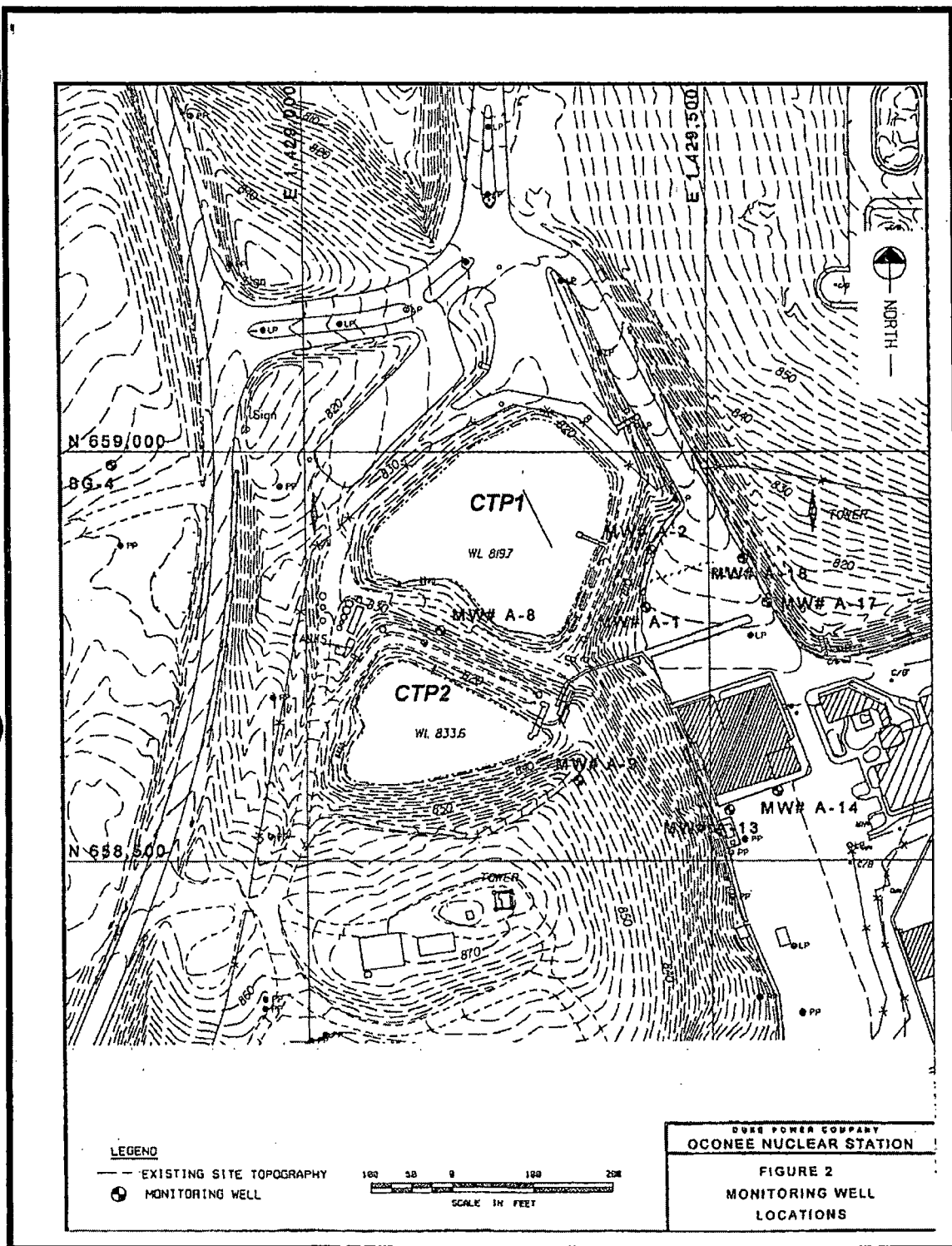


Figure 2. Oconee Nuclear Station CTP 1 & 2 Monitoring Well Locations.



**DUKE ENERGY**  
GROUNDWATER MONITORING DATA SHEET  
FOR CONVENTIONAL SAMPLING

LOCATION:	OCONEE NUCLEAR STATION		PROCEDURE NO:	3175.0
PROJECT NAME:	CTP & GROUNDWATER PROTECTION PROGRAM		WATER LEVEL METER SERIAL #:	55985
SAMPLING DATE(s):	19-Apr-2010 <input checked="" type="checkbox"/>	20-Apr-2010 <input type="checkbox"/>	21-Apr-2010 <input type="checkbox"/>	PRODUCT LEVEL METER SERIAL #:
				N/A

MONITORING WELL NUMBER:	#NAME?	FIELD CREW:	LDC, RLW, TSH
TOC Elev.:	803.28		

WELL DIAMETER (in)	WELL DEPTH (ft)	DEPTH TO WATER (ft)	WATER COLUMN (ft)	CONVERSION FACTOR	WELL VOLUME (gal)
2	12.48	8.72	3.76	0.1631	0.61

SCREEN Length (ft)	10	MIDDLE OF WETTED SCREEN (FT TOC)	10.6
FROM	2.48	PUMP INTAKE DEPTH (FT TOC)	11.5
TO	12.48		

SAMPLING EQUIPMENT	OED PUMP	PURGE METHOD	Conventional
--------------------	----------	--------------	--------------

VOLUME (gal)	CUMULATIVE VOLUME (gal)	COMPLETE EVACUATION (YES/NO)	TEMP (deg C)	SPECIFIC COND. (umho/cm)	pH (BU)	TURBIDITY (NTU)	ORP (mV-NHE)	DISSOLVED OXYGEN (mg/L)
0.61								
0.75	0.75	NO	17.59	141	6.67	5.3	N/A	N/A
0.75	1.50	NO	17.67	142	6.74	6.2		
0.75	2.25	NO	17.63	142	6.75	2.8		

COLLECT SAMPLE	SAMPLE COLLECTED BY	DATE/TIME	Chlorine
Sampling Criteria Satisfied	RLW	4/19/10 at 1040 hrs	NA
			(mg/L)

DETECTED ODORS	NA	NA	PID READING (ppm)	NA
----------------	----	----	-------------------	----

FREE PRODUCT MEASUREMENT	DEPTH TO PRODUCT	DEPTH TO WATER	PRODUCT THICKNESS
	N/A (ft)	N/A (ft)	N/A (ft)
If Product Thickness is ≥ 0.1 ft, -- DO NOT SAMPLE --			

WELL CONDITION		NOTES	
PROTECTIVE CASING	Good Condition	Pressure (psi):	15
WELL PAD	Good Condition	Cycle:	10 & 5
WELL CASING	Good Condition		
WELL TAG	Good Tag		

Figure 3. Duke Energy Groundwater Monitoring Data Sheet.



FIELD SAMPLING CALIBRATION FORM									
STUDY: OCONEE NUCLEAR STATION - CTP & H3 GROUNDWATER PROTECTION PROGRAM									
DATE (s):		April 19 - 22, 2010		SURFACE UNIT READER:		RLW			
COLLECTORS:		LDC, RLW, TGM		SURFACE UNIT SERIAL #:		3925			
ANALYZER MODEL#:		MS3		ANALYZER SERIAL #:		47630			
OTHER EQUIPMENT:		TURBIDIMETER NO. 4 - 2201		WEATHER CONDITIONS:		Clear, calm, 65 to 75 deg F			
PROCEDURE #: HYDROLAB 3210.3				VALIDATED BY: <u>WC 4/22/10</u>					
Calibration Date / Time:		DATE: 19-Apr-10		TIME: 850		DATE: 20-Apr-10		TIME: 630	
Parameter		Calibration Standard		Instrument Value		Standard Value		Calibration Results	
SPEC. COND. (uS/cm)		SS		0.0		0.0		Instrument Zeroed	
		SS		367.2		350		Calibration Accepted	
		SS		72.5		75		Calibration Accepted	
pH (units)		B (7.00)		6.88		7.05		Calibration Accepted	
		B (4.00)		4.05		3.99		Calibration Accepted	
		B (10.00)		10.23		10.10		Calibration Accepted	
				Buffer Temp.		16.68			
<input checked="" type="checkbox"/> ORP (mV)		SS (7.00)		350		305		Calibration Accepted	
		SS (4.00)		N/A		479			
				ORP Temp.		14.98			
<input checked="" type="checkbox"/> DO (mg/L)		W				9.00			
		W				9.00			
		AW		9.82		9.00		Calibration Accepted	
<input checked="" type="checkbox"/> TURB (ntu)		SS		54.8		54.8		Calibration Accepted	
Temp Cell Device #									
TEMP (deg C)		NIST		N/A		N/A		Adjustment Not Available	
AMMONIUM (mg/L)		SS		N/A		N/A			
		SS		N/A		N/A			
INSTRUMENT MAINTENANCE DATE / TIME									
Conductance Subsystem					pH Subsystem				
<input type="checkbox"/> Cleaned Electrodes					<input type="checkbox"/> Cleaned Electrodes				
<input type="checkbox"/> Tested - OK					<input type="checkbox"/> Replaced ref. Electrode KCL				
<input type="checkbox"/> See Notes					<input type="checkbox"/> Replaced Ref. Electrode Tap				
					<input type="checkbox"/> Tested - OK <input type="checkbox"/> See Notes				
Dissolved Oxygen Subsystem					Ammonium Subsystem				
<input type="checkbox"/> Replaced Tetra Membrane					<input type="checkbox"/> Cleaned Electrode Tip				
<input type="checkbox"/> Replaced DO electrolyte					<input type="checkbox"/> Installed New Electrode				
<input type="checkbox"/> Cleaned Electrode					<input type="checkbox"/> Removed Electrode / Installed Plug				
<input type="checkbox"/> See Notes					<input type="checkbox"/> Tested - OK <input type="checkbox"/> See Notes				
Oxidation Reduction Subsystem					Turbidity Subsystem				
<input type="checkbox"/> Cleaned Electrode					<input type="checkbox"/> Cleaned Electrode & Visc				
<input type="checkbox"/> Tested - OK <input type="checkbox"/> See Notes					<input type="checkbox"/> Tested - OK <input type="checkbox"/> See Notes				
Temperature Subsystem					Depth Subsystem				
<input type="checkbox"/> Cleaned Electrode					<input type="checkbox"/> Reset / Calibration				
<input type="checkbox"/> Tested - OK <input type="checkbox"/> See Notes					<input type="checkbox"/> Tested - OK <input type="checkbox"/> See Notes				
KEY: B = Buffer W = Washer SS = Standard solution N/A = Not Applicable --- = Adjusted To --- = Not Adjusted To									
NOTES:									

Figure 4. Field Sampling Calibration Form.



For Detailed Instructions, see  
<http://denwww.iesd.com/cod/>

**Analytical Laboratory Services**  
Mail Code MG03A2 (Building 7445)  
13338 Hagers Ferry Rd  
Huntersville, N.C. 28078  
(704) 875-3243  
Fax: (704) 875-8233

[illegible]

**TABLE 1. OCONEE NUCLEAR STATION CTP GROUNDWATER MONITORING WELL INFORMATION.**

LOCATION	DIAMETER TYPE	TOP OF CASING (Ft-msl)	TOTAL DEPTH (Ft)	SCREENED INTERVAL (Ft-msl)
MW BG-4	2" PVC	848.80	42.54	806.26 - 816.26
MW A-1	2" PVC	803.28	12.48	790.80 - 800.80
MW A-2	2" PVC	806.68	25.10	781.58 - 786.58
MW A-8	2" PVC	830.08	36.30	793.78 - 798.78
MW A-9	2" PVC	850.57	61.32	789.25 - 799.25
MW A-10	2" PVC	698.03	15.18	682.85 - 692.85
MW A-11	2" PVC	702.92	15.24	687.68 - 697.68
MW A-12	2" PVC	715.19	15.24	699.95 - 709.95
MW A-13	2" PVC	796.34	23.50	772.84 - 782.84
MW A-14	2" PVC	796.64	21.90	774.74 - 784.74
MW A-17	2" PVC	800.95	16.40	784.55 - 794.55
MW A-18	2" PVC	804.02	18.42	785.60 - 795.60

**TABLE 2. OCONEE NUCLEAR STATION CTP GROUNDWATER PARAMETER LIST.**

PARAMETER	FREQUENCY	UNITS	METHOD
pH (Field)	Semi-Annual	SU	Hydrolab
Specific Conductance (Field)	Semi-Annual	umho/cm	Hydrolab
Temperature (Field)	Semi-Annual	°C	Hydrolab
Ammonia Nitrogen	Semi-Annual	mg-N/L	EPA 350.1
Nitrate	Semi-Annual	mg-N/L	EPA 353.2
Sulfate	Semi-Annual	mg/L	EPA 375.4
Barium	Semi-Annual	mg/L	EPA 200.7
Copper	Semi-Annual	ug/L	EPA 220.2
Fission & Activation Products**	Semi-Annual	pCi/L	EPA 901.1
Tritium**	Semi-annual	pCi/L	EPA 906.0
Water Level (0.01 ft)	Semi-Annual	ft	N/A

\*\* Wells A-1, A-10, A-11 and A-13

**References:**

1. Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020
2. Standard Methods for the Examination of Water and Wastewater, APHA/AWWA/ WEF.
3. Test Methods for Evaluating Solid Waste-Physical/Chemical Methods, SW846, EPA, 1986 and revisions.
4. Methods for the Determination of Inorganic Substances in Environmental Samples, EPA/600/R-93/100.
5. Groundwater monitoring wells A-1, A-10, A-11 and A-13 shall be sampled and results reported in the permit renewal application:
  - Carbonhydrazide
  - Naphthalene (SM 8260B)
  - Volatiles (SM 8260B)
  - Tritium (EPA Method 906.0 or SM 7500-3H B)
  - Gamma Emitters (Fission and Activation Products) (EPA 901.1 or SM 7120)

**TABLE 3. PARAMETERS, CONTAINERS, PRESERVATIVES & HOLDING TIMES.**

<b>PARAMETER</b>	<b>CONTAINER</b>	<b>PRESERVATIVE</b>	<b>HOLDING TIME</b>
pH (field )	In-situ	NA	NA
Sp Conductance (field)	In-situ	NA	NA
Temperature	In-situ	NA	NA
Chloride	500 ml PET	Cool, 4°C	28 days
Sulfate	500 ml PET	Cool, 4°C	28 days
Total Organic Carbon	500 ml PET	H <sub>2</sub> SO <sub>4</sub> to pH <2.0, 4°C	28 days
Ammonia Nitrogen	500 ml PET	H <sub>2</sub> SO <sub>4</sub> to pH <2.0, 4°C	28 days
Nitrate Nitrogen	500 ml PET	Cool, 4°C	48 hours
Metals, Total	500 ml PET	HNO <sub>3</sub> to pH < 2.0	6 months
Mercury	500 ml PET	HNO <sub>3</sub> to pH < 2.0	28 days
Fission & Activation Products	1 gal cubitainer	HNO <sub>3</sub> to pH <2.0	NA
Tritium	250 ml PET	NA	NA



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June 19, 2014

10 CFR 50.54(q)

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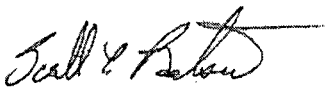
Subject: Duke Energy Carolinas, LLC  
Oconee Nuclear Station, Units 1, 2, and 3  
Docket Nos. 50-269, -270, and -287  
Emergency Plan Implementing Procedures Manual  
Volume C, Revision 2014-016

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan Implementing Procedures along with the associated revision instructions and 10 CFR 50.54(q) evaluation.

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

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

Sincerely,

  
Scott L. Batson  
Vice President  
Oconee Nuclear Station

Attachments:  
Revision Instructions  
EPIP Volume C - Revision 2014-016  
10 CFR 50.54(q) Evaluation(s)

AK45  
NRK

U. S. Nuclear Regulatory Commission  
June 19, 2014

xc: w/2 copies of attachments

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

w/copy of attachments

Mr. James R. Hall, Project Manager  
U. S. Nuclear Regulatory Commission  
One White Flint North Mailstop O-8B1  
11555 Rockville Pike  
Rockville, MD 20852-2738  
(send via E-mail)

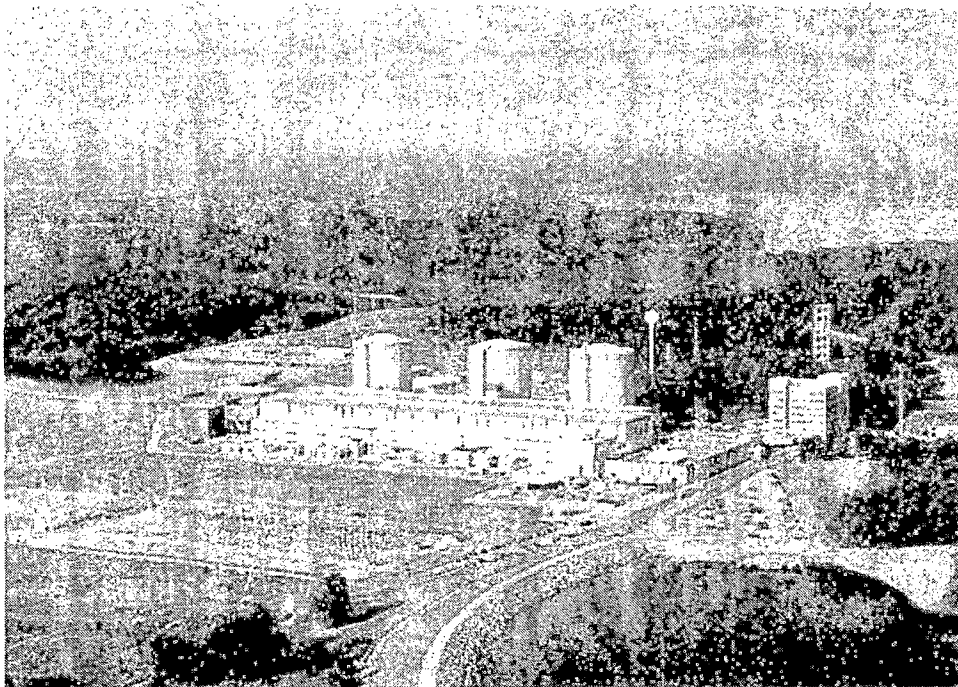
w/o attachments

Mr. Eddy Crowe  
NRC Senior Resident Inspector  
Oconee Nuclear Station


ELL  
EC2ZF



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



**APPROVED:**



**Terry L. Patterson  
Director Nuclear Org Effectiveness**

6/11/14  
**Date Approved**

**VOLUME C  
REVISION 2014-016  
May 2014**

June 3, 2014

**OCONEE NUCLEAR STATION**

**SUBJECT: Emergency Plan Implementing Procedures  
Volume C Revision 2014-016**

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

**REMOVE**

Cover Sheet Rev. 2014-015

Table of Contents  
Pages 1, 2, & 3

RP/0/A/1000/015A Rev 001  
RP/0/A/1000/015B Rev 000  
RP/0/A/1000/017 Rev 001  
RP/0/A/1000/019 Rev 004  
RP/0/A/1000/024 Rev 001  
RP/0/B/1000/027 Rev 003  
RP/0/B/1000/031 Rev 006

**INSERT**

Cover Sheet Rev. 2014-016

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Pages 1, 2, & 3

RP/0/A/1000/015A Rev 002  
RP/0/A/1000/015B Rev 001  
RP/0/A/1000/017 Rev 002  
RP/0/A/1000/019 Rev 005  
RP/0/A/1000/024 Rev 002  
RP/0/A/1000/027 Rev 000  
RP/0/A/1000/031 Rev 000



Pat Street  
ONS Emergency Planning Manager



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SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 005
HP/0/B/1009/018	Off-Site Dose Projections	Rev. 023
HP/0/B/1009/020	Estimating Food Chain Doses Under Post- Accident Conditions	Rev. 005
HP/0/B/1009/022	On-Shift Off-Site Dose Projections	Rev. 013
HP/0/B/1009/023	Radiation Protection Emergency Response	Rev. 000
HP/0/B/1009/026	Environmental Monitoring For Emergency Conditions	Rev. 000
RP/0/A/1000/001	Emergency Classification	Rev. 001
RP/0/A/1000/002	Control Room Emergency Coordinator Procedure	Rev. 003
RP/0/B/1000/003 A	ERDS Operation	Rev. 011
RP/0/A/1000/009	Procedure For Site Assembly	Rev. 002
RP/0/A/1000/010	Procedure For Emergency Evacuation/Relocation Of Site Personnel	Rev. 001
RP/0/A/1000/015 A	Offsite Communications From The Control Room	Rev. 002
RP/0/A/1000/015 B	Offsite Communications From The Technical Support Center	Rev. 001
RP/0/B/1000/016	MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies	Rev. 018
RP/0/A/1000/017	Spill Response	Rev. 002
RP/0/B/1000/018	Core Damage Assessment	Rev. 005
RP/0/A/1000/019	Technical Support Center Emergency Coordinator Procedure	Rev. 005

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RP/0/A/1000/024	Protective Action Recommendations	Rev. 002
RP/0/A/1000/027	Re-Entry Recovery Procedure	Rev. 000
RP/0/A/1000/028	Nuclear Communications Emergency Response Plan	Rev. 000
RP/0/B/1000/029	Fire Brigade Response	Rev. 017
RP/0/A/1000/031	Joint Information Center Emergency Response Plan	Rev. 000
RP/0/A/1000/035	Severe Weather Preparations	Rev. 009
RP/0/A/1000/036	Equipment Important to Emergency Response	Rev. 001
SR/0/B/2000/001	Standard Procedure For Corporate Communications Response To The Emergency Operations Facility	Rev. 012
SR/0/B/2000/002	Standard Procedure for EOF Services	Rev. 006
SR/0/A/2000/003	Activation of the Emergency Operations Facility	Rev. 000
SR/0/A/2000/004	Notification to States and Counties from the Emergency Operations Facility for Catawba, McGuire, and Oconee	Rev. 000
Business Management	Business Management Emergency Plan	Rev. 012
SSG Functional Area Directive 102	SSG Emergency Response Plan – ONS Specific	Rev. 008
SCD – 110	Supply Chain Directive 110 – SCO Emergency Response Plan	Rev. 004
Engineering Manual 5.1	Engineering Emergency Response Plan	Rev. 032
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**Rev. 007**

**Safety Assurance  
Directive 6.2**

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**Rev. 006**

**Training Division  
DTS-007**

**Oconee Training Division Training Standard**

**Rev. 018**

**Duke Energy  
Oconee Nuclear Station  
Offsite Communications From The Control Room**

Procedure No.

**RP/0/A/1000/015 A**

Revision No.

**002**

Electronic Reference No.

**OP009A66**

**Reference Use**

**PERFORMANCE**

**PDF Format**

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

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Date(s) Performed

Work Order/Task Number (WO#)

**COMPLETION**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Required enclosures attached?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Charts, graphs, data sheets, etc. attached, dated, identified, and marked?           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Calibrated Test Equipment, if used, checked out/in and referenced to this procedure? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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: \*05/29/2014\*

Enclosure No.: \*FULL\*



Revision No.: \*002\*



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



## Offsite Communications From The Control Room

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

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

### 2. Immediate Actions

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

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

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

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

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

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

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

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

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

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

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

### 3. Subsequent Actions

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

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

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

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

**THEN** Stop here.

#### **4. Enclosures**

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



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

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

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

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

<b>NOTE:</b> 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 <b>AND</b> 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 <b>AND</b> greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr <b>AND</b> greater than 1 pound pressure in containment building or actual containment breach is determined

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RP/0/A/1000/015 A

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT

MESSAGE # \_\_\_\_\_

☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AUTHENTICATION # \_\_\_\_\_

3. SITE: Oconee Nuclear Site

Confirmation Phone # (864) 882-7076

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

5. PROTECTIVE ACTION RECOMMENDATIONS:

☒ NONE

☐ EVACUATE PICKENS CO.: A0, A1, B1, C1

OCONEE CO.: A0, D1, E1, F1

☒ SHELTER PICKENS CO.: A2, B2, C2

OCONEE CO.: D2, E2, F2

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

☐ OTHER \_\_\_\_\_

6. EMERGENCY RELEASE:

☒ None

☐ Is Occurring

☐ Has Occurred

7. RELEASE SIGNIFICANCE:

☒ Not applicable

☐ Within normal operating limits

☐ Above normal operating limits

☐ Under evaluation

8. EVENT PROGNOSIS:

☒ Improving

☐ Stable

☐ Degrading

9. METEOROLOGICAL DATA:

Wind Direction\* from \_\_\_\_\_ degrees Wind Speed\* \_\_\_\_\_ mph

(\*Not Required for Initial Notifications)

Precipitation\* \_\_\_\_\_

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

10. ☒ DECLARATION

☐ TERMINATION

Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

11. AFFECTED UNIT(S):

☐ 1 ☐ 2 ☐ 3 ☒ All

12. UNIT STATUS:

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

☒ U1 \_\_\_\_\_% Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ U2 \_\_\_\_\_% Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ U3 \_\_\_\_\_% Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION:

TYPE: ☒ Elevated ☐ Mixed ☐ Ground

UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne

Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid

Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS:

Projection period: \_\_\_\_\_ Hours

Estimated Release Duration \_\_\_\_\_ Hours

Projection performed:

Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

16. PROJECTED DOSE:

DISTANCE TEDE (mrem)

Adult Thyroid CDE (mrem)

Site boundary \_\_\_\_\_

2 Miles \_\_\_\_\_

5 Miles \_\_\_\_\_

10 Miles \_\_\_\_\_

17. APPROVED BY: \_\_\_\_\_

Title Emergency Coordinator

Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED

RECEIVED

BY: \_\_\_\_\_

BY: \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

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

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

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

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

Copy/Verify exact EAL Description from the EAL manual.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

RP/0/A/1000/015 A

Page 1 of 1

1. ☒ DRILL ☐ ACTUAL EVENT

MESSAGE # \_\_\_\_\_

☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AUTHENTICATION # \_\_\_\_\_

3. SITE: Oconee Nuclear Site

Confirmation Phone # (864) 882-7076

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

BASED ON EAL # \_\_\_\_\_ EAL DESCRIPTION: \_\_\_\_\_

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE

☐ EVACUATE

☐ SHELTER

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

☐ OTHER \_\_\_\_\_

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

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

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

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

10. ☒ DECLARATION ☐ TERMINATION Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☐ All

12. UNIT STATUS: ☒ U1 \_\_\_\_\_ % Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

☐ U2 \_\_\_\_\_ % Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ U3 \_\_\_\_\_ % Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours

Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Site boundary	_____	_____
2 Miles	_____	_____
5 Miles	_____	_____
10 Miles	_____	_____

APPROVED BY: \_\_\_\_\_

Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED BY: \_\_\_\_\_

RECEIVED

BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

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

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

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

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

Copy/Verify exact EAL Description from the EAL manual.

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

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

<b>NOTE:</b> 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 <b>AND</b> 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 <b>AND</b> greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr <b>AND</b> greater than 1 pound pressure in containment building or actual containment breach is determined

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015 A

## ALERT

Enclosure 4.3.A

Page 1 of 1

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

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

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

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

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

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

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

10. ☒ DECLARATION ☐ TERMINATION Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

13. REMARKS: \_\_\_\_\_

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours

Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Site boundary \_\_\_\_\_

2 Miles \_\_\_\_\_

5 Miles \_\_\_\_\_

10 Miles \_\_\_\_\_

17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED RECEIVED

BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

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

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

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

☐ **Line 6** Mark B (Is Occurring) if any of the conditions stated in the note above apply. If they do not apply mark None. Complete Line 6 as directed by OSM/EC

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

If Box B was marked on Line 6, then mark Box D (Under Evaluation)  
UNLESS RP has told you to mark Box B or C and go to Line 8.

If Box C was marked on Line 6, then mark Box D (Under Evaluation)  
UNLESS RP has told you to mark Box B or C and go to Line 8.

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

☐ **Line 9** Enter the meteorological data if available from RP Shift. If unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.

☐ **Line 10** Enter Time in military units and Date the OSM/EC officially declares an UNUSUAL EVENT.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

RP/0/A/1000/015A

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

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

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

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

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

8. EVENT PROGNOSIS: ☒ Improving    ☐ Stable    ☐ Degrading

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

10. ☒ DECLARATION    ☐ TERMINATION    Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated    ☐ Mixed    ☐ Ground    UNITS: ☒ Ci    ☐ Ci/sec    ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours    Estimated Release Duration \_\_\_\_\_ Hours

Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Site boundary	_____	_____
2 Miles	_____	_____
5 Miles	_____	_____
10 Miles	_____	_____

17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED RECEIVED

BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclosure 4.5  
Guidelines for MANUALLY Completing a  
FOLLOW-UP Message

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

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

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

- ☐ Obtain Enclosure 4.5.A (Nuclear Power Plant Emergency Notification Form) and complete as directed below for a FOLLOW-UP message.
- ☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".  
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).
- ☐ **Line 2** Mark/Verify Box B is marked as Follow-Up. Notification, time, date and authentication to be completed after Line 17.
- ☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.
- ☐ **Line 4** Copy/Verify the same Emergency Classification from the previous message sheet.  
Copy/Verify the same EAL # from the previous message sheet.  
Copy/Verify the same EAL Description from previous message sheet
- ☐ **Line 5** Copy the same Protective Action Recommendations from the previous message Sheet if the OSM/EC has **NOT** upgraded them. If they have changed, revise PARs as directed by the OSM/EC or RP Shift Dose Assessor.  
If a Keowee Hydro Dam/Dike Condition "A" exists:
  - Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
  - AND mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

**Enclosure 4.5**  
**Guidelines for MANUALLY Completing a**  
**FOLLOW-UP Message**

RP/0/A/1000/015A  
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<b>NOTE:</b> An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information.	
1, 2, 3 RIA 40	Steam Generator Tube Leak
1, 2, 3 RIA 45 or 46	Shows increase in activity
1, 2, 3 RIA 47, 48 or 49	Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined
1, 3 RIA 57 or 1, 2, 3 RIA 58	Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Nuclear Power Plant Emergency Notification Form**  
**FOLLOW-UP**  
**Enclosure 4.5.A**

RP/0/A/1000/015A

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

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

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

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

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

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

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

(\*May not be available for Initial Notifications)

Precipitation\* \_\_\_\_\_

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

10. ☒ DECLARATION ☐ TERMINATION Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

12. UNIT STATUS:
- |  |                        |                     |
|--|------------------------|---------------------|
| <input checked="" type="checkbox"/> U1 _____ % Power | Shutdown at Time _____ | Date ____/____/____ |
| <input type="checkbox"/> U2 _____ % Power            | Shutdown at Time _____ | Date ____/____/____ |
| <input type="checkbox"/> U3 _____ % Power            | Shutdown at Time _____ | Date ____/____/____ |
- (Unaffected Unit(s) Status Not Required for Initial Notifications)

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours

Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Site boundary \_\_\_\_\_

2 Miles \_\_\_\_\_

5 Miles \_\_\_\_\_

10 Miles \_\_\_\_\_

APPROVED

BY: \_\_\_\_\_ Title: Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED RECEIVED

BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclosure 4.6

RP/0/A/1000/015A

Guidelines for MANUALLY Completing a  
TERMINATION Message

Page 1 of 1

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

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

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

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

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

- ☐ **Line 10** Mark Box B and enter the time in military units and date OSM/EC terminated the event.

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

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

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

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

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

## Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015A

## TERMINATION

Enclosure 4.6.A

Page 1 of 1

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

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

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

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

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation  
8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading  
9. METEOROLOGICAL DATA: Wind Direction\* from \_\_\_\_\_ degrees Wind Speed\* \_\_\_\_\_ mph  
(\*May not be available for Initial Notifications) Precipitation\* \_\_\_\_\_ Stability Class\* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION ☐ TERMINATION Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

13. REMARKS: \_\_\_\_\_

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours

Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Site boundary	_____	_____
2 Miles	_____	_____
5 Miles	_____	_____
10 Miles	_____	_____

17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
NOTIFIED RECEIVED  
BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enclosure 4.7**  
**Guidelines For Manually**  
**Transmitting A Message**

RP/0/A/1000/015A  
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**Message Transmission**

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

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

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

**Date:** \_\_\_\_\_

**OR**

- ☐ **Oconee County (Staffed 24 hrs.)**  
**Law Enforcement Center**  
864-638-4111, FAX: 864-638-4434  
Selective Signaling 416

Initial notification time: \_\_\_\_\_

Follow-up notification time: \_\_\_\_\_

- ☐ **Oconee County (M-F 8:30 am -5 pm)**  
**Emergency Management**  
864-638-4200, FAX: 864-638-4216  
Selective Signaling 417

Initial notification time: \_\_\_\_\_

Follow-up notification time: \_\_\_\_\_

- ☐ **Pickens County (Staffed 24 hrs)**  
**Law Enforcement Center**  
864-898-5500, FAX: 864-898-5531  
Selective Signaling 410

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  
Selective Signaling 419

Initial notification time: \_\_\_\_\_

Follow-up notification time: \_\_\_\_\_

- ☐ **South Carolina State Warning Point (Staffed 24 hrs)**  
803-737-8500 FAX: 803-737-8575  
Selective Signaling 518

Initial notification time: \_\_\_\_\_

Follow-up notification time: \_\_\_\_\_

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



Enclosure 4.7  
Guidelines For Manually  
Transmitting A Message

RP/0/A/1000/015A  
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- ☐ **IF** Required minimum agencies did not answer the phone  
**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.

- ☐ 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.*"

**Enclosure 4.7**  
**Guidelines For Manually**  
**Transmitting A Message**

RP/0/A/1000/015A  
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- ☐ 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	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	Name: _____

**Enclosure 4.7**  
**Guidelines For Manually**  
**Transmitting A Message**

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- ☐ **IF** A Keowee dam/dike condition "A" or "B" or external flood condition exist for the site

**THEN** FAX form using Speed Dial #27

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

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?"

- |   |
|---|
| <input type="checkbox"/> <b>Georgia Emergency Management Agency (GEMA) (404-635-7000 or 404-635-7200)</b><br>FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) |
|---|

Name: _____ Time/Date: _____ / _____ / _____ Eastern MM DD YY
--

- |   |
|---|
| <input type="checkbox"/> <b>National Weather Service (NWS) (864-879-1085)</b><br>FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event) |
|---|

Name: _____ Time/Date: _____ / _____ / _____ Eastern MM DD YY
--

- |  |
|--|
| <input type="checkbox"/> <b>Hart County Emergency Management Agency - Georgia (GEMA will notify)</b><br>Fax Speed Dial 27 (Fax form for any condition A or B dam/dike event) |
|--|

- |  |
|--|
| <input type="checkbox"/> <b>Elbert County Emergency Management Agency - Georgia (GEMA will notify)</b><br>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 selective signaling, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method and Sequence to Contact Offsite Agencies) and the Emergency Telephone Directory for guidance as needed. Once agency contacted, read message and then record agency name, time, and date contacted in space above.
- ☐ Retrieve Confirmation Report from fax and verify all required agencies received the message.

**Guidelines For Manually  
Transmitting A Message**

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

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

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

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

- ☐ Initiate turnover to the TSC Offsite Communicator by completing Enclosure 4.10 (Turnover Checklist)
  - \_\_\_\_\_ 1. The Control Room Offsite Communicator will fax turnover sheet to the TSC
  - \_\_\_\_\_ 2. Review the form with the TSC Offsite Communicator
- ☐ **IF** Turnover has been completed, or event is terminated  
**THEN** go to Step 3.4 of Subsequent Actions.
- ☐ **IF** Turnover has **NOT** been initiated  
**THEN** GO to Subsequent Actions 3.1

**Enclosure 4.8**  
**COPY/FAX Operation**

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**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

**Enclosure 4.8**  
**COPY/FAX Operation**

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

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

**ALTERNATE METHOD AND SEQUENCE  
TO CONTACT AGENCIES**

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

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

Push SEL on WQC699 frequency panel.

Adjust volume control knob to a high setting.

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

Oconee County LEC 32\*

Pickens County LEC 35\*

Pickens County EMA 31\*

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

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

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

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

Oconee County LEC Oconee LEC

Pickens County LEC Pickens LEC

Pickens County EMA Pickens EOC

U 1&2 Control Room Oconee Control Room

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

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

Oconee County LEC KNBE-488

Pickens County LEC KNBZ-965

Pickens County EMA KNBE-480

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

**Enclosure 4.10**  
**Turnover Checklist**

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

Date: \_\_\_\_\_

Offsite Communicator's Name: \_\_\_\_\_

**COMMUNICATIONS STATUS**

<b>Indicate which agencies have been contacted:</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
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

RP/0/A/1000/015A

Response To Offsite Agency Questions

Page 1 of 1

QUESTION # \_\_\_\_\_

Requesting Offsite Agency Name \_\_\_\_\_

Name of Individual from Agency \_\_\_\_\_

Offsite Communicator's Name \_\_\_\_\_

Applicable Emergency Notification Form Message Number \_\_\_\_\_

ENTER AGENCY QUESTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENTER EMERGENCY COORDINATOR ANSWER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Emergency Coordinator: \_\_\_\_\_

Response Provided To (Name): \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Enclosure 4.12**  
**ACRONYM LISTING**

RP/0/A/1000/015A  
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CAN	Community Alert Network
CDEP	County Director of Emergency Preparedness
DHEC (BSHWM)	Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management)
EAL	Emergency Action Level
EC	Emergency Coordinator
EMA	Emergency Management Agency
ENS	Emergency Notification System
EOC	Emergency Operating Center
EOF	Emergency Operations Facility
EOFD	Emergency Operations Facility Director
ERO	Emergency Response Organization
FAX	Facsimile
FEOC	Forward Emergency Operations Center
FMT	Field Monitoring Team
GEMA	Georgia Emergency Management Agency
HPN	Health Physics Network
IAAT	If At Any Time
JIC	Joint Information Center
LEC	Law Enforcement Center
NEP	Nuclear Emergency Planning
NRC DSO	Nuclear Regulatory Commission, Director of Site Operations
NRC EOC	Nuclear Regulatory Commission, Emergency Operations Center
NSC	Nuclear Supply Chain
NWS	National Weather Service
OSC	Operational Support Center
OSM	Operations Shift Manager
PAR	Protective Action Recommendation
SCEHD	South Carolina Highway Department
SDEM	State Director of Emergency Management
SEOC	State Emergency Operations Center
SRG	Safety Review Group
SSG	Site Services Group
SS	Selective Signaling
SWP	State Warning Point
TS	Technical Specifications
TSC	Technical Support Center

**Enclosure 4.13**

**References**

RP/0/A/1000/015A

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1. PIP - G-07-0127
2. PIP O-11-9459
3. PIP O-12-1590
4. PIP O-13-04559

## 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.: 002
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: see attached change matrix
6. Prepared By: Natalie Harness
7. Preparation Date: 4/23/2014
8. PCR Numbers Included in Revision: ONS-2014-001421

**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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/015ARevision No. 002**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Offsite Communications From The Control Room
- (4) Prepared By\* Natalie Harness *Natalie Harness* Date 4/23/2014  
*John Kaminski* *John Kaminski* 5/7/14
- (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\* James A. Cress *James A. Cress* (QR)(KI) Date 5/7/14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA 5/7/14 Date 5/7/14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA 5/7/14 Date 5/7/14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA 5/7/14 Date 5/7/14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patricia M. Stearns *Patricia M. Stearns* Date 5/23/14

**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)

Procedure Title: Offsite Communications From The Control Room

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

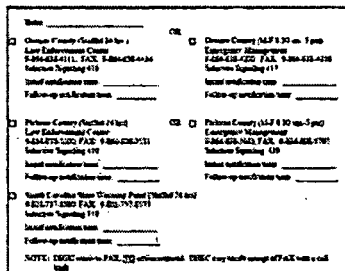
**General Changes**

See attached change matrix

**PCR Numbers Incorporated**

ONS-2014-001421

**Enclosure**

RP/0/A/1000/015A, Rev 002, Offsite Communications From The Control Room				
Change #	Page #	Current	Proposed	Reason
DocuTrack ONS- 2014- 001421	Section 2.2 Page 2 of 5	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	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... NOTE: For an outside line dial "9" and for long distance dial "1."	Making the phone numbers a consistent 10 digit number (XXX- XXX- XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code).
	Enclosure 4.7 Page 1 of 5		<b>Remove all the "9-" and add the following:</b> NOTE: For an outside line dial "9" and for long distance dial "1."	Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."
	Enclosure 4.7 Page 4 of 5	<b>Georgia Emergency Management Agency (GEMA) (9-404-635-7000 or 7200)</b> FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event)	<b>Georgia Emergency Management Agency (GEMA) (404-635-7000 or 7200)...</b> (removed "9-")	
	Enclosure 4.7 Page 4 of 5	<b>National Weather Service (NWS) (9-864-879-1085)</b> FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event)	<b>National Weather Service (NWS) (864-879-1085)...</b> (removed "9-")	

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

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

Revision No. 002 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: Section 2.2 Page 2 of 5, Enclosure 4.7 Page 1 of 5, and Enclosure 4.7 Page 4 of 5

(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:

Editorial

(8) Prepared By\* John Kaminski (Signature) Natalie Harness Date 4/23/2014

(9) Reviewed By\* Donald A. Lewis (QR)(KI) Date 5/7/14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 5/7/14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA NA Date 5/7/14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 5/7/14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

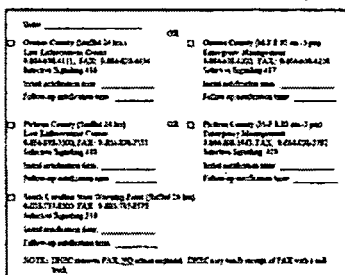
(11) Approved By\* Patricia M. Stegert Date 5/23/14

\* Printed Name and Signature



## §50.54(q) Screening Evaluation Form

<b>Activity Description and References:</b>		BLOCK 1
RP/0/A/1000/015A, Rev 002, Offsite Communications From The Control Room (DocuTrack ONS-2014-001421)		
<b>Activity Scope:</b>		BLOCK 2
<input checked="" type="checkbox"/> The activity <u>is</u> a change to the emergency plan <input type="checkbox"/> The activity <u>is not</u> a change to the emergency plan		
<b>Change Type:</b>	BLOCK 3	<b>Change Type:</b>
<input checked="" type="checkbox"/> The change <u>is</u> editorial or typographical <input type="checkbox"/> The change <u>is not</u> editorial or typographical <i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>		<input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval
<b>Planning Standard Impact Determination:</b>		BLOCK 5
<input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures* <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – Accident Assessment* <input type="checkbox"/> §50.47(b)(10) – Protective Response* <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance <b>*Risk Significant Planning Standards</b> <input type="checkbox"/> The proposed activity does not impact a Planning Standard		
<b>Commitment Impact Determination:</b>		BLOCK 6
<input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment		
<b>Results:</b>		BLOCK 7
<input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation		
Preparer Name: <i>John Kaminski</i>	Preparer Signature <i>[Signature]</i>	Date: <i>4/30/14</i>
Reviewer Name: <i>Doreen A. Crawl</i>	Reviewer Signature <i>[Signature]</i>	Date: <i>5/7/14</i>

RP/0/A/1000/015A, Rev 002, Offsite Communications From The Control Room				
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	Enclosure 4.7 Page 1 of 5		Remove all the "9-" and add the following: NOTE: For an outside line dial "9" and for long distance dial "1."	Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."
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Duke Energy  
Oconee Nuclear Station  
Offsite Communications From The Technical Support  
Center

Procedure No.

RP/0/A/1000/015 B

Revision No.

001

Electronic Reference No.

OP009A67

Reference Use

PERFORMANCE

PDF Format

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

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Date(s) Performed

Work Order/Task Number (WO#)

COMPLETION

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

Verified By\*

Date

Procedure Completion Approved\*

Date

\*Printed Name and Signature

Remarks (attach additional pages, if necessary)

IMPORTANT: Do NOT mark on barcodes.

Printed Date: \*05/29/2014\*

Enclosure No.: \*FULL\*



Revision No.: \*001\*



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



## Offsite Communications From The Technical Support Center

- NOTE:**
- This procedure is an implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days 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 Cart.
- \_\_\_\_\_ Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms
  - \_\_\_\_\_ Emergency Action Level Guideline Manual
  - \_\_\_\_\_ RP/1000/009 (Procedure for Site Assembly Accountability)
  - \_\_\_\_\_ RP/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel)
  - \_\_\_\_\_ RP/1000/017 (Spill Response)
- ☐ 2.3 Acquire and maintain the Emergency Drill/Event Time Log.

☐ 2.4 Contact the Control Room Offsite Communicator

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

\_\_\_\_\_ TSC Emergency Coordinator  
\_\_\_\_\_ Assistant Emergency Coordinator  
\_\_\_\_\_ Emergency Planner  
\_\_\_\_\_ Operations Superintendent  
\_\_\_\_\_ Engineering Manager  
\_\_\_\_\_ TSC/OSC Liaison Assistant  
\_\_\_\_\_ NRC Communicator  
\_\_\_\_\_ NRC Inspector(s).

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

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

- ☐ 2.6.1 Ensure your computer profile is set for 'print background color and images'. To achieve this go to Internet Explorer, tools, internet options, click on advanced, scroll down and insert check in box beside 'print background color and images' click apply. {1}
- ☐ 2.6.2 Ensure your computer profile for page set-up is .25 for margins. To achieve this go to Internet Explorer, file, page set up and change all the .75's to .25. {1}

**NOTE:**

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

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

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

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

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

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

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

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

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

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

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

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

VERIFY correct Enclosure below is selected for the applicable classification.

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

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

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

### 3. Subsequent Actions

- ☐ 3.1 **IAAT** An emergency classification is being **UPGRADED**, or a **FOLLOW-UP** message is due, or a change in PROTECTIVE ACTION RECOMMENDATIONS (PARs) occurs, or an event is TERMINATED  
  
**THEN** Go to Immediate Actions, Step 2.7 to complete an Emergency Notification Form.
- ☐ 3.2 **IAAT** The EOF Offsite Agency Communicator is available, and additional notification is **NOT** immediately required and an upgrade in classification is **NOT** imminent,  
  
**THEN** Conduct turnover with the EOF Offsite Agency Communicator.
- ☐ 3.3 Contact the OSC RP Manager Assistant to determine if evacuation/relocation of site personnel is being recommended. Request the OSC to fax the plan to the TSC for review/approval by the Emergency Coordinator. This plan is also available from the DAE.
- ☐ 3.4 Prepare for turnover with the EOF Offsite Agency Communicator by updating Enclosure 4.10 (Turnover Checklist) with any new or additional information.
- ☐ 3.5 Using Speed Dial 07, **OR** dialing 704-382-0722, fax completed Enclosure 4.10 (Turnover Checklist) to the EOF and review form with the EOF Offsite Agency Communicator.
- ☐ 3.6 Report to the TSC Emergency Coordinator that turnover has been completed.
- ☐ 3.7 Provide the TSC Emergency Coordinator with a status of offsite notifications.
- ☐ 3.8 Verify site assembly accountability and record information as required by RP/1000/009 (Procedure for Site Assembly).
  - ☐ 3.8.1 Verify OSC Security Liaison has dispatched MERT for missing personnel.
  - ☐ 3.8.2 Report site assembly accountability status to the TSC Emergency Coordinator.
- ☐ 3.9 Complete applicable sections of RP/1000/010 (Procedure for Evacuation/Relocation of Site Personnel) as requested by the TSC Emergency Coordinator.



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

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

#### **4. Enclosures**

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

Enclosure 4.1

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

RP/0/A/1000/015 B

Page 1 of 3

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

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

Enclosure 4.1

RP/0/A/1000/015 B

Page 2 of 3

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

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

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

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

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

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

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

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

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

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

Enclosure 4.1

RP/0/A/1000/015 B

Page 3 of 3

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

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

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

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

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

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

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Page 1 of 1

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: \_\_\_\_\_

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec  
MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_  
FORM: ☒ Airborne Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☒ Liquid Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours  
Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)  
Site boundary \_\_\_\_\_  
2 Miles \_\_\_\_\_  
5 Miles \_\_\_\_\_  
10 Miles \_\_\_\_\_
17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
NOTIFIED RECEIVED  
BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

- ☐ Obtain Enclosure 4.2.A (Nuclear Power Plant Emergency Notification Form) for a SITE AREA EMERGENCY EVENT and complete the form as follows or use Enclosure 4.13:

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

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

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

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

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

Copy exact EAL Description from the EAL manual.

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

- ☐ **Line 5** If a Keowee Hydro Dam/Dike Condition "A" **DOES NOT** exist, then mark Box A NONE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

RP/0/A/1000/015 B

Page 1 of 1

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

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

BASED ON EAL # \_\_\_\_\_ EAL DESCRIPTION: \_\_\_\_\_

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

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

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

8. EVENT PROGNOSIS:    ☒ Improving    ☐ Stable    ☐ Degrading

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

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

10. ☒ DECLARATION    ☐ TERMINATION    Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

12. UNIT STATUS:    ☒ U1 \_\_\_\_\_ % Power    Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

☐ U3 \_\_\_\_\_ % Power    Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION:    TYPE: ☒ Elevated    ☐ Mixed    ☐ Ground    UNITS: ☒ Ci    ☐ Ci/sec    ☐  $\mu$ Ci/sec

MAGNITUDE:    Noble Gases: \_\_\_\_\_    Iodines: \_\_\_\_\_    Particulates: \_\_\_\_\_    Other: \_\_\_\_\_

FORM: ☒ Airborne    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS:    Projection period: \_\_\_\_\_ Hours    Estimated Release Duration \_\_\_\_\_ Hours

Projection performed:    Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Site boundary	_____	_____
2 Miles	_____	_____
5 Miles	_____	_____
10 Miles	_____	_____

17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator    Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_    Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

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

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

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

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

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

Copy exact EAL Description from the EAL manual.

\_\_\_\_\_ 1. Obtain information from the TSC Dose Assessor to complete lines 5, 6, 7, and line 9. Line 9 does not have to be completed for an initial notification.

\_\_\_\_\_ 2. Contact the OSC Chemistry Manager (ext. 3495) to verify the status of any liquid releases

\_\_\_\_\_ 3. If a liquid release is occurring then complete lines 6 and 7 as directed by the OSC Chemistry Manager.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015 B

## ALERT EVENT

Enclosure 4.3.A

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

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY  
 BASED ON EAL # \_\_\_\_\_ EAL DESCRIPTION: \_\_\_\_\_  
 \_\_\_\_\_  
 5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE  
☐ EVACUATE \_\_\_\_\_  
☐ SHELTER \_\_\_\_\_  
☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.  
☐ OTHER \_\_\_\_\_  
 6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation  
 8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading  
 9. METEOROLOGICAL DATA: Wind Direction\* from \_\_\_\_\_ degrees Wind Speed\* \_\_\_\_\_ mph  
 (\*Not Required for Initial Notifications) Precipitation\* \_\_\_\_\_ Stability Class\* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G  
 10. ☒ DECLARATION ☐ TERMINATION Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 11. AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☒ All  
 12. UNIT STATUS: ☒ U1 \_\_\_\_\_ % Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Unaffected Unit(s) Status Not Required for Initial Notifications) ☐ U2 \_\_\_\_\_ % Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ U3 \_\_\_\_\_ % Power Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec  
 MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_  
 FORM: ☒ Airborne Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Liquid Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours  
 Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 16. PROJECTED DOSE: 

DISTANCE	TEDE (mrem)	Adult Thyroid CDE (mrem)
Site boundary	_____	_____
2 Miles	_____	_____
5 Miles	_____	_____
10 Miles	_____	_____

APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 NOTIFIED RECEIVED  
 BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RP/0/A/1000/015 B

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

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

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

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

7. RELEASE SIGNIFICANCE: ☒ Not applicable    ☐ Within normal operating limits    ☐ Above normal operating limits    ☐ Under evaluation  
8. EVENT PROGNOSIS: ☒ Improving    ☐ Stable    ☐ Degrading  
9. METEOROLOGICAL DATA: Wind Direction\* from \_\_\_\_\_ degrees    Wind Speed\* \_\_\_\_\_ mph  
(\*Not Required for Initial Notifications) Precipitation\* \_\_\_\_\_    Stability Class\* ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

10. ☒ DECLARATION    ☐ TERMINATION    Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated    ☐ Mixed    ☐ Ground    UNITS: ☒ Ci    ☐ Ci/sec    ☐  $\mu$ Ci/sec  
MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_  
FORM: ☒ Airborne    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Liquid    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours    Estimated Release Duration \_\_\_\_\_ Hours  
Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
16. PROJECTED DOSE: DISTANCE    TEDE (mrem)    Adult Thyroid CDE (mrem)  
Site boundary \_\_\_\_\_  
2 Miles \_\_\_\_\_  
5 Miles \_\_\_\_\_  
10 Miles \_\_\_\_\_

17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
NOTIFIED RECEIVED  
BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enclosure 4.5**  
**Guidelines for Completing a**  
**FOLLOW-UP Message**

RP/0/A/1000/015 B  
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- NOTE:**
- Follow-up notifications are **NOT** required to be verbally transmitted. Follow up messages may be faxed with phone verification of receipt. This applies only if the message does not involve a change in the classification or the Protective Action Recommendation or a termination of this Drill/Emergency.
  - Follow-up message is due 60 minutes from the notification time on line 2 of the previous message sheet.
  - A change in Protective Action Recommendations (PARs) is due within 15 minutes from the time they are determined by the TSC Emergency Coordinator/Dose Assessor.
  - Pre-printed Emergency Notification forms containing specific EAL number and EAL description may be used in lieu of Enclosure 4.5.A or WebEOC.

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



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

- ☐ **Line 5** Mark applicable sectors by each county as directed by the TSC/EC.
- If KI has been recommended, mark Box D
- If a Keowee Hydro Dam/Dike Condition "A" exists:
- Mark Box B and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."*
  - AND mark Box E and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*
- ☐ **Line 6** Mark the same box from the previous message sheet unless changes have occurred.
- ☐ **Line 7** Mark the same box from the previous message sheet unless changes have occurred.
- ☐ **Line 8** Verify plant conditions with Operations Support. If plant conditions have not changed since the previous message sheet, repeat the same information.
- If plant conditions have changed since the previous message sheet, then mark Box A, B, or C as directed by Operations Support.
- ☐ **Line 9** Copy the same information from the previous message sheet unless changes have occurred.
- ☐ **Line 10** Mark Box A and copy the same Time/Date from the previous message sheet.

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

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

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

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

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

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

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

Enclosure 4.5  
Guidelines for Completing a  
FOLLOW-UP Message

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**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**  
**FOLLOW-UP**  
**Enclosure 4.5.A**

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

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

BASED ON EAL # \_\_\_\_\_ EAL DESCRIPTION: \_\_\_\_\_

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

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

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

8. EVENT PROGNOSIS: ☒ Improving    ☐ Stable    ☐ Degrading

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

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

10. ☒ DECLARATION    ☐ TERMINATION    Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

12. UNIT STATUS: ☒ U1 \_\_\_\_\_ % Power    Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

☐ U3 \_\_\_\_\_ % Power    Shutdown at Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated    ☐ Mixed    ☐ Ground    UNITS: ☒ Ci    ☐ Ci/sec    ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid    Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours    Estimated Release Duration \_\_\_\_\_ Hours

Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

16. PROJECTED DOSE:

DISTANCE	TEDE (mrem)	Adult Thyroid CDE (mrem)
Site boundary	_____	_____
2 Miles	_____	_____
5 Miles	_____	_____
10 Miles	_____	_____

17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enclosure 4.6**  
**Guidelines for Completing a**  
**TERMINATION Message**

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

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

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

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

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

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

Nuclear Power Plant Emergency Notification Form  
TERMINATION  
Enclosure 4.6.A

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

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

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

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

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

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

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

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

10. ☒ DECLARATION ☐ TERMINATION Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

13. REMARKS: \_\_\_\_\_

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

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

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec

MAGNITUDE: Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_ Other: \_\_\_\_\_

FORM: ☒ Airborne Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Liquid Start Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. PROJECTION PARAMETERS: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours

Projection performed: Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Site boundary	_____	_____
2 Miles	_____	_____
5 Miles	_____	_____
10 Miles	_____	_____

17. APPROVED BY: \_\_\_\_\_ Title Emergency Coordinator Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTIFIED RECEIVED

BY: \_\_\_\_\_ BY: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enclosure 4.7**  
**Guidelines For**  
**Transmitting A Message**

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**Message Transmittal**

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

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

<input type="checkbox"/> <b>Oconee County</b> (Staffed 24 hrs.) <b>Law Enforcement Center</b> 864-638-4111 FAX: 864-638-4434 Selective Signaling 416	<b>OR</b>	<input type="checkbox"/> <b>Oconee County</b> (M-F 8:30 am -5 pm) <b>Emergency Management</b> 864-638-4200 FAX: 864-638-4216 Selective Signaling 417
<input type="checkbox"/> <b>Pickens County</b> (Staffed 24 hrs.) <b>Law Enforcement Center</b> 864-898-5500 FAX: 864-898-5531 Selective Signaling 410	<b>OR</b>	<input type="checkbox"/> <b>Pickens County</b> (M-F 8:30 am.-5 pm) <b>Emergency Management</b> 864-898-5943 FAX: 864-898-5797 Selective Signaling 419
<input type="checkbox"/> <b>South Carolina State Warning Point</b> (Staffed 24 hrs) 803-737-8500 FAX: 803-737-8575 Selective Signaling 518		
<b>NOTE:</b> 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 the absent agency selective signaling number.

- If agency does not answer, then go to next step.

- ☐ If requested, authenticate message. Write in number provided by agency on line 2 and provide corresponding code word from authentication list in yellow folder.

Enclosure 4.7  
Guidelines For  
Transmitting A Message

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

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

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

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

- ☐ After message has been delivered, say "*I need to verify the name of each agency representative. When I call out the agency, please give your name.*"
- ☐ Obtain and record time, date and name of person contacted.

**Initial Notification**

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

**Follow-Up Notification**

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

**Enclosure 4.7**  
**Guidelines For**  
**Transmitting A Message**

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- ☐ **IF** A Keowee dam/dike condition "A" or "B" or external flood condition exist for the site

**THEN** Fax form using Speed Dial #27

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

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

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



**Enclosure 4.7**  
**Guidelines For**  
**Transmitting A Message**

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

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

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

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

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

**Enclosure 4.8**  
**COPY/FAX Operation**

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**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

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

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

**Alternate Method And Sequence To Contact  
Agencies**

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

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

Push SEL on WQC699 frequency panel.

Adjust volume control knob to a high setting.

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

Oconee County LEC 32\*

Pickens County LEC 35\*

Pickens County EMA 31\*

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

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

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

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

Oconee County LEC Oconee LEC

Pickens County LEC Pickens LEC

Pickens County EMA Pickens EOC

U1&2 Control Room Oconee Control Room

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

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

Oconee County LEC KNBE-488

Pickens County LEC KNBZ-965

Pickens County EMA KNBE-480

- ☐ End radio transmission using Call Letters WQC699.
- ☐ Satellite phone located in U-1&2 OSM's office.

## Enclosure 4.10

## Turnover Checklist

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Last Emergency Notification Form Message Number: \_\_\_\_\_

Next Message Due (Time) \_\_\_\_\_

**COMMUNICATIONS STATUS**

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

Communications Problems Experienced: \_\_\_\_\_

Site Evacuation: Yes \_\_\_\_\_ No \_\_\_\_\_ Time Evacuation Initiated \_\_\_\_\_

Evacuation Location:

Daniel High School Yes \_\_\_\_\_ No \_\_\_\_\_

Keowee Elementary Yes \_\_\_\_\_ No \_\_\_\_\_

Home Yes \_\_\_\_\_ No \_\_\_\_\_

Site Relocation: Yes \_\_\_\_\_ No \_\_\_\_\_ Assembly Location \_\_\_\_\_

Alternate Facility Activated: TSC: Yes \_\_\_\_\_ No \_\_\_\_\_ OSC: Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TSC Offsite Communicators Name

Time/Date of Turnover

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

Enclosure 4.11

Response to Offsite Agency Questions

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QUESTION # \_\_\_\_\_

Requesting Offsite Agency Name \_\_\_\_\_

Name of Individual from Agency \_\_\_\_\_

Offsite Communicator's Name \_\_\_\_\_

Applicable Emergency Notification Form Message Number \_\_\_\_\_

ENTER AGENCY QUESTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENTER EMERGENCY COORDINATOR ANSWER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Emergency Coordinator: \_\_\_\_\_

Response Provided To (Name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Enclosure 4.12**  
**Acronym Listing**

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

## Notification Form Quick Reference

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

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

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



**Enclosure 4.14**

**References**

RP/0/A/1000/015 B

Page 1 of 1

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

## 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.: 001
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: see attached change matrix
6. Prepared By: Natalie Harness
7. Preparation Date: 4/23/2014
8. PCR Numbers Included in Revision: ONS-2014-001422

**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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/015BRevision No. 001**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Offsite Communications From The Technical Support Center
- (4) Prepared By\* Natalie Harness *Natalie Harness* Date 4/23/2014
- (5) Requires NSD 228 Applicability Determination? *John Kaminski* 5/6/14  
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (Revision with minor changes)
- (6) Reviewed By\* Donna H. Grant *Donna H. Grant* (QR)(KI) Date 5/6/14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 5/6/14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA NA Date 5/6/14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 5/6/14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Frank M. Stone *Frank M. Stone* Date 5/23/14

**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)

Procedure Title: Offsite Communications From The Technical Support Center

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

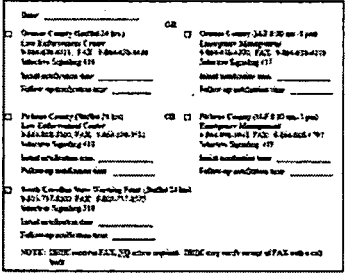
**General Changes**

See attached change matrix

**PCR Numbers Incorporated**

ONS-2014-001422

**Enclosure**

RP/0/A/1000/015B, Rev 002, Offsite Communications From The Technical Support Center				
Change #	Page #	Current	Proposed	Reason
DocuTrack ONS- 2014- 001422	Section 2.2 Page 2 of 7	2.2 ... 2.2 Obtain the following items from the Emergency Procedures Cart. 2.2.1 Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms...	2.2 ... 2.2 Obtain the following items from the Emergency Procedures Cart. 2.2.1 Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms... NOTE: For an outside line dial "9" and for long distance dial "1."	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>
	Section 3.5 Page 6 of 7	3.5 Using Speed Dial 07, <b>OR</b> dialing 9-704-382-0722, fax completed Enclosure 4.10 (Turnover Checklist) to the EOF and review form with the EOF Offsite Agency Communicator.	3.5 Using Speed Dial 07, <b>OR</b> dialing 704-382-0722, fax completed Enclosure 4.10 (Turnover Checklist) to the EOF and review form with the EOF Offsite Agency Communicator. (removed "9-")	
	Enclosure 4.7 Page 1 of 4		<b>Remove all the "9-"</b>	
	Enclosure 4.7 Page 3 of 4	<b>Georgia Emergency Management Agency (GEMA) (9-404-635-7000 or 7200)</b> FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event)	<b>Georgia Emergency Management Agency (GEMA) (404-635-7000 or 7200)...</b>	
	Enclosure 4.7 Page 3 of 4	<b>National Weather Service (NWS) (9-864-879-1085)</b> FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event)	<b>National Weather Service (NWS) (864-879-1085)...</b> (removed "9-")	
	Enclosure 4.10	<b>FAX this form to the Charlotte EOF at the following number 9-704-382-0722.</b>	<b>FAX this form to the Charlotte EOF at the following number 704-382-0722. (removed "9-")</b>	

Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

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

Revision No.001 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: Section 2.2 Page 2 of 7, Section 3.5 Page 6 of 7,  
Enclosure 4.7 Page 4 of 5, and Enclosure 4.10

(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:

Editorial

(8) Prepared By\* John Kaminski (Signature) Natalie Harness Date 5/6/14  
4/23/2014

(9) Reviewed By\* Donna A. Chant (QR)(KI) Date 5/6/14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA 3/6 Date 5/6/14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA 3/6 Date 5/6/14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA 3/6 Date 5/6/14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

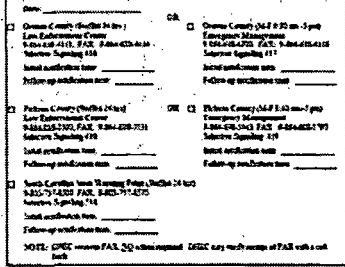
Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patricia M. Stross Date 5/23/14

\* Printed Name and Signature

## §50.54(q) Screening Evaluation Form

<b>Activity Description and References:</b> RP/0/A/1000/015B, Rev 001, Offsite Communications From The Technical Support Center (DocuTrack ONS-2014-001422)		BLOCK 1	
<b>Activity Scope:</b> <input checked="" type="checkbox"/> The activity <u>is</u> a change to the emergency plan <input type="checkbox"/> The activity <u>is not</u> a change to the emergency plan		BLOCK 2	
<b>Change Type:</b> <input checked="" type="checkbox"/> The change <u>is</u> editorial or typographical <input type="checkbox"/> The change <u>is not</u> editorial or typographical <i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>	BLOCK 3	<b>Change Type:</b> <input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval	BLOCK 4
<b>Planning Standard Impact Determination:</b> <input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures* <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – Accident Assessment* <input type="checkbox"/> §50.47(b)(10) – Protective Response* <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance <b>*Risk Significant Planning Standards</b> <input type="checkbox"/> The proposed activity does not impact a Planning Standard		BLOCK 5	
<b>Commitment Impact Determination:</b> <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment		BLOCK 6	
<b>Results:</b> <input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation		BLOCK 7	
Preparer Name: <i>John Kaminski</i>	Preparer Signature: <i>[Signature]</i>	Date: <i>4/30/14</i>	
Reviewer Name: <i>Dennis A. Ceal</i>	Reviewer Signature: <i>[Signature]</i>	Date: <i>5/6/14</i>	

RP/0/A/1000/015B, Rev 002, Offsite Communications From The Technical Support Center				
Change #	Page #	Current	Proposed	Reason
DocuTrack ONS- 2014- 001422	Section 2.2 Page 2 of 7	2.2 ... 2.2 Obtain the following items from the Emergency Procedures Cart. 2.2.1 Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms...	2.2 ... 2.2 Obtain the following items from the Emergency Procedures Cart. 2.2.1 Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms... NOTE: For an outside line dial "9" and for long distance dial "1."	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>
	Section 3.5 Page 6 of 7	3.5 Using Speed Dial 07, OR dialing 9-704-382-0722, fax completed Enclosure 4.10 (Turnover Checklist) to the EOF and review form with the EOF Offsite Agency Communicator.	3.5 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. (removed "9-")	
	Enclosure 4.7 Page 1 of 4		Remove all the "9-"	
	Enclosure 4.7 Page 3 of 4	<b>Georgia Emergency Management Agency (GEMA) (9-404-635-7000 or 7200)</b> FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event)	<b>Georgia Emergency Management Agency (GEMA) (404-635-7000 or 7200)...</b>	
	Enclosure 4.7 Page 3 of 4	<b>National Weather Service (NWS) (9-864-879-1085)</b> FAX Speed Dial 27 (Fax form for any Condition A or B dam/dike event)	<b>National Weather Service (NWS) (864-879-1085)...</b> (removed "9-")	
	Enclosure 4.10	<b>FAX this form to the Charlotte EOF at the following number 9-704-382-0722.</b>	<b>FAX this form to the Charlotte EOF at the following number 704-382-0722. (removed "9-")</b>	



Duke Energy  
Oconee Nuclear Station  
Spill Response

Procedure No.

RP/0/A/1000/017

Revision No.

002

Electronic Reference No.

OP009A88

Reference Use

PERFORMANCE

PDF Format

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

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Date(s) Performed

Work Order/Task Number (WO#)

COMPLETION

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

Verified By\*

Date

Procedure Completion Approved\*

Date

\*Printed Name and Signature

Remarks (attach additional pages, if necessary)

IMPORTANT: Do NOT mark on barcodes.

Printed Date: \*05/22/2014\*

Enclosure No.: \*FULL\*



Revision No.: \*002\*



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 forwarded to Emergency Planning 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 NSD 417 notifications as required. {7}
- \_\_\_\_\_ 2.14 Reference NSD-202 "Reportability" 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 at the Selective Signaling number in the Emergency Telephone Directory, Section 5.

\_\_\_\_\_ 2.19.1.1 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 at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made.

\_\_\_\_\_ 2.20.1.1 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 NSD 417 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**

RP/0/A/1000/017  
Page 1 of 1

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)
- 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 overflow)
- 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 NSD 417 for making the necessary notifications.

**Enclosure 4.2**  
**Reportable Spill Report Form**

RP/0/A/1000/017  
Page 1 of 1

**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
--	-----------	------	------

888-481-0125  
803-253-6488

State Emergency Response Committee (SCBSHWM) Contact	Telephone	Date	Time
---	-----------	------	------

National Response Center Contact	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. PIP O-05-05761
2. PIP O-05-20980
3. PIP O-06-01154
4. PIP O-07-01841
5. PIP O-07-04896
6. PIP O-09-07054
7. PIP O-10-4593
8. NSD-202 "Reportability"
9. NSD 417 "Nuclear Facilities/Generation Status Communications"
10. PIP O-13-04057
11. PIP C-13-4111
12. SRPMP 8-2 "Investigation of Unusual Radiological Occurrence"
13. OMP 1-14 "Notifications"
14. Duke Energy Guidance Document "Fleet Interim Guidance on NRC Event Notifications"
15. NEI 07-07 "Ground Water Protection Initiative Voluntary Communications"



## 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.: 002
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: see attached change matrix
6. Prepared By: Natalie Harness NH
7. Preparation Date: 4/23/2014
8. PCR Numbers Included in Revision: ONS-2014-001423

**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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/017Revision No. 002**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Spill Response
- (4) Prepared By\* Natalie Harness *Natalie Harness* Date 4/23/2014  
John Kaminski *John Kaminski* Date 5/8/14
- (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. Gault *Donald A. Gault* (QR)(KI) Date 5-29-14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA *NA* Date 5-29-14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA *NA* Date 5-29-14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA *NA* Date 5-29-14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patricia M. Smith *Patricia M. Smith* Date 6/3/14

**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)

## RP/0/A/1000/017, Rev 002, Spill Response (DocuTracks ONS-2014-001423)

Change #	Page #	Current	Proposed	Reason
1	Note Page 2 of 12	NA	Included in the Note: For an outside line Dial "9" and for long distance dial "1"	Editorial, telephone system changes
2	Step 2.14 Page 8 of 12	2.14 Reference NSD-202, Reportability Job Aid for reportability requirements to offsite agencies (e.g. NRC, National Response Center, SCDHEC).	2.14 Reference NSD-202, Reportability requirements to offsite agencies (e.g. NRC, National Response Center, SCDHEC).	Editorial, Procedure title Change
3	Section 2.21 Page 10 of 12	2.21 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at <b>9-803-253-6488 or 9-888-481-0125.</b>	2.21 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at <b>803-253-6488 or 888-481-0125.</b> (remove 9-)	Editorial, making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX)
4	Section 2.21 Page 11 of 12	2.22 Contact National Response Center at <b>9-800-424-8802</b>	2.22 Contact National Response Center at <b>800-424-8802</b> (removed "9-")	Editorial, making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX)
5	Enclosure 4.2 Page 1 of 1	<div style="text-align: center;"> <u>9-888-481-0125</u>  <u>9-803-253-6488</u>            Telephone    <u>9-800-424-8802</u>            Telephone         </div>	Remove all the 9- from enclosure	Editorial, making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX)
6	Section 2.23 Page 11 of 12	2.23 Make ENS call to the Nuclear Regulatory Commission.	2.23 Make ENS call to the Nuclear Regulatory Commission. (OMP 1-14, Notifications)	PIP C-13-04111 CA 25, drill enhancement:  added reference

**RP/0/A/1000/017, Rev 002, Spill Response (DocuTracks ONS-2014-001423)**

Change #	Page #	Current	Proposed	Reason
7	Section 2.23 Page 11 of 12	Note box prior to Section 2.23	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>For reports made under NEI 07-07, "Industry Ground Water Protection Initiative," The start of the Reportability clock to 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.) <ul style="list-style-type: none"> <li>* 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 007-07, Industry Ground Water Protection Initiative.</li> <li>* A formal press release or a report to another government agency has been made.</li> </ul> </li> <li>Provide all the information from Enclosure 4.2 (Reportable Spill Report Form) including the offsite agencies notified.</li> </ul>	<p>PIP C-13-04111 CA 25, drill enhancement:</p> <p>Revise step 2.23 to include the following information from the interim guidance for voluntary reporting per NEI 07-07</p>
8	Enclosure 4.3 Page 1 of 1	8. NSD-202 Reportability Job Aid  NA	<p>8. NSD-202 Reportability <del>Job Aid</del></p> <p>11. PIP C-13-4111</p> <p>12. SRPMP 8-2 "Investigation of Unusual Radiological Occurrence"</p> <p>13. OMP 1-14 "Notifications"</p> <p>14. Duke Energy Guidance Document "Fleet Interim Guidance on NRC Event Notifications"</p> <p>15. NEI 07-07 Ground Water Protection Initiative Voluntary Communications"</p>	<p>Revised "References" per PIP C-13-04111 CA 25, drill enhancement per NEI 07-07</p>

**NOTE:**

- For reports made under NEI 07-07, "Industry Ground Water Protection Initiative," The start of the Reportability clock to 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 007-07, Industry Ground Water Protection Initiative.
  - \* A formal press release or a report to another government agency has been made.
- Provide all the information from Enclosure 4.2 (Reportable Spill Report Form) including the offsite agencies notified. {11}

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/017

Revision No.002 Change No.  
Permanent/Restricted to  
\_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Spill Response

(4) Section(s) of Procedure Affected: Section 2.21 Page 10 of 12, Section 2.21 Page 11 of 12, and  
Enclosure 4.2 Page 1 of 1 , Enclosure 4.3

(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:

Editorial and drill enhancement comments

(8) Prepared By\* John Kaminski John Kaminski 5/8/14  
Natalie Harness (Signature) Natalie Harness Date 4/23/2014

(9) Reviewed By\* Donald A. Cusack Donald A. Cusack (QR)(KI) Date 5-29-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 5-29-14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA NA Date 5-29-14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 5-29-14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patrick M. Sargent Patrick M. Sargent Date 6/3/14

\* Printed Name and Signature

## §50.54(q) Screening Evaluation Form

Activity Description and References: RP/0/A/1000/017, Rev 002, Spill Response

BLOCK 1

(DocuTracks ONS-2014-001423)

## 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 vast majority of the changes (#1,2,3,4,& 6) are editorial (telephone system /number changes) as can be seen on the attached change matrix. The changes that are not editorial are enhancements suggested as a result of drill performance. These changes (#5 and #7) do not impact or involve any of the planning standards and as such do not reduce the effectiveness of the Emergency Plan.

- ☒ 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:  
John Kaminski

Preparer Signature

Date:

5/8/14

Reviewer Name:  
Don Crowl

Reviewer Signature

Date:

5-29-14

## RP/0/A/1000/017, Rev 002, Spill Response (DocuTracks ONS-2014-001423)

Change #	Page #	Current	Proposed	Reason
1	Note Page 2 of 12	NA	Included in the Note: For an outside line Dial "9" and for long distance dial "1"	Editorial, telephone system changes
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3	Section 2.21 Page 10 of 12	2.21 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at 9-803-253-6488 or 9-888-481-0125.	2.21 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at 803-253-6488 or 888-481-0125. (remove 9-)	Editorial, making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX)
4	Section 2.21 Page 11 of 12	2.22 Contact National Response Center at 9-800-424-8802	2.22 Contact National Response Center at 800-424-8802 (removed "9-")	Editorial, making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX)
5	Enclosure 4.2 Page 1 of 1	<div>9-888-481-0125</div> <div>9-803-253-6488</div> <div>Telephone</div> <div>9-800-424-8802</div> <div>Telephone</div>	Remove all the 9- from enclosure	Editorial, making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX)
6	Section 2.23 Page 11 of 12	2.23 Make ENS call to the Nuclear Regulatory Commission.	2.23 Make ENS call to the Nuclear Regulatory Commission. (OMP 1-14, Notifications)	PIP C-13-04111 CA 25, drill enhancement:  added reference



**RP/0/A/1000/017, Rev 002, Spill Response (DocuTracks ONS-2014-001423)**

<b>Change #</b>	<b>Page #</b>	<b>Current</b>	<b>Proposed</b>	<b>Reason</b>
7	Section 2.23 Page 11 of 12	Note box prior to Section 2.23	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>For reports made under NEI 07-07, "Industry Ground Water Protection Initiative," The start of the Reportability clock to 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.) <ul style="list-style-type: none"> <li>* 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 007-07, Industry Ground Water Protection Initiative.</li> <li>* A formal press release or a report to another government agency has been made.</li> </ul> </li> <li>Provide all the information from Enclosure 4.2 (Reportable Spill Report Form) including the offsite agencies notified.</li> </ul>	<p>PIP C-13-04111 CA 25, drill enhancement:</p> <p>Revise step 2.23 to include the following information from the interim guidance for voluntary reporting per NEI 07-07</p>
8	Enclosure 4.3 Page 1 of 1	8. NSD-202 Reportability Job Aid  NA	<p>8. NSD-202 Reportability Job Aid</p> <p>11. PIP C-13-4111</p> <p>12. SRPMP 8-2 "Investigation of Unusual Radiological Occurrence"</p> <p>13. OMP 1-14 "Notifications"</p> <p>14. Duke Energy Guidance Document "Fleet Interim Guidance on NRC Event Notifications"</p> <p>15. NEI 07-07 Ground Water Protection Initiative Voluntary Communications"</p>	<p>Revised "References" per PIP C-13-04111 CA 25, drill enhancement per NEI 07-07</p>

<b>Duke Energy Company</b> <b>Oconee Nuclear Station</b>  <b>Technical Support Center Emergency Coordinator</b> <b>Procedure</b>  <b>Reference Use</b>	<b>Procedure No.</b> <b>RP/0/A/1000/019</b>
	<b>Revision No.</b> <b>005</b>
	<b>Electronic Reference No.</b> <b>OP009A62</b>

## Technical Support Center Emergency Coordinator Procedure

### NOTE:

- 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.
- For an outside line dial "9", 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 alternate TSC / OSC 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. {25}

- 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	_____
Tech Assistant to 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 Alternate TSC is required prior to completion of turnover with the OSM.
- THEN** REFER TO Step 1.0 of Enclosure 4.6 (Alternate TSC and/or OSC Activation). {31}

- ☐ 2.2 Receive turnover from the Operations Shift Manager using Enclosure 4.1, (Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet)
  - ☐ 2.2.1 Determine if OSC is operational {22}
  - ☐ 2.2.2 Determine if TSC Offsite Communicator has completed turnover with Control Room Offsite Communicator {21}
  - ☐ 2.2.3 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 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.
- ☐ 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 {7} {10}
  - ☐ 2.6.1 Flip the power switch UP on the PA system amplifier located inside the communications cabinet.
  - ☐ 2.6.2 Depress the microphone switch and hold in position while making PA announcements.
  - ☐ 2.6.3 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: Do NOT release personnel from Site Assembly until all site personnel are accounted for.  
{32}

☐ 2.7 Turn office page over ride switch **ON**, **OR** have the Assistant Emergency Coordinator/  
Emergency Planner turn the office page over ride 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. {10}

	<u>NAME</u>	<u>TELEPHONE NUMBER</u>
SDEM	_____	<u>803 737-8500</u>

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.

1. Use Step 2.10 for emergency classification.
2. Use Step 2.11 for turnover to the EOF Director.
3. Use steps in 3.0 for tasks that must continue regardless of emergency classification.
4. During a security event arrange for a qualified Emergency Coordinator to go to the near site command post to act as a liaison between the command post and the TSC.

(Step 2.10 on next page)



☐ 2.10 Review emergency classification and verify that it meets the criteria of RP/0/B/1000/001 (Emergency Classification).

- Discuss changing plant conditions with the Superintendent of Operations.
- 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.

- 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 Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification).

{4} {10}

☐ F. Discuss **OR** have the Assistant Emergency Coordinator discuss classification with SDEM and CDEM {10}

<u>NAME</u>	<u>TELEPHONE NUMBER</u>
SDEM	803 737-8500
Oconee CDEM	864 638-4200
Pickens CDEM	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:** The Emergency Planning Section 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 Planning that the Unusual Event has been terminated.
- ☐ 2. Emergency Planning 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.

☐ F. Start ERDS -TSC NRC Communicator, - RP/0/B/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}

	<u>NAME</u>	<u>TELEPHONE NUMBER</u>
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 Section 6 of 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.

(Step 2.10.3, Site Area Emergency Classification on next page)

☐ 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.
- ☐ G. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A (ERDS  
Operation).
- ☐ H. Discuss, OR have the Assistant Emergency Coordinator discuss change in  
classification with SDEM and CDEM. {10}

	<u>NAME</u>	<u>TELEPHONE NUMBER</u>
SDEM	_____	<u>803 737-8500</u>

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 Section 6 of 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/B/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.

☐ G. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A (ERDS Operation)).

- ☐ H. Discuss change in classification and Protective Action Recommendations with SDEM and/or CDEM. Provide any known information concerning conditions that would make evacuation dangerous.

	<u>NAME</u>	<u>TELEPHONE NUMBER</u>
SDEM	_____	<u>803 737-8500</u>

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}

<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• 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}</li> <li>• Enclosure 4.7 provides a description of Condition A and B. {9}</li> </ul>
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- ☐ J. **IF** Condition B at Keowee exists,

**THEN** Notify **OR** have the Assistant Emergency Coordinator notify Hydro Central (refer to Section 6 of 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.

<u>TSC</u>	<u>EOF Counterpart</u>
TSC Dose Assessment Liaison	Radiological Assessment Manager
TSC Offsite Communicator	Lead Off-Site Agency Communicator
TSC/EOF OPS Liaison	Accident Assessment Manager

- ☐ 2.13 When notified by the EOF Director, conduct turnover with the EOF.
- ☐ 2.13.1 Emergency Coordinator turnover to EOF Director complete.  
EOF Activated \_\_\_\_\_ Time \_\_\_\_\_
  - ☐ 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:

- ☐ 3.1.1 Locate copy(s) of the Plant Parameter Data Sheets for the affected units(s) in the procedure cart.
- ☐ 3.1.2 Request Operations Superintendent have someone manually collect plant parameter data from the Control Room(s) approximately every 15 minutes.
- ☐ 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 Section 6 of the Emergency Telephone Directory. {4}

**NOTE:** A loss of offsite communications capabilities (Selective Signaling 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 Selective Signaling section of the Emergency Telephone Directory (page 8).

- ☐ 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.

1. 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

2. 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)."

3. 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).
- Determine if personnel with special radiological exposure limits need to be evacuated (e.g.; declared pregnant women, personnel with radio-pharmaceutical limitations).

- ☐ 3.4.1 Consider the following for making Site Evacuation decisions:
- 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 Alternate TSC and/or OSC.

☐ 3.6.1 **IF** Activation of the Alternate TSC and/or OSC is required

**THEN** REFER TO Step 2.0 of Enclosure 4.6 (Alternate TSC and/or OSC Activation). {31}

☐ 3.6.2 Notify the EOF Director once relocation to the Alternate TSC is completed.

- Ensure continuous accountability of personnel when using the Alternate 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.
  - ☐ 3.8.1 **IF** Failed Fuel Condition Two (2) has been determined,
    - THEN** Immediately notify the EOFD.
      - A. Failed Fuel Condition Two (2) requires additional Protective Action Recommendations.
- ☐ 3.9 Authorize exposure greater than normal operating limits for planned equipment repair missions and/or emergency lifesaving missions.
  - 3.9.1 Approval may be either verbal or written.
  - 3.9.2 This authority may be delegated to the RP Manager in the OSC.
- ☐ 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. (Timer is available in the Emergency Procedures Cart.)



- 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. Consider hours previously worked prior to ERO activation in determining shift turnover schedules for 24 hour staffing. {28}

- ☐ 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}
- 3.11.1 TSC Personnel Log Sheets (Enclosure 4.3) are to be used for this purpose.

**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 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 (Section M of the ONS Emergency Plan, Volume A, located in the Operations Shift Manager's office) once the emergency has been terminated.
  - 3.19.1 Request the OSC Manager to review Section M of the Emergency Plan (Volume 17A is located in Unit 3 Library located next to U3 Control Room) to begin preparation for recovery.
  - 3.19.2 Implement RP/0/B/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}
- ☐ 3.20 Emergency Planning Section shall be responsible for completing all Procedure Process Records of Emergency Plan Implementing procedures initiated by the TSC.
- ☐ 3.21 Ensure TSC is returned to ready condition for next drill or actual event.
  - ☐ 3.21.1 Ensure **OR** have the Assistant Emergency Coordinator/Emergency Planner ensure TSC PA override switch is put in the **OFF** position. {8} {10}
  - ☐ 3.21.2 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.

#### **4. Enclosures**

- 4.1 Operations 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 Alternate TSC and/or OSC Activation
- 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

RP/0/A/1000/019

## OSM Emergency Coordinator Log/Turnover Sheet

Page 1 of 1

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			Auxiliary Power From			Auxiliary Power From		
ES Channels Actuated			ES Channels Actuated			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/B/1000/002 (Control Room Emergency Coordinator Procedure)	✓		
RP/0/B/1000/016 (Medical Response)			
RP/0/B/1000/017 (Spill Response)			
RP/0/B/1000/022 (Major Site Damage)			
RP/0/B/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 \_\_\_\_\_ OSM \_\_\_\_\_

Time of Turnover \_\_\_\_\_

**Enclosure 4.2**  
**Emergency Preparedness Acronyms**

**RP/0/A/1000/019**  
**Page 1 of 1**

**1. Emergency Preparedness Acronyms**

<b>CDEM</b>	County Director of Emergency Management
<b>EC</b>	Emergency Coordinator
<b>EOF</b>	Emergency Operations Facility
<b>EOFD</b>	Emergency Operation Facility Director
<b>ETS</b>	Emergency Telephone System
<b>LEC</b>	Law Enforcement Center
<b>NRC</b>	Nuclear Regulatory Commission
<b>EOC</b>	Emergency Operations Center
<b>OSC</b>	Operational Support Center
<b>PAR</b>	Protective Action Recommendation
<b>SCC</b>	State/County Communicator
<b>SDEM</b>	State Director of Emergency Management
<b>SEOC</b>	State Emergency Operations Center
<b>SWP</b>	State Warning Point
<b>TSC</b>	Technical Support Center

**Enclosure 4.3**  
**TSC Personnel Log**

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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**

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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 Planning							
Community Relations (WOE)							
Local I/T							
Process Systems							



**Enclosure 4.4**  
**NRC Site Team Response Form**

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**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: Hwy 130 - Main Station/WOE Entrance (Check Point 2)  
(Circle One)  
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**

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**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

**Enclosure 4.6**  
**Alternate TSC and/or OSC Activation**

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**1. Activation of the Alternate TSC prior to completion of turnover with the OSM**

- ☐ 1.1 Request OSC Manager/SPOC Supervisor to initiate steps to setup the Alternate 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 Alternate TSC is being activated.
- ☐ 1.3 Relocate TSC personnel except for the following to the Alternate 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 Planning (if available)
- ☐ 1.4 Return to Step 2.2 of this procedure and complete turnover with the OSM.
  - ☐ 1.4.1 Report to the Alternate TSC with remaining support personnel after completion of turnover.

Enclosure 4.6  
Alternate TSC and/or OSC Activation

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Page 2 of 2

**2. Activation of the Alternate 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 Alternate 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 Alternate TSC and/or the OSC.
- ☐ 2.3 Direct the following TSC personnel to report to the Alternate 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 Alternate TSC is being activated.
- ☐ 2.5 Direct the remaining TSC personnel to report to the Alternate TSC.
- ☐ 2.6 Inform the EOF Director that the Alternate 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 Alternate 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 OSM.

**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

- ☐ 2.1
- ☐ 2.1.4
- ☐ 2.1.5
- ☐ 2.1.6
- ☐ 2.4
- ☐ 2.6
- ☐ 2.7
- ☐ 2.8
- ☐ 2.10.1.C
- ☐ 2.10.1.D
- ☐ 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

Emergency Planner

- ☐ 2.1
- ☐ 2.1.4
- ☐ 2.1.5
- ☐ 2.1.6
- ☐ 2.4
- ☐ 2.6
- ☐ 2.7
- ☐ 2.8
- ☐ 3.11
- ☐ 3.21.1

## Enclosure 4.9

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## Emergency Coordinator Turnover Checklist

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( ) 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 _____	_____	_____	
EMERGENCY CLASSIFICATION	TIME: _____	U-2 _____	_____	_____	
		U-3 _____	_____	_____	
	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	_____	_____	_____	_____
RADIOLOGICAL	POLICE/SHERIFF	_____	_____	_____	_____
		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	_____	_____	_____	
OFFSITE COMMUNICATIONS	CONTAINMENT PRESSURE	_____ PSIG			
	WIND DIRECTION	_____	WIND SPEED	_____	
		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					
_____					
_____					
_____					

## Enclosure 4.9

RP/0/A/1000/019

## Emergency Coordinator Turnover Checklist

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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 <sup>2</sup> IGNITERS TRAIN A				
	H <sup>2</sup> IGNITERS TRAIN B				
	CONT. AIR RETURN FANS TRAIN A	A RBCU			
	CONT. AIR RETURN FANS TRAIN B	B RBCU			
		C RBCU			
	CONT. ISOL. TRAIN A	ES 1&2			
	CONT. ISOL. TRAIN B	ES 5&6			

Note: This form is not required for TSC/EOF Turnover. It is made available as a job aid only and can be used for other activities (e.g., Briefing the NRC)



**Enclosure 4.10**  
**Guidelines for Managing A Security Event**

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{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.

- ☐ 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.
- ☐ 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/1,2,3/A/1700/040, Aircraft Threat, procedures.
- ☐ 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.

**Enclosure 4.11**

**References**

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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

**Enclosure 4.11**

**References**

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- 25. PIP G-11-1389
- 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

## 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.: 005
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: see attached change matrix
6. Prepared By: Mike Stephens & Natalie Harness
7. Preparation Date: 5/7/2014
8. PCR Numbers Included in Revision: ONS-2014-001424

**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 PROCESS RECORD**Revision No. 005**PREPARATION**(2) Station OCONEE NUCLEAR STATION(3) Procedure Title Technical Support Center Emergency Coordinator Procedure(4) Prepared By\* Mike Stephens (Signature) Mike Stephens Date 4/28/14

(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\* Donna A. Gans (QR)(KI) Date 5-12-14Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA Date 5-12-14Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA Date 5-12-14Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA Date 5-12-14

(7) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(8) Approved By\* Patricia M. Stevens [Signature] Date 5/23/14**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)

Procedure Title: Technical Support Center Emergency Coordinator Procedure

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

- See attached change matrix
- Added a NOTE before Step 2.7 stating, "Do NOT release personnel from Site Assembly until all site personnel are accounted for."
- Added PIP number to control note.

**PCR Numbers Incorporated**

ONS-2014-001424

**Enclosure**

**RP/0/A/1000/019, Rev 005, Technical Support Center Emergency Coordinator Procedure  
(DocuTrack ONS-2014-001424)**

<b>Change #</b>	<b>Page #</b>	<b>Current</b>	<b>Proposed</b>	<b>Reason</b>
1.	Page 2 of 27	In NOTE box add separate sentence	For an outside line dial "9" and for long distance dial "1"	Added note prior to step 2.7 to clarify existing guidance to ensure personnel accountability during site assembly is complete prior to releasing personnel.
2.	Section 2.6.3	<b>End of section</b>	Add NOTE: Do NOT release personnel from Site Assembly until all the site personnel are accounted for. {32}	
3.	Step 2.8 Page 7 of 27	TELEPHONE NUMBER... SDEM 9(803) 737-8500 Oconee CDEM 9(864) 638-4200 Pickens CDEM 9(864) 898-5943	TELEPHONE NUMBER... SDEM (803) 737-8500 Oconee CDEM (864) 638-4200 Pickens CDEM (864) 898-5943 <b>Removed all the "9"s</b>	
4.	Step 2.10.1 Section F Page 10 of 27	TELEPHONE NUMBER... SDEM 9(803) 737-8500 Oconee CDEM 9(864) 638-4200 Pickens CDEM 9(864) 898-5943	TELEPHONE NUMBER... SDEM (803) 737-8500 Oconee CDEM (864) 638-4200 Pickens CDEM (864) 898-5943 <b>Removed all the "9"s</b>	
5.	Step 2.10.2 Section G Page 12 of 27	TELEPHONE NUMBER... SDEM 9(803) 737-8500 Oconee CDEM 9(864) 638-4200 Pickens CDEM 9(864) 898-5943	TELEPHONE NUMBER... SDEM (803) 737-8500 Oconee CDEM (864) 638-4200 Pickens CDEM (864) 898-5943 <b>Removed all the "9"s</b>	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>
6.	Step 2.10.3 Section H Page 14 of 27	TELEPHONE NUMBER... SDEM 9(803) 737-8500 Oconee CDEM 9(864) 638-4200 Pickens CDEM 9(864) 898-5943	TELEPHONE NUMBER... SDEM (803) 737-8500 Oconee CDEM (864) 638-4200 Pickens CDEM (864) 898-5943 <b>Removed all the "9"s</b>	
7.	Step 2.10.4 Section H Page 17 of 27	TELEPHONE NUMBER... SDEM 9(803) 737-8500 Oconee CDEM 9(864) 638-4200 Pickens CDEM 9(864) 898-5943	TELEPHONE NUMBER... SDEM (803) 737-8500 Oconee CDEM (864) 638-4200 Pickens CDEM (864) 898-5943 <b>Removed all the "9"s</b>	
8.	Step 2.11.2.B Page 18 of 27	Request TSC Offsite Communicator to fax Enclosure 4.9 to the following number: 9-704-382-1825.	Request TSC Offsite Communicator to fax Enclosure 4.9 to the following number: 704-382-1825.	

Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/019

Revision No.005 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: NOTES area Page 2 of 27, Step 2.8 Page 7 of 27,  
Step 2.10.1 Section F Page 10 of 27, Step 2.10.2 Section G Page 12 of 27, Step 2.10.3 Section H Page 14 of 27,  
Step 2.10.4 Section H Page 17 of 27, and Step 2.11.2.B Page 18 of 27

(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:

PIP O-13-15223 CA #11, documents site personnel released from site assembly (step 2.7) prior to completing accountability verification. Add the following note above 2.7 page 6 of 27 to ensure this is not missed. Note: Do NOT release personnel from Site Assembly until all site personnel are accounted for.

Some Editorial

(8) Prepared By\* Mike Stephens & Natalie Harness *Natalie Harness* Date 5/7/2014

(9) Reviewed By\* Donell A. Reed *Donell A. Reed* (QR)(KI) Date 5-12-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 5-12-14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA NA Date 5-12-14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 5-12-14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patricia M. Stagg *Patricia M. Stagg* Date 5/23/14

\* Printed Name and Signature



## 50.54(q) Screening Evaluation Form

## Activity Description and References:

BLOCK 1

RP/O/A/1000/019, Rev 005, Technical Support Center Emergency Coordinator Procedure  
(DocuTrack ONS-2014-001424 & PIP-O-13-15223)

## 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 Evaluation:

## 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:

John Kaminski

Preparer Signature:



Date: 5/12/14

Reviewer Name:

Don Crowl

Reviewer Signature:



Date: 5/12/14

§50.54(q) Effectiveness Evaluation Form

Activity Description and References:

BLOCK 1

0/A/1000/019, Rev 005, Technical Support Center Emergency Coordinator Procedure  
(DocuTrack ONS-2014-001424 & PIP-O-13-15223)

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

1. Licensing Basis:

1. **10CFR50.47.b.(1)** Primary responsibilities for emergency response by the nuclear facility licensee and by the 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 principle organization has staff to respond and to augment its initial response on a continuous basis.
2. **10CFR50.47.b.(2)** On-shift facility licensee responsibilities for emergency response are unambiguously defined, adequate staffing to provide initial facility accident response in key functional areas is maintained at all times, timely augmentation of response capabilities is available and the interfaces among various onsite response activities and offsite support and response activities are specified.
3. **NUREG 0654.II.B.5** Each licensee shall specify the positions or title and major tasks to be performed by the persons to be assigned to the functional areas of emergency activities. For emergency situations, specific assignments shall be made for all shifts and for plant staff members, both onsite and away from the site.
4. **ONS E Plan B.1** The Emergency Response Organization is outlined in Division/Section Directives. These directives establish the duties, responsibilities for each section through these Directives.

Compliance Evaluation and Conclusion:

BLOCK 4

1. Evaluation:

The cited requirements above continue to be met. The addition of guidance in the form of a note continues to provide for clear cut and repeatable responsibilities, and associated actions which are unambiguous. With the responsibilities defined and actions identified, the ONS E Plan and associated implementing procedures continue to demonstrate compliance with regulations.

Conclusion:

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

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

Editorial Changes Included: Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."

According to Reg Guide 1.219 the functions are as follows:

**10CFR50.47b.1** - 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 on a continuing basis (i.e., 24/7 support) in accordance with the emergency plan.

**10CFR50.47b.2** - Two emergency planning functions have been defined for this planning standard:

1. The process ensures that on-shift emergency response responsibilities are staffed and assigned.
2. The process for timely augmentation of on-shift staff is established and maintained.

The functions as specified above continue to be met. The addition of a note indicating to not release people until accountability is completed within the implementing procedure continues to provide for clear lines of authority and clear actions to take. The proposed changes do not impact the ability to augment the on shift response. The functions are met, there is no timeliness issue, therefore there has been no reduction in the effectiveness of the ONS E-Plan as a result of this proposed change.

**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: <i>John Kaminski</i>	Preparer Signature <i>John Kaminski</i>	Date: <i>5/13/14</i>
Reviewer Name: <i>Don Crowl</i>	Reviewer Signature <i>Don Crowl</i>	Date: <i>5-13-14</i>
Approver Name: <i>Pat Street</i>	Approver Signature <i>Pat Street</i>	Date: <i>5/23/14</i>

**RP/0/A/1000/019, Rev 005, Technical Support Center Emergency Coordinator Procedure  
(DocuTrack ONS-2014-001424)**

Change #	Page #	Current	Proposed	Reason
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2.	Section 2.6.3	<b>End of section</b>	Add NOTE: Do NOT release personnel from Site Assembly until all the site personnel are accounted for. {32}	
3.	Step 2.8 Page 7 of 27	TELEPHONE NUMBER... SDEM 9(803) 737-8500 Oconee CDEM 9(864) 638-4200 Pickens CDEM 9(864) 898-5943	TELEPHONE NUMBER... SDEM (803) 737-8500 Oconee CDEM (864) 638-4200 Pickens CDEM (864) 898-5943 <b>Removed all the "9"s</b>	
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Duke Energy Company  
Oconee Nuclear Station

**Protective Action Recommendations**

**Reference Use**

Procedure No.

RP/0/A/1000/024

Revision No.

002

Electronic Reference No.

OP009A87

## Protective Action Recommendations

- NOTE:**
- This procedure is an implementing procedure to the Oconee Nuclear Station Emergency Plan and must be forwarded to Emergency Planning for review in accordance with 10 CFR 5054(q) prior to approval.
  - For an outside line dial "9" for long distance dial "1".

### 1. Symptoms

- 1.1 General Emergency Declared

### 2. Immediate Action

- NOTE:** Technical Support Center and Emergency Operations Facility may use HP/0/B/1009/018 (Offsite Dose Projections) to determine sectors.

- |   |  |
|---|--|
| <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Date/Time</span> <span>Initial</span> </div> | 2.1 Refer to Enclosure 4.1, Protective Action Recommendations Flowchart, to determine which sectors to evacuate and to shelter-in-place.                 |
| <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Date/Time</span> <span>Initial</span> </div> | 2.2 Evacuate non-essential personnel from the site.  |
| <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Date/Time</span> <span>Initial</span> </div> | 2.3 Review wind direction and wind speed every <b>15 minutes</b> to determine if additional downwind sectors need to be evacuated.                       |
| <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Date/Time</span> <span>Initial</span> </div> | 2.4 Follow notification requirements to offsite agencies in accordance with RP/0/A/1000/015B (Offsite Communications From The Technical Support Center). |

### 3. Subsequent Action

**NOTE:** Subsequent Actions will be completed by either the Technical Support Center or the Emergency Operations Facility.

- |   |  |
|---|--|
| <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 100px; font-size: 0.8em;">Date/Time</div> <div style="width: 100px; font-size: 0.8em;">Initial</div> </div> | 3.1 Evaluate fuel and containment status (building pressure and/or containment breach).      |
| <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 100px; font-size: 0.8em;">Date/Time</div> <div style="width: 100px; font-size: 0.8em;">Initial</div> </div> | 3.2 Assess fuel damage. Request Nuclear Engineering in the TSC to provide the assessment.    |
| <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 100px; font-size: 0.8em;">Date/Time</div> <div style="width: 100px; font-size: 0.8em;">Initial</div> </div> | 3.3 Review evacuation time estimates for the EPZ, Enclosure 4.3 (Evacuation Time Estimates). |

**CAUTION:** Once a zone has been accurately selected for evacuation, it should not be removed.

**NOTE:**

- Transmission of a change in protective actions **must** begin within **15 minutes** of determination.
- Enclosure 4.1 (Protective Action Recommendations Flowchart) may be used to assess for additional protective actions.

3.4 Make determination if additional protective actions are required:

3.4.1 Change in Meteorological Conditions (wind speed/wind direction)

<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 100px; font-size: 0.8em;">Date/Time</div> <div style="width: 100px; font-size: 0.8em;">Initial</div> </div>	A. Additional protective actions as recommended by the TSC Dose Assessment Liaison or EOF Radiological Assessment Manager utilizing HP/0/B/1009/018 (Offsite Dose Projections).
---	---

3.4.2 Fuel Damage detected by Monitors

<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 100px; font-size: 0.8em;">Date/Time</div> <div style="width: 100px; font-size: 0.8em;">Initial</div> </div>	A. Additional protective actions as recommended by the TSC Dose Assessment Liaison or EOF Radiological Assessment Manager utilizing HP/0/B/1009/018 (Offsite Dose Projections).
---	---

3.4.3 Potassium Iodide for the General Public

<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 100px; font-size: 0.8em;">Date/Time</div> <div style="width: 100px; font-size: 0.8em;">Initial</div> </div>	A. Potassium Iodide recommended to the General Public as determined by the TSC Dose Assessment Liaison or EOF Radiation Assessment Manager utilizing HP/0/B/1009/018 (Offsite Dose Projections). <div style="text-align: right; margin-top: 5px;">{1}</div>
---	---

3.4.4 Severe core damage (Condition 2 failed fuel per RP/0/B/1000/018 (Core Damage Assessment) or Enclosure 4.5 (Condition 2 Failed Fuel Determination By RIA Containment Monitor Readings). {2}

A. Evacuate 5 mile radius and 10 miles downwind.

                       
Date/Time Initial

1. TSC Dose Assessment Liaison or EOF Radiological Assessment Manager shall be responsible for determining the sectors to be evacuated and sheltered.

3.5 Determine if any of the sheltered population affected by ground contamination should be evacuated based on information from field monitoring teams. Consult with EOF Radiological Assessment Manager.

                      3.5.1 Provide any updated protective action recommendations to offsite agencies.  
Date/Time Initial

3.6 Review dose projections with the TSC Dose Assessment Liaison or EOF Radiological Assessment Manager to determine if protective action recommendations may be required beyond the 10 mile EPZ.

                      3.6.1 IF protective action recommendations are required beyond 10 miles,  
Date/Time Initial

THEN notify the State EPD Director, as per RP/0/A/1000/019 (Technical Support Center Emergency Coordinator Procedure), or SR/0/A/2000/003 (Activation of the Emergency Operations Facility) and request that the state consider sheltering/evacuation of the general population located beyond the affected 10 mile EPZ Sectors.

#### 4. Enclosures

4.1 Protective Action Recommendations Flowchart

4.2 Sectors To Be Potentially Evacuated

4.3 Evacuation Time Estimates

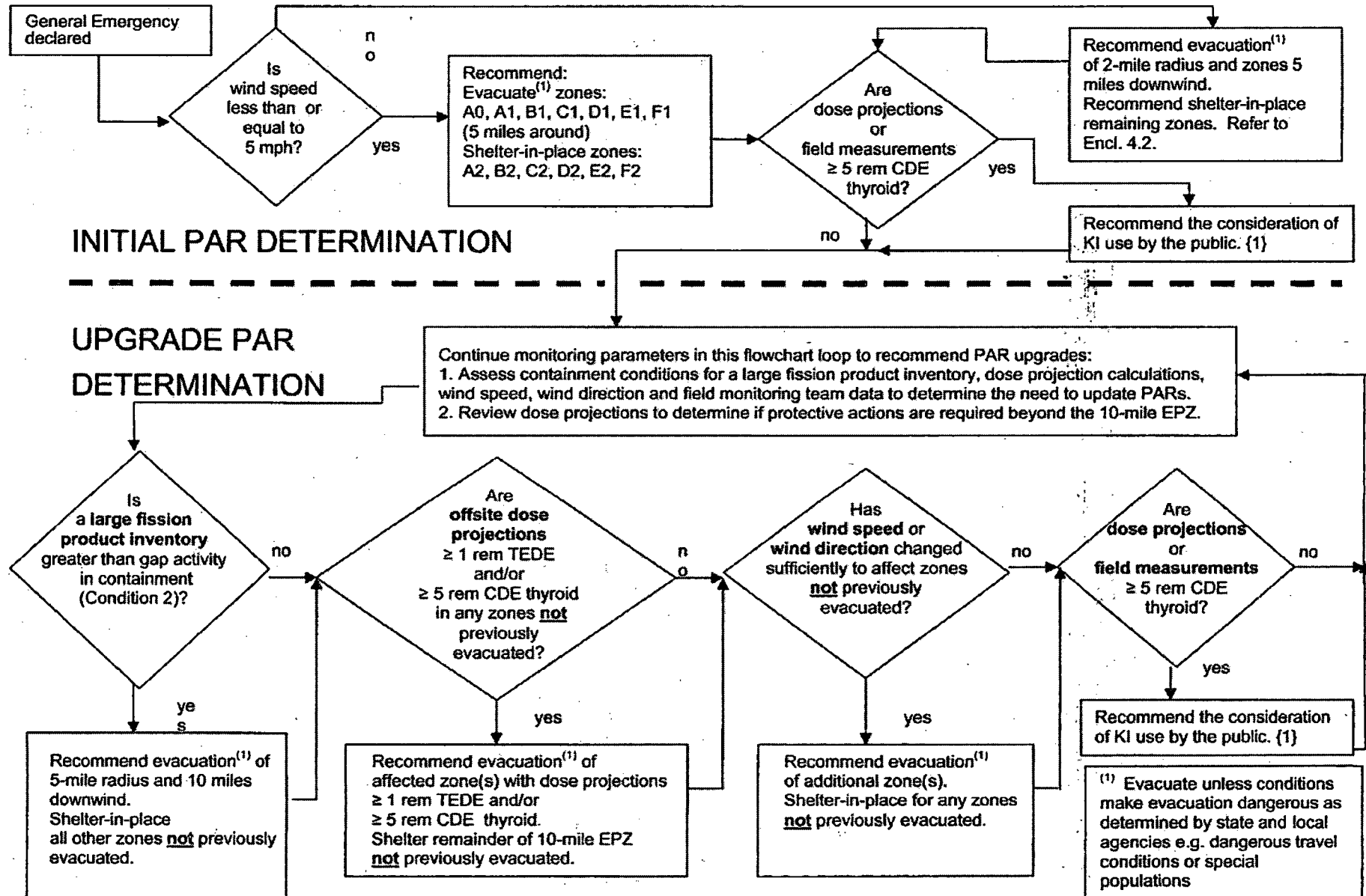
4.4 Oconee Nuclear Station Emergency Planning Zones

4.5 Condition 2 Failed Fuel Determination By RIA Containment Monitor Readings

4.6 References



## Protective Action Recommendations Flowchart



## Sectors To Be Potentially Evacuated

## 1. Sectors To Be Potentially Evacuated

- ☐ 1.1 Determine the meteorological instrumentation to use based on time of day. All meteorology data obtained from the onsite met tower or river tower must be a 15 minute average. National Weather Service data is a standard observation and is not a 15 minute average.

**NOTE:** If necessary, obtain needed data from one of the following sources in order of sequence:

A. Oconee SDS

B. Duke Meteorologist (704-382-0139 or 704-373-7896)

C. National Weather Service in Greer, S.C. (864-879-1085 or 800-268-7785)

Time of Day Conditions	Met Parameter	First Priority	Second Priority	Third Priority	Fourth Priority
1000 - 1600	Wind Speed	10M reading	River Tower	60M reading times 0.5	NWS* times 0.5
	Wind Direction	60M reading	10M reading	River Tower	NWS
1600 - 1000 and River Wind between 210° and 360° or 0° and 70°	Wind Speed	10M reading	60M reading times 0.5	River Tower	NWS* times 0.5
	Wind Direction	60M reading	10M reading	River Tower	NWS
1600 - 1000 and River Wind between 70° and 210°	Wind Speed	River Tower	10M reading times 0.5	NWS* times 0.5	
	Wind Direction	River Tower	60M reading	NWS	

\* Conversion factors for NWS data

Mph= 1.15 knots

°C = .555(°F - 32)

Record Meteorological Parameters to be used to determine PARs:

Wind Speed \_\_\_\_\_

Wind Direction \_\_\_\_\_

## Sectors To Be Potentially Evacuated

Page 2 of 2

- WIND SPEED LESS THAN OR EQUAL TO 5 MPH**

**AND**

**OR**

<b>Wind Direction</b> (Degrees from North)	<b>Evacuate</b> 2-Mile Radius and 5 Miles Downwind	<b>Shelter</b> Remaining Sectors
14.1° - 27°	A0, C1,D1,E1	A1, A2, B1,B2, C2, D2, E2, F1,F2
27.1° - 42°	A0, C1,D1,E1	A1, A2, B1,B2, C2, D2, E2, F1,F2
42.1° - 66°	A0, D1, E1	A1, A2, B1 B2, C1, C2, D2, E2, F1, F2
66.1° - 85°	A0, D1, E1	A1, A2, B1 B2, C1, C2, D2, E2, F1, F2
85.1° - 104°	A0, D1, E1, F1	A1, A2, B1, B2, C1, C2, D2, E2, F2
104.1° - 129°	A0, E1, F1	A1, A2, B1, B2, C1, C2, D1, D2, E2, F2
129.1° - 156°	A0, A1, E1, F1	A2, B1, B2, C1, C2, D1, D2, E2, F2
156.1° - 175°	A0, A1, E1, F1	A2, B1, B2, C1, C2, D1, D2, E2, F2
175.1° - 181°	A0, A1, F1	A2, B1, B2, C1, C2, D1, D2, E1, E2, F2
181.1° - 219°	A0, A1, B1, F1	A2, B2, C1, C2, D1, D2, E1, E2, F2
219.1° - 255°	A0, A1, B1	A2, B2, C1, C2, D1, D2, E1, E2, F1, F2
255.1° - 271°	A0, A1, B1, C1	A2, B2, C2, D1, D2, E1, E2, F1, F2
271.1° - 297°	A0, B1, C1	A1, A2, B2, C2, D1, D2, E1, E2, F1, F2
297.1° - 312°	A0, B1, C1	A1, A2, B2, C2, D1, D2, E1, E2, F1, F2
312.1° - 345°	A0, B1, C1, D1	A1,A2, B2, C2, D2, E1, E2, F1, F2
345.1° - 14°	A0, C1, D1	A1, A2, B1, B2, C2, D2, E1, E2, F1, F2

- 1.3 Check the appropriate blocks below for the appropriate sectors to evacuate and to shelter. All sectors not evacuated must be sheltered.

[illegible]

Enclosure 4.3

RP/0/A/1000/024

Evacuation Time Estimates (Time to Clear 90%)

Page 1 of 3

	Summer		Summer		Summer	Winter			Winter			Winter	Winter	Summer
	Midweek		Weekend		Midweek Weekend	Midweek			Weekend			Midweek Weekend	Weekend	Midweek
Scenario:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Region (Impacted PAZs)	Midday		Midday		Evening	Midday			Midday			Evening	Midday	Midday
	Good Weather	Rain	Good Weather	Rain	Good Weather	Good Weather	Rain	Snow	Good Weather	Rain	Snow	Good Weather	Special Event <sup>1</sup>	Roadway Impact <sup>2</sup>
Entire 2-Mile Region, 5-Mile Region, and EPZ														
R01 (A-0)	1:35	1:35	1:30	1:30	1:45	1:35	1:40	2:25	1:35	1:35	2:35	1:45	1:25	1:35
R02 (A-0, A-1, B-1, C-1, D-1, E-1, F-1)	2:10	2:10	2:00	2:00	2:05	2:15	2:15	3:20	2:05	2:05	3:10	2:05	1:55	2:10
R03 (All PAZs)	3:50	4:00	3:30	3:50	3:15	3:50	4:00	4:45	3:30	3:40	4:15	3:15	6:05	4:15
2-Mile Ring and Keyhole to 5 Miles														
R04 (A-0, A-1, F-1)	2:05	2:05	1:50	1:50	2:05	2:05	2:10	3:10	1:55	1:55	3:05	2:05	1:45	2:05
R05 (A-0, A-1, B-1, F-1)	2:10	2:10	2:00	2:00	2:05	2:10	2:15	3:20	2:00	2:05	3:10	2:05	1:55	2:10
R06 (A-0, A-1, B-1)	2:05	2:05	1:55	1:55	2:05	2:10	2:10	3:10	2:00	2:00	3:05	2:05	1:45	2:05
R07 (A-0, B-1, C-1)	2:05	2:05	1:55	1:55	2:05	2:10	2:10	3:10	2:00	2:00	3:10	2:05	1:50	2:05
R08 (A-0, C-1, D-1)	1:50	1:50	1:45	1:45	2:00	1:55	1:55	2:55	1:50	1:50	3:00	2:00	1:35	1:50
R09 (A-0, D-1, E-1)	1:55	1:55	1:50	1:50	2:00	2:00	2:00	3:00	1:50	1:50	3:00	2:00	1:40	1:55
R10 (A-0, E-1)	1:50	1:50	1:45	1:50	2:00	1:55	1:55	2:55	1:45	1:45	2:55	2:00	1:35	1:50
R11 (A-0, E-1, F-1)	2:05	2:05	1:50	1:50	2:05	2:10	2:10	3:10	1:55	1:55	3:05	2:05	1:45	2:05

<sup>1</sup> Special Event - Clemson football game in progress

<sup>2</sup> Roadway Impact - Lane closure on US 123 EB

Evacuation Time Estimates (Time to Clear 90%)

RP/0/A/1000/024

		Scenario:														Region (Impacted PAZs)	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
Summer	Midweek	Weekend	Summer	Midweek	Weekend	Winter	Winter	Winter	Winter	Winter	Winter	Winter	Winter	Winter	Winter	Winter	Winter
Staged Evacuation - 2-Mile Ring and Keyhole to 5 Miles																	
R19	(A-0, A-1, B-1, C-1, D-1, E-1, F-1)	R20	(A-0, A-1, F-1)	R18	(A-0, A-1, B-1, C-1, D-1, E-1, F-1, F-2)	R17	(A-0, A-1, B-1, C-1, D-1, E-1, F-1, D-2, E-2)	R16	(A-0, A-1, B-1, C-1, D-1, E-1, F-1, C-2, D-2)	R15	(A-0, A-1, B-1, C-1, D-1, E-1, F-1, B-2, C-2, D-2)	R14	(A-0, A-1, B-1, C-1, D-1, E-1, F-1, B-2, C-2)	R13	(A-0, A-1, B-1, C-1, D-1, E-1, F-1, A-2, B-2)	R12	(A-0, A-1, B-1, C-1, D-1, E-1, F-1, A-2, F-2)
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10	2:10	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:15	2:10	2:20	2:20	2:25
2:10	2:15	2:10	2:10	2:10													

Enclosure 4.3

RP/0/A/1000/024

Evacuation Time Estimates (Time to Clear 90%)

Page 3 of 3

	Summer		Summer		Summer	Winter			Winter			Winter	Winter	Summer
	Midweek		Weekend		Midweek Weekend	Midweek			Weekend			Midweek Weekend	Weekend	Midweek
Scenario:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Region (Impacted PAZs)	Midday		Midday		Evening	Midday			Midday			Evening	Midday	Midday
	Good Weather	Rain	Good Weather	Rain	Good Weather	Good Weather	Rain	Snow	Good Weather	Rain	Snow	Good Weather	Special Event <sup>1</sup>	Roadway Impact <sup>2</sup>
R21 (A-0, A-1, B-1, F-1)	2:10	2:15	2:10	2:10	2:10	2:15	2:15	3:20	2:10	2:10	3:20	2:10	2:00	:10
R22 (A-0, A-1, B-1)	2:05	2:05	2:00	2:05	2:05	2:10	2:10	3:10	2:05	2:05	3:10	2:05	1:55	2:05
R23 (A-0, B-1, C-1)	2:05	2:10	2:05	2:05	2:10	2:10	2:10	3:15	2:05	2:05	3:15	2:10	1:55	2:05
R24 (A-0, C-1, D-1)	1:50	1:50	1:50	1:50	2:00	1:55	1:55	2:55	1:50	1:50	3:00	2:00	1:50	1:50
R25 (A-0, D-1, E-1)	2:05	2:05	2:05	2:05	2:10	2:05	2:05	3:05	2:05	2:10	3:10	2:10	1:55	2:05
R26 (A-0, E-1)	2:05	2:05	2:05	2:05	2:10	2:05	2:05	3:05	2:05	2:05	3:05	2:10	1:55	2:05
R27 (A-0, E-1, F-1)	2:10	2:15	2:10	2:10	2:10	2:10	2:15	3:20	2:10	2:10	3:20	2:10	2:00	2:10

<sup>1</sup> Special Event - Clemson football game in progress

<sup>2</sup> Roadway Impact - Lane closure on US 123 EB

# Enclosure 4.4

## Oconee Nuclear Station Emergency Planning Zones

RP/0/A/1000/024  
Page 1 of 1



**Condition 2 Failed Fuel Determination By  
RIA Containment Monitoring Readings**

**NOTE:** IF the containment radiation level exceeds the levels in the RIA Containment Monitor Reading Table below, fission product inventory inside containment is greater than gap activity.

<b><u>RIA Containment Monitor Reading Table</u></b>		
<b>Time After Shutdown (Hours)</b>	<b>RIA-57 Containment Monitor Reading (R/HR) (100% gap activity release)</b>	<b>RIA-58 Containment Monitor Reading (R/HR) (100% gap activity release)</b>
>0-2	2000	969
>2-4	1500	650
>4-8	750	370
>8	275	125



**1. References**

1. O-04-0284
2. O-05-07899
3. G-13-01347
4. ONS-ETE-12142012-000

## 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/1000/024
2. Revision No.: 002
3. Change No.:     **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Protective Action Recommendations
5. For changes only, enter procedure sections affected: see attached change matrix
6. Prepared By: Natalie Harness
7. Preparation Date: 4/23/2014
8. PCR Numbers Included in Revision: ONS-2014-001425

**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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/024Revision No. 002**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Protective Action Recommendations
- (4) Prepared By\* Natalie Harness *Natalie Harness* Date 4/23/2014  
*John Haminski*
- (5) Requires NSD 228 Applicability Determination? 5/6/14  
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (Revision with minor changes)
- (6) Reviewed By\* Donald A. Crowl *Donald A. Crowl* (QR)(KI) Date 5/16/14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 5/16/14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA NA Date 5/16/14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 5/16/14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patricia M. Smith *Patricia M. Smith* Date 5/23/14

**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)

Procedure Title: Protective Action Recommendations

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

See attached change matrix

**PCR Numbers Incorporated**

ONS-2014-001425

**Enclosure**

Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/024

Revision No.002 Change No.  
Permanent/Restricted to  
\_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Protective Action Recommendations

(4) Section(s) of Procedure Affected: Enclosure 4.2 Section 1 Notes Page 1 of 2

(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:

Editorial

(8) Prepared By\* John Haminski (Signature) Natalie Harness Date 5/7/14

(9) Reviewed By\* Donald A. Crail (QR)(KI) Date 5/6/14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA 5/6/14 Date 5/6/14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA 5/6/14 Date 5/6/14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA 5/6/14 Date 5/6/14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patrick M. Stagg Date 5/23/14

\* Printed Name and Signature

## RP/0/A/1000/024, Rev 002, Protective Action Recommendations (DocuTracks ONS-2014-001425)

Change #	Page #	Current	Proposed	Reason
1.	Page 2 of 4	<b>NOTE:</b> <ul style="list-style-type: none"> <li>This procedure is an implementing procedure to the Oconee Nuclear Station Emergency Plan and must be forwarded to Emergency Planning for review in accordance with 10 CFR 5054(q) prior to approval.</li> </ul>	<b>NOTE:</b> <ul style="list-style-type: none"> <li>This procedure is an implementing procedure to the Oconee Nuclear Station Emergency Plan and must be forwarded to Emergency Planning for review in accordance with 10 CFR 5054(q) prior to approval.</li> <li>For an outside line dial "9" and for long distance dial "1."</li> </ul>	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>
2.	Enclosure 4.2 Page 1 of 2	<b>NOTE:</b> If necessary, obtain needed data from one of the following sources in order of sequence: <ul style="list-style-type: none"> <li>A. Oconee SDS</li> <li>B. Duke Meteorologist (9-704-382-0139 or 9-704-373-7896)</li> <li>C. National Weather Service in Greer, S.C. (9-864-879-1085 or 9-800-268-7785)</li> </ul>	<b>NOTE:</b> If necessary, obtain needed data from one of the following sources in order of sequence: <ul style="list-style-type: none"> <li>A. Oconee SDS</li> <li>B. Duke Meteorologist (704-382-0139 or 704-373-7896)</li> <li>C. National Weather Service in Greer, S.C. (864-879-1085 or 800-268-7785)</li> </ul> (removed "9-")	<i>For an outside line dial "9" and for long distance dial "1."</i>

## §50.54(q) Screening Evaluation Form

<b>Activity Description and References:</b>		<b>BLOCK 1</b>
RP/0/A/1000/024, Rev 002, Protective Action Recommendations (DocuTracks ONS-2014-001425)		
<b>Activity Scope:</b>		<b>BLOCK 2</b>
<input checked="" type="checkbox"/> The activity <u>is</u> a <i>change</i> to the <i>emergency plan</i> <input type="checkbox"/> The activity <u>is not</u> a <i>change</i> to the <i>emergency plan</i>		
<b>Change Type:</b>	<b>BLOCK 3</b>	<b>Change Type:</b>
<input checked="" type="checkbox"/> The change <u>is</u> editorial or typographical <input type="checkbox"/> The change <u>is not</u> editorial or typographical <i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>		<input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval
<b>Planning Standard Impact Determination:</b>		<b>BLOCK 5</b>
<input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – <b>Emergency Classification System*</b> <input type="checkbox"/> §50.47(b)(5) – <b>Notification Methods and Procedures*</b> <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – <b>Accident Assessment*</b> <input type="checkbox"/> §50.47(b)(10) – <b>Protective Response*</b> <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance <b>*Risk Significant Planning Standards</b> <input type="checkbox"/> The proposed activity does not impact a Planning Standard		
<b>Commitment Impact Determination:</b>		<b>BLOCK 6</b>
<input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment		
<b>Results:</b>		<b>BLOCK 7</b>
<input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation		
Preparer Name:	Preparer Signature:	Date:
John Kaminski	<i>[Signature]</i>	4/30/14
Reviewer Name:	Reviewer Signature:	Date:
Donald A. Graw	<i>[Signature]</i>	5/6/14

RP/0/A/1000/024, Rev 002, Protective Action Recommendations (DocuTracks ONS-2014-001425)				
Change #	Page #	Current	Proposed	Reason
1.	Page 2 of 4	<b>NOTE:</b> <ul style="list-style-type: none"> <li>This procedure is an implementing procedure to the Oconee Nuclear Station Emergency Plan and must be forwarded to Emergency Planning for review in accordance with 10 CFR 5054(q) prior to approval.</li> </ul>	<b>NOTE:</b> <ul style="list-style-type: none"> <li>This procedure is an implementing procedure to the Oconee Nuclear Station Emergency Plan and must be forwarded to Emergency Planning for review in accordance with 10 CFR 5054(q) prior to approval.</li> <li>For an outside line dial "9" and for long distance dial "1."</li> </ul>	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures and in some procedures removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE to state: For an outside line dial "9" and for long distance dial "1."</i>
2.	Enclosure 4.2 Page 1 of 2	<b>NOTE:</b> If necessary, obtain needed data from one of the following sources in order of sequence: A. Oconee SDS B. Duke Meteorologist (9-704-382-0139 or 9-704-373-7896) C. National Weather Service in Greer, S.C. (9-864-879-1085 or 9-800-268-7785)	<b>NOTE:</b> If necessary, obtain needed data from one of the following sources in order of sequence: A. Oconee SDS B. Duke Meteorologist (704-382-0139 or 704-373-7896) C. National Weather Service in Greer, S.C. (864-879-1085 or 800-268-7785) (remove "9-")	



Duke Energy  
Oconee Nuclear Station  
**Re-Entry Recovery Procedure**

Procedure No.

**RP/0/A/1000/027**

Revision No.

**000**

Electronic Reference No.

**OP009ACY**

**PERFORMANCE**

This Procedure was printed on 06/03/14 at 11:22:41 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 \_\_\_\_\_

Date(s) Performed

Work Order/Task Number (WO#)

**COMPLETION**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Required enclosures attached?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Charts, graphs, data sheets, etc. attached, dated, identified, and marked?           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> NA | Calibrated Test Equipment, if used, checked out/in and referenced to this procedure? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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: \*06/03/2014\*

Enclosure No.: \*FULL\*



Revision No.: \*000\*



Procedure No.: \*RP/0/A/1000/027\*



## Reentry Recovery Procedure

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

### 1. Symptoms

Emergency conditions have stabilized or no longer exist and the EOF Director has determined that recovery efforts should be started.

### 2. Immediate Actions

- NOTE:**
- The makeup and structure of the recovery organization will be determined by the existing onsite and offsite conditions and may be modified or supplemented as necessary to support the particular circumstances.
  - Refer to Enclosure 4.1, (Groups For Potential Representation In Recovery Organization) for potential representation in the recovery organization.
  - Refer to Enclosure 4.2, (Suggested Organizational Structure) for organizational structure.

- 2.1 **IF** Emergency conditions have stabilized or no longer exist,  
**THEN** The EOF Director and the Emergency Coordinator shall initiate establishment of the recovery organization.
- 2.1.1 Direct OSC Manager (Outage Manager) to take the lead in re-entry/recovery planning and implementation
- 2.1.2 Utilize the Alternate OSC as the working space for the Onsite Recovery Organization if available and habitable.
- 2.1.3 Utilize the EOF as the working space for the Offsite Recovery Organization.
- 2.2 Outline the responsibilities for each group identified in the recovery organization pursuant to the recovery mission.
- 2.2.1 Refer to Enclosure 4.3, (Group Responsibilities To Consider), for additional guidance.
- 2.3 Ensure that consideration is given to existing as well as potential conditions that may be encountered in the affected area(s).

- 2.4 Ensure the following actions are taken prior to reentry as deemed applicable by the Recovery Manager.
  - 2.4.1 Perform a visual inspection of site areas and equipment.
  - 2.4.2 Upon evaluation of the radiological condition, site management will determine what procedures are required to restore the site to a normal status.
- 2.5 Consult the following documentation for initiation of recovery operations pertaining to Radiological concerns.
  - 2.5.1 TSC - RP/0/B/1000/019, (Technical Support Center Emergency Coordinator Procedure).
  - 2.5.2 JIC - SR/0/B/2000/001 (Standard Procedure for Public Affairs Response to the Emergency Operations Facility).  
 RP/0/B/1000/28 (Communications and Community Relations World of Energy Emergency Response Plan).
- 2.6 Consult the following documentation for initiation of recovery operations pertaining to Hazardous Wastes/Materials.
  - 2.6.1 Site Directive 4.3.1, (Solid and Hazardous Waste Management Program)
  - 2.6.2 RP/0/B/1000/017, (Spill Response)

### 3. Subsequent Actions

- 3.1 Consider the following guidance, as applicable, when recovering from a serious emergency.
  - 3.1.1 The protection of the public health and safety is the foremost consideration in formulating recovery plans.
  - 3.1.2 Keep the public officials informed of the recovery plans so they can carry out their responsibilities to the public.
  - 3.1.3 Provide periodic information to the news media for dissemination to the public regarding recovery plans and progress made.
  - 3.1.4 Provide periodic status reports to all company employees and to government and industry representatives.

- 3.2 **IF** A total population exposure estimate update is required,
- THEN** The Radiological Assessment Group at the EOF will perform this calculation.
- 3.2.1 Ensure the Recovery Manager is providing information to appropriate State agencies to facilitate the decision to relax Protective Actions for the public if applicable.

#### **4. Enclosures**

- 4.1 Groups For Potential Representation In Recovery Organization
- 4.2 Suggested Organizational Structures
- 4.3 Group Responsibilities To Consider

**Enclosure 4.1**  
**Groups For Potential Representation In**  
**Recovery Organization**

RP/0/A/1000/027  
Page 1 of 1

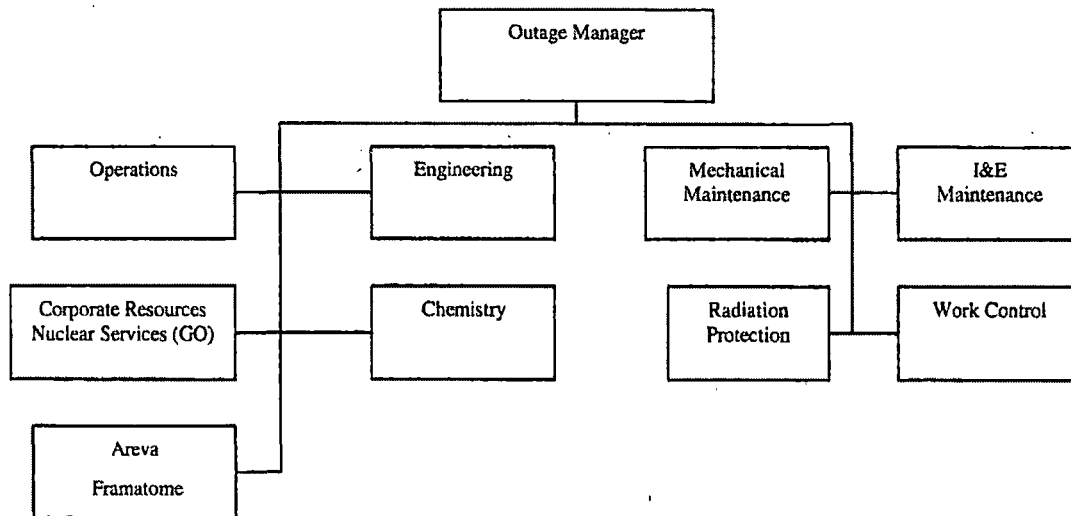
**1. Groups**

<input type="checkbox"/> Operations	<input type="checkbox"/> Work Control
<input type="checkbox"/> Mechanical Maintenance	<input type="checkbox"/> I&E Maintenance
<input type="checkbox"/> Radiation Protection	<input type="checkbox"/> Chemistry/Radwaste
<input type="checkbox"/> Engineering	<input type="checkbox"/> Site Services Group
<input type="checkbox"/> Security	<input type="checkbox"/> Bartlett
<input type="checkbox"/> Safety Assurance	<input type="checkbox"/> EH&S
<input type="checkbox"/> Public Affairs	<input type="checkbox"/> Areva Framatome
<input type="checkbox"/> Business Management	<input type="checkbox"/> Corporate Office
<input type="checkbox"/> Training	<input type="checkbox"/> Nuclear Supply Chain
<input type="checkbox"/> Federal/State/Local Agencies	<input type="checkbox"/> INPO

Enclosure 4.2  
Suggested Organizational Structure

RP/0/A/1000/027  
Page 1 of 2

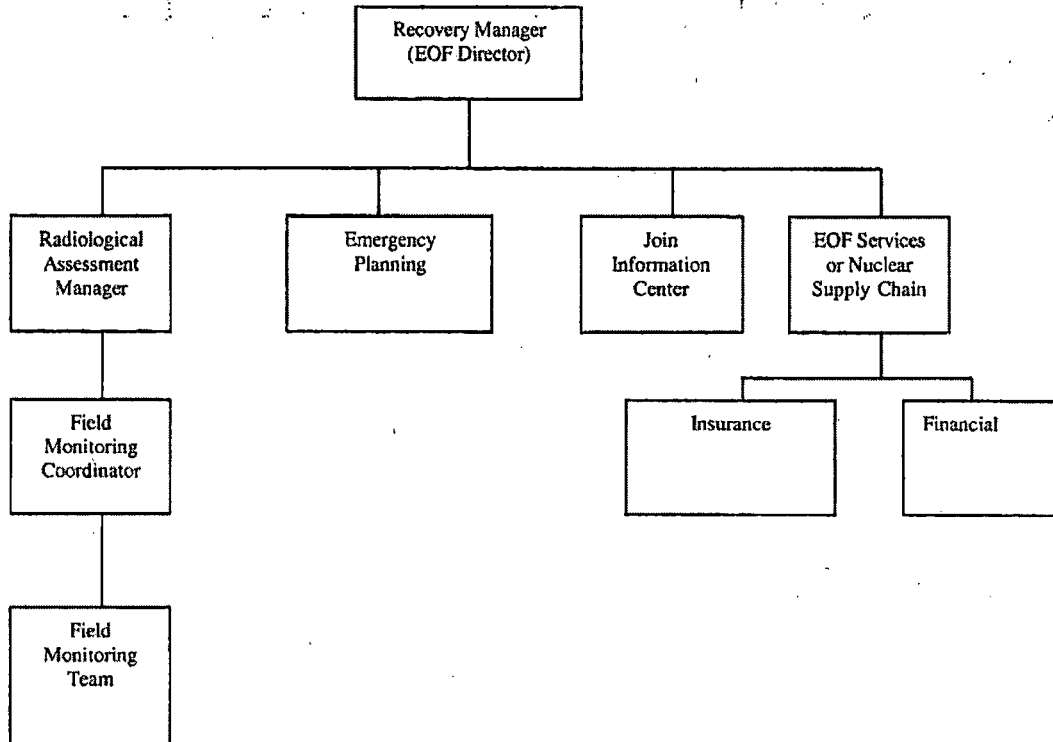
1. Onsite Recovery Organization



Enclosure 4.2  
Suggested Organizational Structure

RP/0/A/1000/027  
Page 2 of 2

1. Offsite Recovery Organization



**Enclosure 4.3**  
**Group Responsibilities To Consider**

RP/0/A/1000/027  
Page 1 of 2

**1. OPERATIONS**

- ☐ Identify critical equipment repairs necessary to increase defense in depth to provide core cooling and to prevent the release of radioactive material.
- ☐ Communicate to the recovery scheduling group those items identified above.
- ☐ Coordinate needed changes in Keowee and Jocassee lake levels with the Duke Energy System Coordinator as applicable.
- ☐ Identify and communicate long term power requirements from Lee Steam Station gas turbines.
- ☐ Identify special needs for Keowee Hydro Station as applicable.

**2. RADIATION PROTECTION**

Review all available radiation survey data.

- ☐ Determine site area(s) potentially affected by radiological hazards.
- ☐ Review radiation dose history of all personnel scheduled to participate in recovery operations. Determine the need for additional personnel. The radiation doses to employees and other radiation workers should be kept as low as reasonably achievable.
- ☐ Review the adequacy of radiation survey equipment available for use. Determine the need for additional equipment and a source of procurement.
- ☐ Preplan team activities, including areas to be surveyed, anticipated radiation levels, survey equipment required, protective clothing requirements, access control procedures, dose control procedures, and communication capabilities.
- ☐ Conduct comprehensive radiation survey of site facilities and define all radiological problem areas.
- ☐ Isolate and post all radiation and contaminated areas with appropriate warning signs.
- ☐ All radiological conditions discovered and existing in the facility, as determined by the reentry survey, will be evaluated by site management.
- ☐ Personnel radiation dose will be closely controlled and documented.



**Group Responsibilities To Consider**

**RADIATION PROTECTION ( continued)**

- ☐ Radiological conditions at the scene of the emergency should be properly defined, barricaded, and posted with appropriate signs.
- ☐ Appropriate actions will be taken to ensure emergency personnel and equipment are properly monitored and controlled prior to leaving the radiation controlled area.

**3. MAINTENANCE**

- ☐ Identify resources, both labor and materials, necessary to perform the identified critical equipment repairs.

**4. SITE SERVICES GROUP/NUCLEAR SUPPLY CHAIN**

- ☐ Identify the necessary actions required for procurement, delivery, and receipt of materials associated with the recovery operation.
- ☐ Coordinate material receipt with Security.
- ☐ Determine and set up accommodations for NRC to provide review of recovery operations.
- ☐ Determine any special communication needs and secure support.

**5. SECURITY**

- ☐ Establish long term crowd control measures.
- ☐ Set up receipt and departing vehicle controls. Work closely with the Site Services Group/Nuclear Supply Chain representatives for recovery material receipt.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/B/1000/027Revision No. 001 Superseded**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Re-Entry Recovery Procedure
- (4) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014  
 Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014
- (5) Requires NSD 228 Applicability Determination?  
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (Supersede Procedure)
- (6) Reviewed By\* Dennis A. Gault *Dennis A. Gault* (QR)(KI) Date 5-14-14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 5-14-14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA NA Date 5-14-14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 5-14-14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patricia M. Stokes *Patricia M. Stokes* Date 5/23/14

**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

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/B/1000/027

Revision No. 00<sup>4</sup> Superseded

Procedure Title: Re-Entry Recovery Procedure

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

Supersede Procedure: this change is to renumber/reclassify procedures from RP/0/B/1000/027 to RP/0/A/1000/027, no changes to intent or content.

Reason for Change: NSD-703, Section 5.1, permanent technical procedures and used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs.

**PCR Numbers Incorporated**

NA

**Enclosure**

Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/B/1000/027

Revision No. 0074 Superseded  
Permanent/Restricted to \_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Re-Entry Recovery Procedure

(4) Section(s) of Procedure Affected: Safety Classification Revision

(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.)*

Creates procedure RP/0/A/1000/027, Rev 000 with revised Safety Classification

(7) Reason for Change:

Safety Classification Revision

(8) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014

Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014

(9) Reviewed By\* Dennis A. Goss *Dennis A. Goss* (QR)(KI) Date 5-14-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA one Date 5-14-14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA one Date 5-14-14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA one Date 5-14-14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patricia M. Stagg *Patricia M. Stagg* Date 5/23/14

\* Printed Name and Signature

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/027

Revision No. 000

Change No.

Permanent/Restricted to

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Re-Entry Recovery Procedure

(4) Section(s) of Procedure Affected: Safety Classification Revision

(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.)*

To align our E-Plan implementing Procedures with NSD-703 permanent technical procedures requirements as determined by PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".

(7) Reason for Change:

Safety Classification Revision: this change is to renumber/reclassify procedures from RP/0/B/1000/027 to RP/0/A/1000/027, no changes to intent or content.

Reason for Change: NSD-703, Section 5.1, permanent technical procedures and used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs.

(8) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014

Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014

(9) Reviewed By\* Dennis A. Cress *Dennis A. Cress* (QR)(KI) Date 5-14-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA *NA* Date 5-14-14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA *NA* Date 5-14-14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA *NA* Date 5-14-14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Ronnie M. Cress *Ronnie M. Cress* Date 5/23/14

\* Printed Name and Signature

**§50.54(q) Screening Evaluation Form****Activity Description and References:****BLOCK 1**

RP/0/B/1000/027, Rev 003 ~~SUPERSEDED~~,  
RP/0/A/1000/027, Rev 000 MERT Activation Procedure For Medical, Confined Space, and  
High Angle Rescue Emergencies

**Activity Description:**

To align our E-Plan implementing Procedures with NSD-703 permanent technical procedures requirements as determined by PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".

**Reason for Change:**

NSD-703, Section 5.1, permanent technical procedures and used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs.

**Activity Scope:****BLOCK 2**

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

**Change Type:****BLOCK 3****Change Type:****BLOCK 4**

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

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

**Safety Classification Revision from "B" to "A"****Planning Standard Impact Determination:****BLOCK 5**

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

**\*Risk Significant Planning Standards**

- ☒ The proposed activity does not impact a Planning Standard

**Commitment Impact Determination:****BLOCK 6**

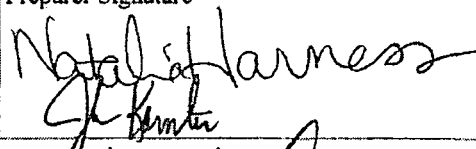
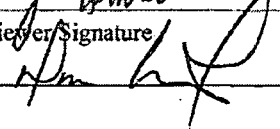
- ☐ The activity does involve a site specific EP commitment  
Record the commitment or commitment reference: \_\_\_\_\_
- ☐ The activity does not involve a site specific EP commitment

**Results:**

This title change is a result of an INOS PIP O-12-1590 making the determination that NSD-70, Section 5.1 requires all Emergency Response Procedures to be permanent technical procedures thus resulting in all ONS E-Plan Implementing Procedures having a Safety Classification designation letter of "A" and not "B" in the ID number of that procedure. This title revision in no way compromises the contents of the procedure or its effectiveness of use during an emergency event. Nor does this title ID change affect the required review period for this procedure of every 6 years. It has been determined that this revision will not reduce effectiveness of this emergency response procedure. The revision to the step number is an editorial change only. No changes to content or intent. This revision does not require a §50.54q effectiveness evaluation; there is not a reduction in the effectiveness of the E-Plan.

**BLOCK 7**

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

Preparer Name:	Preparer Signature	Date:
Natalie Harness/ John Kaminski		5/6/2014 5/7/14
Reviewer Name:	Reviewer Signature	Date:
Don Crowl		5-14-14

Revision 12

**PROCEDURE PROCESS RECORD**Revision No. 000**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Re-Entry Recovery Procedure
- (4) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014  
 Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014
- (5) Requires NSD 228 Applicability Determination?  
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (Creates procedure RP/0/A/1000/027, Rev 000 with revised Safety Classification)
- (6) Reviewed By\* Donald A. Canal *Donald A. Canal* (QR)(KI) Date 5-14-14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NAME Date 5-14-14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NAME Date 5-14-14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NAME Date 5-14-14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patricia M. Sargent *Patricia M. Sargent* Date 5/23/14

**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 PROCESS RECORD**

Revision No. 000

Procedure Title: Re-Entry Recovery Procedure

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

Creates procedure RP/0/A/1000/027, Rev 000 with revised Safety Classification

**PCR Numbers Incorporated**

NA

**Enclosure**

<p><b>Duke Energy Company</b></p> <p><b>Joint Information Center Emergency Response Plan</b></p> <p><b>Reference Use</b></p>	<p>Procedure No.</p> <p><b>RP/0/A/1000/031</b></p>
	<p>Revision No.</p> <p>000</p>
	<p>Electronic Reference No.</p> <p>OP009AD5</p>

## **Joint Information Center Emergency Response Plan**

### **1. Symptoms**

- 1.1 Conditions exist such that the Oconee Joint Information Center Emergency Response Plan has been activated to support a nuclear emergency.

### **2. Immediate Actions**

- 2.1 Government Agency Liaison position will be filled once emergency reaches a "degrading Alert" or a Site Area Emergency.
- 2.2 Distribution Coordinator position will be filled at initial activation of the JIC.
- 2.3 Administrative Support position will be filled upon decision to activate the JIC.
- 2.4 Registration Support position will be filled upon decision to activate the JIC.
- 2.5 Media Monitor position will be filled upon decision to activate the JIC.
- 2.6 Teleproductions Support Coordinator position will be filled once emergency reaches a "degrading Alert" or a Site Area Emergency.
- 2.7 Media Liaison position will be filled upon decision to activate the JIC.
- 2.8 News Manager position will be filled upon decision to activate the JIC.
- 2.9 Public Spokesperson position will be filled upon decision to activate the JIC.
- 2.10 ONS JIC Technical Liaison position will be filled upon decision to activate the JIC.

### **3. Subsequent Actions**

- 3.1 Respond as required by enclosures designated for the individual position.
- 3.2 Activate/deactivate the ONS media center by following the process outlined in Enclosure 4.13 (Process For Media Center Activation/Deactivation).

**4. Enclosures**

- 4.1 Government Agency Liaison Activation Checklist
- 4.2 Distribution Coordinator Activation Checklist
- 4.3 Administrative Support Activation Checklist
- 4.4 Registration Support Activation Checklist
- 4.5 Media Monitor Activation Checklist
- 4.6 Teleproductions Support Coordinator Activation Checklist
- 4.7 Media Liaison Activation Checklist
- 4.8 News Manager Activation Checklist
- 4.9 Public Spokesperson Activation Checklist
- 4.10 ONS JIC Technical Liaison Checklist
- 4.11 Process For Accessing JIC Forms
- 4.12 Process For Accessing Nuclear News Releases
- 4.13 Process For Media Center Activation/Deactivation

Enclosure 4.1  
Government Agency Liaison Activation  
Checklist

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## 1. Government Agency Liaison Activation Checklist

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 **Nuclear only:** Contact INPO at 9-800-321-0614 (backup: 9-770-644-8000) and NEI by emailing: [NEIresponsecenter@nei.org](mailto:NEIresponsecenter@nei.org) to inform of the drill/emergency and let them know they will be receiving news releases. Please provide the following information:
  - Your name and company
  - A phone number where you can be reached
  - The affected station and unit
  - The situation (drill or event) and classification - direct them to call you, if they need more information. (you may be asked to leave a message on an answering machine when calling INPO)
- ☐ 1.4 Work with news manager to ensure JIC is declared JIC operational/activated in a timely manner. Remember that JIC declaration must be coordinated with Charlotte JIC.
- ☐ 1.5 Determine and discuss extent of state/county participation with Duke Energy News Manager.
- ☐ 1.6 Serve as the single point of contact for agency representatives reporting to the JIC and for internal business units/groups such as governmental affairs, regulatory affairs, business and community relations managers, etc.
  - Assist agencies with room familiarization, use of equipment, etc.
  - Determine number of copies of news releases needed for federal/county/state Public Information Officers (PIOs). Give this number to the admin support personnel as quickly as possible after JIC activation
  - Determine names of PIOs participating in news conferences and give this information to the admin support personnel so that name cards can be made
  - Verify state rumor control personnel in the JIC have copies of the Oconee Emergency Planning Calendar and all news releases
  - Use the government agency seating chart located in your notebook to document agency participation and seating.

**Enclosure 4.1**  
**Government Agency Liaison Activation**  
**Checklist**

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- ☐ 1.7 Ensure the following information is posted on a status board or electronic log in the JIC and encourage JIC participants to check the board periodically.
  - Oconee JIC status (operational, activated, deactivated), with date and time
  - Event classification, with date, and time
  - Major issues/concerns/rumors and their resolution
- ☐ 1.8 Work with administrative support personnel to ensure that all state/county/federal/Duke news releases pertaining to a change in classification are displayed in the Media Center at the SAME TIME.
  - Use the Government Liaison ENF - Release chart template (located in the Gov. Agency Liaison folder on "charf01\ccr\_jicdrive") to track and verify news release and ENF receipt and distribution.

**NOTE:** The Government Agency Contact list in the JIC procedures cart or on the JIC drive (under telephone folder) may be referred to for phone numbers. PIOs in the JIC may also be able to relay information.

- ☐ 1.9 Ensure state, risk and host county emergency operations centers (EOCs) are notified when:
  - The JIC is Operational
  - The JIC is Activated
  - A media center is being established
  - News releases/news updates are being faxed.
  - As needed to determine if/when agency representatives will report to the JIC.
- ☐ 1.10 Perform a cursory review of agency news releases for accuracy of Duke Energy related information such as classification, time of declaration, Duke Energy actions, etc.
- ☐ 1.11 Keep state/county/federal PIOs up-to-date on event/plant conditions and emergency classification. If other JICs are activated, utilize a bridge line for room updates so other JICs can hear the updates.

**Enclosure 4.1**  
**Government Agency Liaison Activation**  
**Checklist**

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☐ 1.12 In preparing for news conferences:

- Serve as liaison between the News Manager and the state and counties to determine news conference times
- Notify the Charlotte JIC of the news conference time
- Request that the media liaison assigned to media center announce/post the time for the next news conference and provide updates if the news conference will be postponed/delayed.
- Determine if additional visual aids are needed by state/county PIOs and work with admin support and/or the distribution coordinator to obtain requested visual aids.
- Work with the news manager to review the ONS slide deck located in the nuclear visuals folder on the JIC drive (\\charf01\ccr\_jic) to identify/verify visuals for the news conference briefings.
- Ensure name tents for each PIO have been placed in the media center by the administrative support team.
- Ensure all agencies coordinate media/news conference briefings within the JIC prior to attending the news conferences.

**NOTE:** The following protocol should be used when using the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663 Conferee Code (b)(6))

- Identify yourself and your location
- Take turns speaking - do not interrupt
- Acknowledge receipt of information
- Repeat back to ensure important/sensitive information is received/understood
- Re-direct long discussions to a phone line

- ☐ 1.13 Be available/ready to establish contact with the Charlotte JIC and state and county liaisons over the JIC-EOF Conference Bridge by calling, 9-704-382-8080/9-866-385-2663 and entering conferee code (b)(6).
- ☐ 1.14 Ensure that the shelter/evacuation map located in the JIC and media center is properly coded for the protective action decisions provided by the state and counties.
- ☐ 1.15 Notify the news manager and the Charlotte JIC (via the JIC-EOF Conference Bridge 9-704-382-8080/9-866-385-2663 conferee code (b)(6)) of issues or concerns expressed by state/county/federal PIOs.

**Enclosure 4.1**  
**Government Agency Liaison Activation**  
**Checklist**

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Page 4 of 4

- ☐ 1.16 Verify that Duke Energy news releases are being provided to federal/state/county PIO representatives and state rumor control in the JIC.
- ☐ 1.17 Verify that Duke Energy news releases are being received by the state/county emergency operations centers (EOCs). This may be done by monitoring the email distribution list or share drives set up by the agencies to share information. (Discuss this with the Emergency Communications Planner.)
- ☐ 1.18 Verify with the admin support personnel that the Media Liaisons in the Media Center and the Media Monitor are getting copies of all news releases.
- ☐ 1.19 Prepare and conduct turnover with next shift if applicable. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.20 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



**1. Distribution Coordinator Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Discuss administrative needs with the News Manager and/or Government Agency Liaison and then contact Administrative Support personnel to report to the JIC to manage the following functions, as needed:
  - Fax support
  - Copy support
  - Internal JIC distribution
  - Media monitoring
- ☐ 1.4 Provide oversight and direction for Administrative Support personnel in the following areas:
  - Copy
    - Ensure Emergency Notification Forms (ENFs) are copied on green paper.
    - Ensure Emergency Alert System (EAS) messages are copied on blue paper.
  - Distribution
    - Remind administrative support that Duke and agency news releases pertaining to a change in classification should be taken to the media center at the SAME TIME.
    - Carry a mobile phone, if available, when distributing information between facilities.
  - FAX
    - Ensure faxes are sent/received in a timely manner - especially the Emergency Notification Form (ENF)
    - Ensure federal, state and county news releases are faxed to the Charlotte JIC
    - Ensure faxes sent are recorded on the Fax Log Sheet
  - Media monitoring - ensure coordination with teleproductions and assist in radio/TV set up as needed.

## Distribution Coordinator Activation Checklist Page 2 of 3

- ☐ 1.5 Notify Facilities, IT/IM, and Security of JIC activation and the need for their support. Request at least one representative from each group respond to the JIC. (PIP 08-1713, CA 14)
- ☐ 1.6 If needed, ensure a media center has been properly set up.
- ☐ 1.7 Work with the Charlotte JIC to determine the number of additional staff being sent to ONS and ensure appropriate arrangements are made for hotels, meals, snacks, etc.
- ☐ 1.8 Ensure that a registration process (i.e. sign-up sheets and security) is implemented for the Joint Information Center and the Media Center. Request security officers to provide registration support (one for JIC, one for media center - as applicable).
- ☐ 1.9 Carry a mobile phone (if available) when distributing information between the facilities.
- ☐ 1.10 Assist in setting up bridge lines, if needed, to allow multiple agencies/JICs to listen to discussions in the JIC.
- ☐ 1.11 Maintain a file folder for all documents associated with this event, such as:
  - news releases
  - approved talking points and messages
  - county/state news releases
  - government agency news releases
  - emergency notification forms (ENFs)
  - all other documents created/used to support the event
- ☐ 1.12 Ensure name cards are created and taken to the media center for PIOs who will speak during news conferences.
- ☐ 1.13 If needed, ensure emails/share drives are being monitored for agency news releases that may be shared in a central distribution point.
- ☐ 1.14 If requested, contact corporate services to secure a vendor capable of creating news conference transcripts ("Word" format preferable). Refer to the JIC reference manual for number to call.
- ☐ 1.15 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.

- ☐ 1.16 At the end of the drill/exercise/event (i.e. deactivation of the JIC):
  - Notify Security, IT/IM, and Facilities to cease support of the JIC/media center.
  - Contact the Media Monitor and Media Center Liaisons to close down their operations.
  - Have Administrative Support personnel replenish JIC supplies, forms and checklists.
- ☐ 1.17 Ensure the checklist is complete (all boxes checked or n/a).
- ☐ 1.18 Ensure the following forms are collected and given to the Corporate Communications Emergency Planner.
  - Completed activation checklist for each Oconee public affairs participant
  - Duke, federal, state, county news releases
  - Emergency Notification Forms (ENFs)
  - EAS notification forms
  - Other federal or state documents received/issued in relation to the event (i.e., state of emergency declaration, etc.)
  - All sign-in sheets/rosters from the JIC and media center.

## 2. Sign Off

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosure 4.3  
**Administrative Support Activation Checklist**

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Page 1 of 3

**1. Administrative Support Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Turn copy/fax machines on, ensure they are filled with paper, and check them for operability. Report any equipment problems to the Distribution Coordinator.
- ☐ 1.4 Work with the Government Agency Liaison to provide administrative support to state/county/federal participants. Determine:
  - Number of copies needed for Duke, federal, state and county PIOs
  - Distribution of faxes, news releases, ENFs, incoming faxes and other documents within the JIC
- ☐ 1.5 Create name tents for each spokesperson (Duke, state and county) and place name tents at the speakers table in the Media Center PRIOR to the first news conference.
  - 1.5.1 Obtain names of PIO spokespersons for Duke and Federal, State and County agencies
  - 1.5.2 Use the name tent template of the JIC share drive (charf01\ccr\_jic) to create personalized name tents for each PIO
  - 1.5.3 Place name tents at the speakers' table in the media center PRIOR to the first news conference
  - 1.5.4 Update name tents as needed (as new PIOs report for duty) and reverify prior to each news conference.
- ☐ 1.6 For copying, review copy list (in JIC Reference Manual) to assure familiarity with the number and type of copies:
  - Blue paper should be used when copying state Emergency Alert System (EAS) messages
  - Green paper should be used when copying Duke's Emergency Notification Forms (ENFs)
  - White paper should be used when copying all other materials

- ☐ 1.7 If requested, monitor your email or a share drive for state/county/federal news releases being shared via a central distribution system.

**NOTE:** Emergency Notification Forms (ENFs) should only be given to the Duke representatives in the Technical Liaison room and to the Government Agency Liaison. They should **NOT** be given to state/county representatives unless specifically requested.

- ☐ 1.8 For distribution of information within the JIC and Media Center:
- 1.8.1 Work with the Government Agency Liaison to determine distribution of news releases and other information to federal, state and county officials located in the JIC.
  - 1.8.2 Distribute copies to the JIC staff and Media Monitors as outlined in the distribution lists established for each identified document (refer to the JIC Reference Manual).
  - 1.8.3 Provide copies of news releases/updates to the Media Liaisons for media representatives in the Media Center.

**NOTE:** Distribution of information is very important and should be carried out in a timely manner.

- 1.8.4 Coordinate distribution of Duke and agency news releases pertaining to a change in classification to ensure news releases are displayed in the media center at the SAME TIME.
- ☐ 1.9 Post a copy of each ENF and news releases (Duke, state, county, NRC) in the JIC.
- ☐ 1.10 For faxing support:
- Ensure that the following information is being sent to the Charlotte JIC:
    - A copy of every state/county/federal news release
    - A copy of any state/county or federal document received/issued which pertains to the event
- ☐ 1.11 If asked, support media center set up by referring to Enclosure 4.13. (Process for Media Center Activation/Deactivation).

**Enclosure 4.3**  
**Administrative Support Activation Checklist**

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- ☐ 1.12 Before the end of each day, check JIC files and replenish forms/checklists as necessary.
- ☐ 1.13 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.14 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosure 4.4  
Registration Support Activation Checklist

RP/0/A/1000/031  
Page 1 of 2

**1. Registration Support Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Report to Distribution Coordinator for assignment as a JIC Registrar or Media Center Registrar.

Process for JIC Registrars:

- 1.3.1 Have all entrants sign the registration log (log is at front of JIC cart - cart may be in storeroom or near front of the Joint Information Center).
- 1.3.2 Offsite Agency Access: For entry, off-site agency personnel must have a picture ID showing their name.
  - 1.3.2.1 Ask for a driver's license, in addition to county/state/federal identification, if the government ID does not have a picture.
- 1.3.3 Duke Employee Access: A Duke ID is required for Duke employees reporting to the JIC.
  - 1.3.3.1 Verify the person matches the name and picture on the ID.
  - 1.3.3.2 Find the name of the person entering on the roster/ERO list. If the name is not listed, contact the News Manager or Emergency Communications Manager for validation/verification.
- 1.3.4 If any problems occur, notify Security and the Government Agency Liaison or News Manager. Allow Security to handle the situation.

Enclosure 4.4  
Registration Support Activation Checklist

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Page 2 of 2

**NOTE:** Duke and Government Agency personnel entering the Media Center for news conferences are **NOT** required to sign in.

Process for Media Center Registrars:

- 1.3.5 Have all entrants sign the registration log.
- 1.3.6 A media or picture ID is required for reporters entering the ONS Media Center:
  - 1.3.6.1 If a picture ID is not available, request that the Duke Media Liaison give permission for entry.
  - 1.3.6.2 Request that all Media Personnel display their media/picture ID in a clearly visible manner (i.e. use the green media ID cards with a neck chain, etc.).
  - 1.3.6.3 All non-media entrants should display their agency/company IDs.
- 1.3.7 If any problems arise, notify Security and the Duke Energy Media Liaison. Allow Security to handle the situation.
- ☐ 1.4 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.5 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



## Media Monitor Activation Checklist

Page 1 of 2

**1. Media Monitor Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Report to the Media Monitor Room.

**NOTE:** Teleproductions Support Coordinator should be contacted if there are problems with TVs, DVRs, radios or other equipment.

- ☐ 1.4 Verify TV sets and VCRs are operable.
  - 1.4.1 Obtain remote controllers from Distribution Coordinator, if needed.
  - 1.4.2 Tune TVs to local CBS, ABC, and NBC stations and to CNN if enough TVs are available.
  - 1.4.3 Ask the Distribution Coordinator for a listing of local cable numbers, if needed.
- ☐ 1.5 Verify SIM cards, DVRs/DVDs are available for recording radio AND TV broadcasts.
- ☐ 1.6 Contact the Media Coordinator in the Charlotte JIC (9-704-382-0611):
  - 1.6.1 Tell them which stations you will monitor.
  - 1.6.2 Give them a phone number where you can be reached.
- ☐ 1.7 Contact the JIC Administrative Support personnel and request copies of all news releases (expect to get information about once per hour – contact the Administrative Support personnel if you are not getting information).
- ☐ 1.8 Monitor and record only information relating to the emergency.
  - 1.8.1 Monitor and record EAS messages from the following common control program radio station: Oconee WFBC 93.5.
  - 1.8.2 Monitor and record radio and TV broadcasts covering the event.
  - 1.8.3 Work with teleproductions to set up a second tuner to pick up recording stations, if tuner #1 is full.

**Enclosure 4.5**  
**Media Monitor Activation Checklist**

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**NOTE: IMPORTANT!**

The Media Coordinator should be immediately contacted in the Charlotte JIC (9-704-382-0611) when:

- A discrepancy is noted between news releases and the information being provided over radio and TV
- You believe the Charlotte JIC should be aware of the coverage (the tone of the reporting, what is being said and or implied, etc.)

- ☐ 1.9 At the end of the event or when the recordings are full, label them with the station(s) monitored, the date(s) and the time(s).
- ☐ 1.10 When the event is terminated, work with teleproductions to turn off all equipment. Collect the recordings and give them to the teleproductions staff to burn the information to a DVD if it will be archived.
- ☐ 1.11 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.12 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosure 4.6  
**Teleproductions Support Coordinator  
Activation Checklist**

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Page 1 of 1

**1. Teleproductions Support Coordinator Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Determine if additional people are needed to support the emergency from a teleproductions standpoint. If yes, contact the Media Coordinator (9-704-382-0611) in the Charlotte JIC to obtain additional resources.
- ☐ 1.4 Setup the Oconee Media Center for videotaping and broadcasting news conferences.
- ☐ 1.5 Verify a TV monitor is setup in the Oconee JIC to receive live news conference feed from the Oconee Media Center.
- ☐ 1.6 Verify audio feed setup from the Oconee Media Center to the Charlotte JIC and other JICs locations as needed.
- ☐ 1.7 Provide guidance in setting up the Oconee Media Monitoring Area:
  - Ensure TVs, DVDs, radios and recorders are operable
  - Provide SIM cards, DVRs/DVDs for recording
  - Ensure person serving as Media Monitor knows how to operate all equipment
- ☐ 1.8 Provide a wireless microphone for use by audience in asking questions.
- ☐ 1.9 Provide real-time viewing of news conferences for the Oconee JIC.
- ☐ 1.10 Provide real-time listening and/or viewing capability for other locations of news conferences from the Oconee Media Center.
- ☐ 1.11 Direct and supervise teleproductions activities in the Media Center.
- ☐ 1.12 Give final copies of recordings to the Corporate Communicators Emergency Planner after the event.
- ☐ 1.13 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.14 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosure 4.7  
Media Liaison Activation Checklist

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Page 1 of 3

**1. Media Liaison Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Obtain the most current information concerning the event:
  - Emergency Notification Forms (ENFs) - ENF's are a resource document only and should **NOT** be given to the media or anyone outside of JIC staff.
  - News releases/updates
  - Approved messages
  - Nuclear Briefing Book
  - Other sources of information include the JIC share drive, the CSC Sharepoint at [http://wss.duke-energy.com/sites/Customer\\_Service\\_Event\\_Communications/default.aspx](http://wss.duke-energy.com/sites/Customer_Service_Event_Communications/default.aspx), the technical liaison bridge, and the internet
- ☐ 1.4 Report to the Oconee Media Center as needed to provide information to the media.
- ☐ 1.5 Contact the Media Coordinator in Charlotte via the JIC media bridge line (9-704-382-8080/9-866-385-2663 conferee code (b)(6)) or their direct phone (9-704-382-0611) to provide:
  - 1.5.1 Current status at the Oconee Media Center (number of media outlets, general context of questions, issues raised, etc.)
  - 1.5.2 A number where you can be reached.

**NOTE:** Media Liaisons should work with the Media Coordinator, Media Integrator, and the EOF/ONS JIC Technical Liaisons to address/answer questions in a timely manner.

- ☐ 1.6 Serve as a primary source of contact for Duke Energy information by answering media questions and providing support information to the media.

**Enclosure 4.7**  
**Media Liaison Activation Checklist**

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- ☐ 1.7 During news conferences, one Media Liaison MUST dial the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6)) to keep abreast of plant status:

- 1.7.1 If the classification changes during the news conference, VERIFY that the states/counties have been officially notified and then discretely notify the News Manager via blackberry, email or written note.

**NOTE:** The following protocol should be observed when using the JIC-EOF Conference Bridge:

- Identify yourself and your location
- Take turns speaking - do not interrupt
- Acknowledge receipt of information
- Repeat back to ensure important/sensitive information is received/understood
- Re-direct long discussions to a phone line

- ☐ 1.8 Report to the Media Coordinator or Media Integrator (via the JIC Media bridge 9-704-382-8080/9-866-385-2663 conferee code (b)(6)):

- Any request for information that appears to be based on rumor
- Any media request that you cannot readily answer (this will allow the issue to be researched and addressed in a timely manner by you or the spokesperson)

**CAUTION:** News releases from Duke, state and counties relating to actions being taken for a change in classification must be displayed at the SAME TIME.

- ☐ 1.9 Serve as Media Center "host/hostess" by:

- Ensuring media outlets have appropriate materials/news releases/updates
- Announcing and post the time of the next news conference (when notified by the News Manager)
- Displaying and distributing news releases/updates in a timely manner
- Working with Government Agency Liaison to update shelter/evacuation map after the state/county spokespersons arrive for the news conference/briefing to announce public protective actions (Caution: Do NOT update prior to their arrival.)
- Ensuring Duke maintains positive control of the Media Center

**Enclosure 4.7**  
**Media Liaison Activation Checklist**

RP/0/A/1000/031  
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- ☐ 1.10 If a problem/issues arises, contact the Government Agency Liaison in the Oconee JIC (9-864-624-4363 or 4363) or News Manager at (9-864-624-4362 or 4362) for assistance.
- ☐ 1.11 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.12 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosure 4.8  
News Manager Activation Checklist

RP/0/A/1000/031  
Page 1 of 4

## 1. News Manager Activation Checklist

**NOTE:** Manual means of providing information to the Public Spokesperson must be used IF WEBEOE is NOT available.

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Contact the public information manager in the Charlotte JIC (9-704-382-0610) concerning Oconee JIC activation status:
  - Once all Duke personnel are staffed, report that the Oconee JIC is "operational" and document the time.
  - Once the state and county PIOs are staffed and ready, report that the Oconee JIC is "ready for activation".
  - Coordinate ONS and Charlotte JIC activation such that the declared activation time is the same for both facilities. If other JICs are participating, coordinate activation with them as well.
  - Document the official time the Oconee JIC is "activated".
- ☐ 1.4 Discuss sources and collection of information with the ONS JIC Technical Liaison. Information should flow from the EOF to the ONS JIC and Charlotte JIC. Information gathered by the ONS JIC Technical Liaisons from the Ops bridge line should be verified with the EOF.

**Enclosure 4.8**  
**News Manager Activation Checklist**

RP/0/A/1000/031  
Page 2 of 4

- ☐ 1.5 Prepare the public spokesperson for news conferences by:
- Reviewing the news conference form (located in public affairs' file cabinet)
  - Verifying information has been provided by EOF/ONS JIC technical liaison (EOF logs, etc.)
  - Providing copies of all news releases/bulleted updates
  - Reviewing rumors and customer/media inquiries for inclusion if appropriate
  - Reviewing event history and station fact sheets as appropriate.
  - Developing messages and talking points based on current conditions and issues/rumors which need to be addressed
    - If injuries/fatalities are involved, review the corporate guideline "Responding to Serious Injuries or Fatalities" (located on the JIC drive, \\charf01\ccr\_jic\procedures-guidance folder) with the public spokesperson PRIOR to news conferences/briefings.
    - To quickly address the media after event classification/upgrade, refer to the prepared initial event messages located in the "Nuclear Messages" folder in the Nuclear folder on the JIC drive.
- ☐ 1.6 As soon as possible, and prior to the news conference/briefing, share the spokesperson's talking points/message block with the Public Information Coordinator located in the Charlotte EOF to allow this information to be incorporated into news releases/updates. Ensure there is good information flow between the ONS JIC, the Charlotte JIC and the EOF.
- ☐ 1.7 Ensure Charlotte JIC allows ONS Spokesperson/News Manager to review the news release prior to approval in the EOF. (PIP 08-1713, CA 14)
- ☐ 1.8 Work with the government agency liaison in the Oconee JIC and the public information manager in the Charlotte JIC to:
- Determine a time for pre-news conference briefing with state/county/federal PIOs
  - Set a time for news conferences/briefings and ensure the Charlotte JIC knows the designated time
  - Determine visual aids needed for news conference. Visual aids for each station can be found on the JIC drive (\\charf01\ccr\_jic) in the nuclear visuals folder.
  - Assign media liaison stationed in the Oconee Media Center to the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6)) to keep up with plant status and emergency classification and to notify you via text, email or note if conditions change.
  - Verify phone is available for the media liaison in the media center



Enclosure 4.8  
News Manager Activation Checklist

RP/0/A/1000/031  
Page 3 of 4

**NOTE:** During smaller or informal news briefings, the Public Spokesperson should be encouraged to speak from the podium in the media center to allow videotaping and recording. If conducting a phone interview, a conference phone or phone with a second line should be used to allow the news manager to listen in with minimal interference.

- ☐ 1.9 Accompany and assist the public spokesperson during all news briefings; news conferences and interviews.
- ☐ 1.10 When preparing for news conferences with state and county public information officers, complete the news conference agenda form (located in the corporate communications' file cabinet) during the pre-news conference briefing. If other JICs are participating, ensure a conference bridge is available so information can be shared.
- ☐ 1.11 Serve as the news conference moderator/facilitator by using information gathered on the news conference agenda form during the pre-news conference briefing. Always use the suggested guidelines on the news conference agenda form for opening and closing each session.

Prior to beginning news conference:

- Ensure all people at the speakers table have a name card or a title card
- Ensure all people at the speakers table have a place to sit - obtain additional seats if needed
- Ensure participants' cell phones/pagers are off or set to vibrate during news conferences.
- Ensure a media liaison in the media center is monitoring the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6)) to keep you informed of major changes in plant status or classification levels. They should notify you via text, email or written note once they verify states and counties have been notified.

**NOTE:** A news conference should be stopped if a change in emergency classification occurs while the conference is being held. Words to use are shown on the agenda form. Do **NOT** share specific upgrade information unless you are certain state and county agencies have been notified.

- ☐ 1.12 Work with the news manager in the Charlotte EOF to keep the NRC representatives in the EOF up to date on communication activities.
- ☐ 1.13 Document key decisions, calls and contacts using ERO Facility Log sheets or a notepad.
- ☐ 1.14 Coordinate JIC deactivation with the Charlotte JIC.

**Enclosure 4.8**

RP/0/A/1000/031

**News Manager Activation Checklist**

Page 4 of 4

- ☐ 1.15 Complete turnover sheet for next shift and conduct turnover by reviewing current status, outstanding issues, items for follow up, etc.
- ☐ 1.16 Verify all checklist and information sheets have been properly completed/signed and leave paperwork for the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosure 4.9  
Public Spokesperson Activation Checklist

RP/0/A/1000/031  
Page 1 of 2

### 1. Public Spokesperson Activation Checklist

**NOTE:** Manual means of providing information to the Public Spokesperson must be used **IF** WEBEOC is **NOT** available.

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Work with the news manager and ONS JIC technical liaison to gather information.
- ☐ 1.4 Review news releases, TSC/EOF logs, event histories, fact sheets, guidelines for injuries/fatalities and other information appropriate to the event.

**NOTE:** The ONS JIC Technical Liaison can get copies of TSC and EOF logs as needed to provide a chronological list of events.

- ☐ 1.5 Obtain a chronology of events in preparation for the news conference.
- ☐ 1.6 Request the ONS JIC technical liaisons make you aware of any significant change in plant status - whether you are in the JIC or a news conference.
- ☐ 1.7 Review all news releases/bulleted updates for approval prior to release and prior to each news conference. (PIP 08-1713, CA 14)
- ☐ 1.8 Keep in contact with other public spokespersons located at the visitor's center or Charlotte EOF to keep abreast of information being provided to the media from the plant site.
- ☐ 1.9 Review all documented escalated rumor information about plant status and/or misinformation revealed by media queries.
- ☐ 1.10 Request news manager arrange for visual aids that will be needed (if appropriate) for press conference. Visual aids are located on the JIC share drive in the nuclear/nuclear visuals folder.

**Enclosure 4.9**  
**Public Spokesperson Activation Checklist**

RP/0/A/1000/031  
Page 2 of 2

**NOTE:** Do NOT speculate during the news conference. Information should relate to plant status and plant recovery. Do not discuss public protective actions and state/county response.

Do NOT provide information related to the location of off-site assembly points.

**CAUTION:** Do NOT make reference to projected dose or rad data from the ENF during a news conference. Any reference to dose should be based on actual dose at the site boundary.

- ☐ 1.11 Provide brief update to state/county PIO representatives prior to each news conference at the pre-news conference briefing.
- ☐ 1.12 As requested, provide updates and address issues or concerns of key internal and external stakeholders such as
  - Duke Energy board of directors
  - Governor of South Carolina
  - ECOC
- ☐ 1.13 Document day decisions, calls, and contacts.
- ☐ 1.14 Complete turnover sheet for next shift and conduct turnover by reviewing current status, outstanding issues, items for follow up, etc.
- ☐ 1.15 Verify all checklists and information sheets have been properly completed/signed and leave paperwork for Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

## ONS JIC Technical Liaison Checklist

Page 1 of 3

## 1. ONS JIC Technical Liaison Activation Checklist

**NOTE:** Manual means of providing information to the Public Spokesperson must be used if IF WEBEOC is **NOT** available.

☐ 1.1. Sign in on JIC staffing board.

☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

☐ 1.3 If needed, access the EOF technical liaisons by using the wireless headset/mobile phone and dial the JIC-EOF Conference Bridge: Duke Voice Conferencing System at 9-704-382-8080, (toll free 9-866-385-2663) conferee code (b)(6).

1.3.1 Instructions for using the wireless phone/headsets are located near the phones/headsets.

1.3.2 Directions for accessing the conference and bridge line are in the Joint Information Center (JIC) Reference Manual, located in the Corporate Communications' file cabinet.

1.3.3 When using the JIC conference and bridge lines, observe the following protocol:

- Identify yourself and your location
- Take turns speaking - do not interrupt
- Acknowledge receipt of information
- Repeat back to ensure important/sensitive information is received/understood
- Re-direct long discussions to a phone line - this is very important to ensure that all parties who need access to the bridge have it and that bridge integrity is maintained

☐ 1.4 A second, dedicated EOF-ONS JIC Technical Liaison Bridge line must be activated to allow one Charlotte and one ONS JIC Technical Liaison to be in constant contact with each other. To activate this dedicated line, dial the Duke Voice Conferencing System at: 9-704-382-8080 (or toll-free 9-866-385-2663) and enter conferee code (b)(6) (PIP 08-1713, CA 14)

Enclosure 4.10  
ONS JIC Technical Liaison Checklist

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Page 2 of 3

**CAUTION:** It is imperative that the bridge lines be accessed quickly. Example of alternate communication equipment that may be used if the "normal" headset is not working include:

- another cellular phone with a headset
- a mobile belt pack unit which uses batteries
- a stationary head set

A standard desk phone may be used with assistance from IM/IT in getting a mobile headset to work. A complete search of entire storage cabinet should be made if batteries are needed.

- ☐ 1.5 Ensure computer is aligned to print to Oconee - EOF - ONEOF101.
- ☐ 1.6 Work with the EOF technical liaison in Charlotte to gather technical information on the event and document this information.
  - Access WebEOC following directions at the front of your notebook or EP FAM Section 3.15. This will allow you to view the ENFs on line (ENFs generated by the control room are not on WebEOC) and the TSC and EOF logs.
  - Another source of information is the OPS bridge line at 9-864-885-4908. It is important to note that public affairs responders are **NOT** allowed to talk on this bridge line - this is LISTEN only access. If access to this line is lost or denied, contact the EP Planner in the TSC (9-864-885-3712) for assistance. Also note that information from this line should be verified through the EOF technical liaisons prior to public release.
  - Using the DAE, access SDS-Oconee (use Simulator Part-Task for drills) for graphic information of plant status and parameters.
  - Refer to "JIC Questions Based on Initiating Event" located in your notebook to anticipate questions that may be asked.
- ☐ 1.7 Provide information to public spokesperson, as appropriate.
- ☐ 1.8 Maintain a chronological listing of significant events or obtain copies of the EOF and TSC logs as needed.

Enclosure 4.10  
ONS JIC Technical Liaison Checklist

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Page 3 of 3

**CAUTION:** IT IS MANDATORY that information pertaining to classification changes has been verified with the EOF Technical Liaison and has been shared with states and counties BEFORE being shared with any entity outside Duke Energy.

**CAUTION:** Discussions relating to dose are always based on actual dose at the site boundary only. Do **NOT** use projected dose information or ENF dose information at any time. Raddose V page 3 meets this criteria.

- ☐ 1.9 Ensure the EOF Technical Liaisons in Charlotte obtain and provide Raddose V page 3 for radiological release information and that this information is aligned with information being provided to the spokesperson.
- ☐ 1.10 Continue to monitor and update information relative to radiological releases.
- ☐ 1.11 Work with the EOF Technical Liaisons in Charlotte to track down information to dispel rumors.
- ☐ 1.12 Provide feedback/information to the JIC concerning community issues/concerns and situational updates.
- ☐ 1.13 Complete turnover sheet for next shift and conduct turnover by reviewing current status, outstanding issues, items for follow up, etc.
- ☐ 1.14 Verify all checklists and information sheets have been properly completed/signed and leave paperwork for the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Enclosure 4.11**  
**Process For Accessing JIC Forms**

RP/0/A/1000/031  
Page 1 of 1

**1. Process For Accessing Nuclear Forms and Messages**

1. Turn on/log on computer.
2. Double click on "My Computer" icon.
3. Double click on the ccr\_jic on charf01 drive.
  - a. If drive is not listed, select Map Network Drive on the tool bar and type the following path: \\CHARF01\CCR\_JIC; then, click OK.
4. Double click on Nuclear folder
  - a. Double click on the Nuclear Forms folder and then double click on the forms you wish to view/use.
  - b. For nuclear messages, double click on the Nuclear Messages folder and then double click on the messages you wish to view/use.
  - c. Print forms/messages by clicking on print icon on tool bar.



Enclosure 4.12  
Process For Accessing News Releases

RP/0/A/1000/031  
Page 1 of 1

**1. Process For Accessing News Releases**

1. Turn on/log on computer
2. Double click on "My Computer" icon
3. Double click on the ccr\_jic on charf01 drive.
  - a. If drive is not listed, select Map Network Drive on the tool bar and type the following path: \\CHARF01\CCR\_jic; then, click OK.
4. Double click on the Nuclear Folder
5. Double click on the News Releases - Updates folder
  - a. Double click on appropriate station - CNS, MNS, ONS, Dual Station Event
  - b. Double click on **Drill** or **Emer** as appropriate.
  - c. Select the appropriate news release-update template (Alert, SAE, GE) by double clicking on the appropriate document.
  - d. As template is completed, re-name and save each new document using a chronological numbering system (e.g.: alert1.doc, alert2.doc, GE1.doc, etc.) **Always label the final news release/update as "Final" to avoid confusion.**
  - e. Print the document by selecting the print icon on the tool bar.

Enclosure 4.13  
Process For Media Center  
Activation/Deactivation

RP/0/A/1000/031  
Page 1 of 2

**1. Process For Media Center Activation/Deactivation**

- ☐ 1.1 Talk to the Government Agency Liaison or Media Liaisons to determine reference materials needed at the Media Center.

**NOTE:** Equipment/phones are located in the JIC admin room.  
Corporate Communications Emergency Planner and/or News Manager should be contacted for assistance in opening the room and placing the equipment.  
Phone jacks are located on the sidewall of the auditorium.  
  
A high priority request should be submitted to SPOC (9-704-382-7762) if phones do not work properly.

- ☐ 1.2 Setup Oconee Media Center by obtaining and placing the following equipment and materials:
- Six-eight (6-8) tables
    - 3 at front of room for speakers
    - 2 for phone bank at side of room
    - 1 at back of room for media information
    - 1 small table outside entrance for registration/security
  - Approximately thirty (30) chairs
  - Podium
  - Six to eight (6-8) media phones
  - Six (6) easels
  - Oconee Emergency Planning Calendars (minimum of 25)
  - Oconee Transient Brochures - English and Spanish (minimum of 25)
  - Oconee fact sheets
  - Oconee Station/Visitor Brochures (minimum of 25 of each kind)
  - Bios for appropriate Duke spokesperson
  - Media registration book
  - Media green tags
  - Agency name cards for all public spokespersons: Oconee County, Pickens County, South Carolina, FEMA, NRC and Duke Energy
  - Note pads and pencils (minimum 25 of each)

**Enclosure 4.13**  
**Process For Media Center**  
**Activation/Deactivation**

RP/0/A/1000/031  
Page 2 of 2

- Overhead projector and/or light show, as needed
- Transparencies (if they will be used)
- JIC Reference Manual (for Duke use only)
- Duke Energy logo for speaker's podium, if needed
- Portable hands-free phone
- Two (2) flipcharts
- Posters of EPZ, plant schematic, description of evacuation routes, etc.
- Magnetic shelter/evacuation map (to be used when public protective actions are given by state/county representatives)

☐ 1.3 Close the Media Center when instructed by the Distribution Coordinator or the Corporate Communications Emergency Planner.

- 1.3.1 Return all equipment to the JIC admin room. Collect supplies and materials for return to the Oconee JIC or the plant.
- 1.3.2 Give materials developed as a result of the event to the Distribution Coordinator (i.e., news media registration form, news releases, etc.).

## 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/08/1000/027 ~~SAE~~ 5-23-14 ~~2014~~
2. Revision No.: 002 ~~10~~ 5-23-14 88 5/23/14
3. Change No.:     **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Re-Entry Recovery Procedure
5. For changes only, enter procedure sections affected:
6. Prepared By: Natalie Harness / John Kaminski
7. Preparation Date: 5/6/2014
8. PCR Numbers Included in Revision: NA

**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.

## Revision/Change Package Fill-In Form

Rev. 04/23/2012

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**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<sup>A</sup>/1000/031 5/22/14 BB
2. Revision No.: 007 5/22/14 BB
3. Change No.:     **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Joint Information Center Emergency Response Plan
5. For changes only, enter procedure sections affected:
6. Prepared By: Natalie Harless John Kaminski
7. Preparation Date: 5/6/2014
8. PCR Numbers Included in Revision: NA

**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.

**Duke Energy**  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/B/1000/031Revision No. 007 Superseded**PREPARATION**(2) Station OCONEE NUCLEAR STATION(3) Procedure Title Joint Information Center Emergency Response Plan(4) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014

(5) Requires NSD 228 Applicability Determination?

- ☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (Supersede Procedure)

(6) Reviewed By\* Dennis M. Ceval *Dennis M. Ceval* (QR)(KI) Date 5-12-14Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA *NA* Date 5-12-14Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA *NA* Date 5-12-14Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA *NA* Date 5-12-14

(7) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(8) Approved By\* Ronnie M. Stiles *Ronnie M. Stiles* Date 5/23/14**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

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/B/1000/031 <sup>031</sup> ~~016~~ sp  
Revision No. 000 <sup>-001 sp</sup> Superseded

Procedure Title: Joint Information Center Emergency Response Plan

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

Supersede Procedure: this change is to renumber/reclassify procedures from RP/0/B/1000/031 to RP/0/A/1000/031, no changes to intent or content.

Reason for Change: NSD-703, Section 5.1, permanent technical procedures and used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs.

**PCR Numbers Incorporated**

NA

**Enclosure**

Duke Energy

## PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/B/1000/031

Revision No. 007 Superseded  
Permanent/Restricted to \_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Joint Information Center Emergency Response Plan

(4) Section(s) of Procedure Affected: Safety Classification Revision

(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.)*

Creates procedure RP/0/A/1000/031, Rev 000 with revised Safety Classification

(7) Reason for Change:

Safety Classification Revision

(8) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014

Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014

(9) Reviewed By\* Dennis A. Gault *Dennis A. Gault* (QR)(KI) Date 5-12-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA 6/12 Date 5-12-14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA 6/12 Date 5-12-14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA me Date 5-12-14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patricia M. Stagg *Patricia M. Stagg* Date 5/23/14

\* Printed Name and Signature



Duke Energy

PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/031

Revision No. 000

Change No.

Permanent/Restricted to

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Joint Information Center Emergency Response Plan

(4) Section(s) of Procedure Affected: Safety Classification Revision

(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.)*

To align our E-Plan implementing Procedures with NSD-703 permanent technical procedures requirements as determined by PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".

(7) Reason for Change:

Safety Classification Revision: this change is to renumber/reclassify procedures from RP/0/B/1000/031 to RP/0/A/1000/031, no changes to intent or content.

Reason for Change: NSD-703, Section 5.1, permanent technical procedures and used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs.

(8) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014

Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014

(9) Reviewed By\* Donna H. Cress *Donna H. Cress* (QR)(KI) Date 5-12-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 5-12-14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA NA Date 5-12-14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 5-12-14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patricia M. Stuss *Patricia M. Stuss* Date 5/27/14

\* Printed Name and Signature

**§50.54(q) Screening Evaluation Form****Activity Description and References:****BLOCK 1**

RP/0/B/1000/031, Rev 007 SUPERSEDED,  
 RP/0/A/1000/031, Rev 000 ~~MERT Activation Procedure For Medical, Confined Space, and  
 High Angle Rescue Emergencies~~ *NA 5/21/14*

*JOINT INFORMATION CENTER EMERGENCY RESPONSE PLAN***Activity Description:**

To align our E-Plan implementing Procedures with NSD-703 permanent technical procedures requirements as determined by PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".

**Reason for Change:**

NSD-703, Section 5.1, permanent technical procedures and used to direct station activities during operating, testing, refueling, maintenance, and modifications. These procedures provide guidance for activities that are of repetitive nature, or when conditions requiring the procedure may occur in the future and the procedure is essential if the situation occurs.

**Activity Scope:****BLOCK 2**

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

**Change Type:****BLOCK 3****Change Type:****BLOCK 4**

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

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

**Safety Classification Revision from "B" to "A"****Planning Standard Impact Determination:****BLOCK 5**

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

**\*Risk Significant Planning Standards**

- ☒ The proposed activity does not impact a Planning Standard

**Commitment Impact Determination:****BLOCK 6**

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

**Results:**

This title change is a result of an INOS PIP O-12-1590 making the determination that NSD-70, Section 5.1 requires all Emergency Response Procedures to be permanent technical procedures thus resulting in all ONS E-Plan Implementing Procedures having a Safety Classification designation letter of "A" and not "B" in the ID number of that procedure. This title revision in no way compromises the contents of the procedure or its effectiveness of use during an emergency event. Nor does this title ID change affect the required review period for this procedure of every 6 years. It has been determined that this revision will not reduce effectiveness of this emergency response procedure. The revision to the step number is an editorial change only. No changes to content or intent. This revision does not require a §50.54q effectiveness evaluation; there is not a reduction in the effectiveness of the E-Plan.

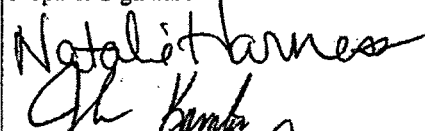
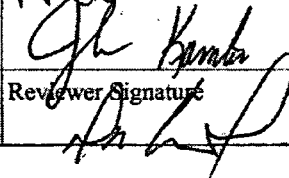
**BLOCK 7**

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

Preparer Name:

Natalie Harness/  
John Kaminski

Preparer Signature

Date:

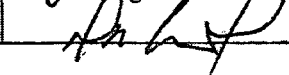
5/6/2014

5/6/14

Reviewer Name:

Jon Crowl

Reviewer Signature



Date:

5-12-14

Revision 12

**PROCEDURE PROCESS RECORD**Revision No. 000**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Joint Information Center Emergency Response Plan
- (4) Prepared By Natalie Harness *Natalie Harness* Date 5/6/2014  
 Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/6/2014
- (5) Requires NSD 228 Applicability Determination  
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (Creates procedure RP/0/A/1000/031, Rev 900 with revised Safety Classification)
- (6) Reviewed By\* Donna A. Ceal *Donna A. Ceal* (QR)(KI) Date 5-12-14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA *NA* Date 5-12-14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA *NA* Date 5-12-14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA *NA* Date 5-12-14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patricia M. Stacey *Patricia M. Stacey* Date 5/23/14

**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 PROCESS RECORD**

Revision No. 000

Procedure Title: Joint Information Center Emergency Response Plan

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

Creates procedure RP/0/A/1000/031, Rev 000 with revised Safety Classification

**PCR Numbers Incorporated**

NA

**Enclosure**



Scott L. Batson  
Vice President  
Oconee Nuclear Station

Duke Energy  
ON01VP | 7800 Rochester Hwy  
Seneca, SC 29672

ONS-2014-100

o: 864.873.3274  
f: 864.873.4208

Scott.Batson@duke-energy.com

July 22, 2014

10 CFR 50.54(q)

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 C, Revision 2014-018

Please find attached for your use and review copies of the revisions to the Oconee Nuclear Station Emergency Plan Implementing Procedures along with the associated revision instructions and 10 CFR 50.54(q) evaluation.

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

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

Sincerely,

Scott L. Batson  
Vice President  
Oconee Nuclear Station

Attachments:  
Revision Instructions  
EPIP Volume C - Revision 2014-018  
10 CFR 50.54(q) Evaluation(s)

AX45  
NRC

U. S. Nuclear Regulatory Commission  
July 22, 2014

xc: w/2 copies of attachments

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

w/copy of attachments

Mr. James R. Hall, Project Manager  
U. S. Nuclear Regulatory Commission  
One White Flint North Mailstop O-8B1  
11555 Rockville Pike  
Rockville, MD 20852-2738  
(send via E-mail)

w/o attachments

Mr. Eddy Crowe  
NRC Senior Resident Inspector  
Oconee Nuclear Station

ELL  
EC2ZF

June 30, 2014

**OCONEE NUCLEAR STATION**

**SUBJECT: Emergency Plan Implementing Procedures  
Volume C Revision 2014-018**

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

**REMOVE**

**Cover Sheet Rev. 2014-017**

**Table of Contents  
Pages 1, 2, & 3**

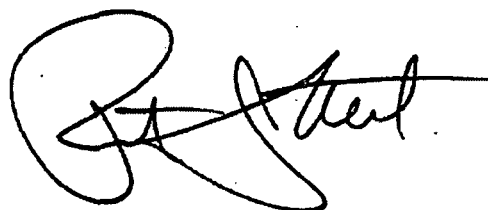
**RP/0/A/1000/002 Rev 004  
RP/0/B/1000/016 Rev 018  
RP/0/A/1000/029 Rev 000  
RP/0/A/1000/031 Rev 000  
RP/0/B/1000/035 Rev 009**

**INSERT**

**Cover Sheet Rev. 2014-018**

**Table of Contents  
Pages 1, 2, & 3**

**RP/0/A/1000/002 Rev 005 ✓  
RP/0/A/1000/016 Rev 001 ✓  
RP/0/A/1000/029 Rev 001 ✓  
RP/0/A/1000/031 Rev 001  
RP/0/A/1000/035 Rev 001**

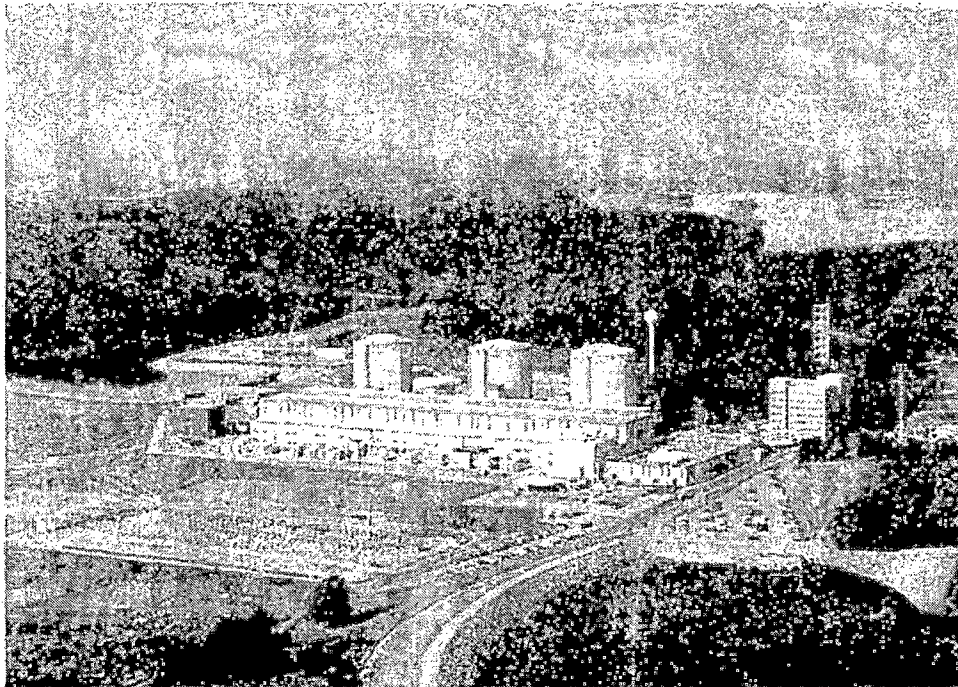


**Pat Street  
ONS Emergency Planning Manager**





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



**APPROVED:**

*[Signature]*  
Terry L. Patterson  
Director Nuclear Org Effectiveness

*7/21/2014*  
Date Approved

**VOLUME C  
REVISION 2014-018  
June 2014**

# VOLUME C

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SR/0/A/2000/004	Notification to States and Counties from the Emergency Operations Facility for Catawba, McGuire, and Oconee	Rev. 000
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DTS-007**

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**Rev. 018**

**Duke Energy  
Oconee Nuclear Station  
Control Room Emergency Coordinator Procedure**

Procedure No.

**RP/0/A/1000/002**

Revision No.

**005**

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: \*05/28/2014\*

Enclosure No.: \*FULL\*



Revision No.: \*005\*



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 Planning 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

- \_\_\_\_ 2.1 **IF** No EAL exists,  
**AND** ERO activation is desired,  
**THEN** GO TO Enclosure 4.1 (ERO Pager Activation).

**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".

- \_\_\_\_ 2.2 Declare the appropriate Emergency Classification level.  
Classification \_\_\_\_\_ (UE, Alert, SAE, GE)  
Time Declared: \_\_\_\_\_

- \_\_\_\_ 2.3 **IF** A Security event is in progress,  
**THEN** GO TO Step 2.5.

**NOTE:** Activation of ERO personnel for an unusual event classification is at the discretion of the OSM.

- \_\_\_\_ 2.4 **IF** assistance from ERO personnel is desired/required:  
**THEN** activate ERO pagers from the ERO Pager Activation Panel:

\_\_\_\_ For an EMERGENCY press "Test" button, wait 10 seconds, then  
press button 1

\_\_\_\_\_ For a DRILL press "Test" button, wait 10 seconds, then press button 3

\_\_\_\_\_ Make Plant Public Address System announcement to activate TSC and OSC.

\_\_\_\_\_ 2.5 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}

\_\_\_\_\_ 2.6 **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.

\_\_\_\_\_ 2.7 Obtain the applicable Offsite Notification form in the control room and complete as follows:

- \_\_\_\_\_ 2.7.1 Ensure EAL # as determined by RP/0/A/1000/001 matches Line 4.
- \_\_\_\_\_ 2.7.2 Line 1 - Mark appropriate box "Drill" or "Actual Event"
- \_\_\_\_\_ 2.7.3 Line 1 - Enter Message #
- \_\_\_\_\_ 2.7.4 Line 2 - Mark Initial

- \_\_\_\_ 2.7.5 Line 6 - A. Mark "Is Occurring" if any of the following are true:
- RIAs 40, 45, or 46 are increasing or in alarm
  - If containment is breached
  - Containment pressure > 1 psig
- B. Mark "None" if none of the above is applicable.
- \_\_\_\_ 2.7.6 Line 7 - If Line 6 Box B or C is marked, mark Box D. Otherwise mark Box A.
- \_\_\_\_ 2.7.7 Line 8 - Mark "Stable" unless an upgrade or additional PARs are anticipated within an hour.
- Refer to Enclosure 4.10 (Event Prognosis Definitions)
- \_\_\_\_ 2.7.8 Line 10 - Military time and date of declaration (Refer to date/time in Step 2.2)

**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 OSM.

- \_\_\_\_ 2.7.9 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.

- \_\_\_\_ 2.7.10 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

\_\_\_\_\_ 2.7.11 Line 13 - If the OSM has no remarks, write "None"

\_\_\_\_\_ 2.7.12 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.

\_\_\_\_\_ 2.7.13 Line 17 - OSM 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.

**NOTE:** 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.

\_\_\_\_\_ 2.8 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.

- \_\_\_\_\_ 2.9 Make PA announcement regarding classification (see Enclosure 4.2).
- \_\_\_\_\_ 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 4.3 (Condition A/Condition B Response Actions) for additional protective actions.
- AND** **ENSURE** that notification is made to the Georgia Emergency Management Agency 404-635-7000 or 7200 and the National Weather Service 864-879-1085 or 200-268-7785 after the State (SC) and Counties (Oconee and Pickens) are notified.

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

- \_\_\_\_\_ 2.11 **IF** This is an Unusual Event,
- AND** The OSM/Emergency Coordinator does **NOT** desire that the EOF and/or TSC be activated,
- THEN** **GO TO** Step 2.14

**NOTE:** Activate the Alternate TSC and/or OSC 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 2.4. {13}

- \_\_\_\_\_ 2.13 Direct activation of the Emergency Response Organization (ERO) by performing Enclosure 4.1 (ERO Pager Activation). {8}
- \_\_\_\_\_ 2.14 Implement Enclosure 4.5 (OSM Emergency Coordinator Turnover Sheet).

**NOTE:** Enclosure 4.7 (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 4.7 (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 4.4 (Emergency Coordinator Parallel Actions):

- Record Name: \_\_\_\_\_
- Notify individual appointed that a Security event (Does/Does Not) exist and a Site Assembly (Is/Is Not) desired

\_\_\_\_\_ 2.16.2 Perform Enclosure 4.4 (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 4.6 (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 Planning 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 (Old Clemson EOF) 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 OSM 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 4.5 (OSM 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 4.5 (OSM 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 4.5 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    ERO Pager Activation
- 4.2    Plant Public Address Announcements
- 4.3    Condition A/ Condition B Response Actions
- 4.4    Emergency Coordinator Parallel Actions
- 4.5    OSM Emergency Coordinator Turnover Sheet
- 4.6    Emergency Classification Termination Criteria
- 4.7    Radiation Monitoring
- 4.8    Summary of IAAT Steps
- 4.9    ERO Pager Activation By Security
- 4.10    Event Prognosis Definitions
- 4.11    References

Enclosure 4.1  
ERO Pager Activation

RP/0/A/1000/002  
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**1. Activate ERO Pagers as follows:**

**NOTE:** Pressing more than one Panel Button may be required. Read all Steps to ensure the appropriate Activation Panel buttons are pressed.

1.1 Press ERO Pager Activation Panel "Test" Button (Green) and wait 10 seconds. {6}

**NOTE:**

- If a Security event is in progress AND buttons 6 or 10 have been pressed, **DO NOT** press Buttons 1, 2, 3 or 4.
- For flooding/dam failures/earthquake conditions it is assumed that bridges may be impassable to reach emergency facilities so either Button 2 **OR** 4 should be used for those events.
- Activating Button 6 **OR** 10 recalls the ERO to the Clemson assembly area.
- For a station blackout press Button 5 to activate alternate TSC/OSC. (to reduce number of people in Control Rooms for heat reduction) {15}

1.2 **IF** ERO activation for an Emergency (ONS Emergency) is required,

**THEN** Press ERO Pager Activation Panel Button 1.

1.3 **IF** ERO activation is for an Emergency affecting bridges (ONS Emergency Bridges) is required,

**THEN** Press ERO Pager Activation Panel Button 2.

1.4 **IF** ERO activation for a Drill (ONS Drill) is required,

**THEN** Press ERO Pager Activation Panel Button 3.

1.5 **IF** ERO activation for a Drill affecting bridges (ONS Drill Bridges) is required,

**THEN** Press ERO Pager Activation Panel Button 4.

**WARNING:** Activating the Alternate TSC and OSC during Security events involving an intrusion/ attempted intrusion into the site is **NOT** recommended. {4}

1.6 **IF** Alternate TSC/OSC will be used,

**THEN** Press ERO Pager Activation Panel Button 5.

1.7 **IF** ERO activation for an Emergency **AND**  
A Security Event is in progress,

**THEN** Press ERO Pager Activation Panel Button 6.

Enclosure 4.1  
ERO Pager Activation

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- \_\_\_\_ 1.8 **IF** ERO activation for a Drill **AND** a Security Event is in progress,  
**THEN** Press ERO Pager Activation Panel Button 10.
- \_\_\_\_ 1.9 Wait one minute and repeat Steps 1.1 - 1.8.
- \_\_\_\_ 1.10 Monitor ERO pager and verify that message has been provided to the ERO.
- \_\_\_\_ 1.11 **IF** Message is **NOT** displayed on ERO Pager,  
**THEN** Notify Security to activate ERO Pagers. **REFER TO** Enclosure 4.9 (ERO Pager Activation By Security).

**NOTE:**

- **DO NOT** perform Step 1.12 until Security has determined that it is safe to recall ERO personnel to the site.
- Security may be in the process or have already performed this process per SP/C/1629-O.

- \_\_\_\_ 1.12 **IF** ERO activation is after normal working hours  
**THEN** Mark the following condition that exists as determined in Steps 1.2 through 1.8:

_____ ONS Emergency	Message 2
_____ ONS Emergency - Bridges	Message 20
_____ ONS Emergency - Security Event	Message 21
_____ ONS Emergency - Bridges <b><u>AND</u></b> Security Event	Message 22
_____ ONS Drill	Message 1
_____ ONS Drill - Bridges	Message 10
_____ ONS Drill - Security Event	Message 11
_____ ONS Drill - Bridges <b><u>AND</u></b> Security Event	Message 12

**AND**

- \_\_\_\_ **THEN** Notify Security at extension 3636 (dial 2309 if no response is received) and request the Security Officer to pull a copy of Security Procedure SP/C/1629-O (Security Support of Site Emergency Response) and request them to activate the Nuclear Callout System, Enclosure 4.5, using event description and message number determined above.

## Plant Public Address Announcements

Page 1 of 1

## 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.

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.



## 1. Condition A Response - Immediate Actions

**NOTE:** The Hydro Group will notify the Control Room/OSM 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 Georgia Emergency Management agency 404-635-7000 or 7200 and National Weather Service 864-879-1085 or 800-268-7785 after the State and Counties are notified.

## 2. Condition A Response - Subsequent Actions

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

\_\_\_\_ 2.1.1 **REFER TO** Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification. (2)

## Condition A/ Condition B Response Actions Page 2 of 3

\_\_\_\_ 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** Section 6 of the Emergency Telephone Directory,  
Keowee Hydro Project Dam/Dike Notification. {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**.

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

\_\_\_\_ 2.3.1 **REFER TO** Selective Signaling Section of the Emergency Telephone Directory (page 8).

\_\_\_\_ 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.

**Condition A/ Condition B Response Actions**

- \_\_\_\_\_ 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 4.4 (Emergency Coordinator Parallel Actions) Step 1.11.

**3. Condition B Response - Immediate Actions**

- \_\_\_\_\_ 3.1 **IF** Condition B at Keowee exists,
- THEN** Notify Hydro Central 704-382-6836 and the Georgia Emergency Management Agency 404-635-7000 or 7200 and National Weather Service 864-879-1085 or 800-268-7785 after the State and Counties are notified.

**NOTE:** Activation of the ERO is 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.

- \_\_\_\_\_ 3.2 Activate the ERO.
- \_\_\_\_\_ 3.3 **GO TO** Enclosure 4.4 (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 (located on OPS Web page under "Forms and Reports").

**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/B/1000/003A (ERDS Operation).

**NOTE:** Notifications per NSD 202 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 OSM 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 4.3 (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.

**Enclosure 4.4**  
**Emergency Coordinator Parallel Actions**

RP/0/A/1000/002  
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**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).

## OSM 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/1000/016 (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)			
RP/0/A/1000/009 (Site Assembly)			
RP/0/A/1000/010 (Emergency Evacuation/Relocation of Site Personnel)			
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 \_\_\_\_\_ OSM \_\_\_\_\_ Time of Turnover \_\_\_\_\_



**Enclosure 4.6**  
**Emergency Classification Termination**  
**Criteria**

RP/0/A/1000/002  
Page 1 of 1

**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** Section 6 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.
  - ◆ **GO TO** Step 3.1.

\_\_\_\_\_  
Date/Time Initial

## 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	$\geq 150$ mRad/Hr	4.3
RIA-8	$\geq 4200$ mRad/Hr	4.3
RIA-10	$\geq 830$ mRad/Hr	4.3
RIA-11	$\geq 210$ mRad/Hr	4.3
RIA-12	$\geq 800$ mRad/Hr	4.3
RIA-13	$\geq 650$ mRad/Hr	4.3
RIA-15	$\geq 5000$ mRad/Hr	4.3
RIA-16	is or has been in High <u>or</u> Alert alarm ( $>2.5$ mR/Hr)	N/A
RIA-17	is or has been in High <u>or</u> Alert alarm ( $>2.5$ mR/Hr)	N/A
RIA-33	$\geq 4.06E06$ cpm for $> 60$ minutes <u>or</u> in High Alarm	4.3
RIA-41	Valid High Alarm	4.3
RIA-45	$\geq 1.33E06$ cpm for $> 60$ minutes	4.3
RIA-46	$\geq 2.09E04$ cpm or $\geq 2.09E05$ or $\geq 2.09E06$ for $> 15$ minutes	4.3
RIA-49	Valid High Alarm	4.3
1,3RIA-57	$\geq 1.0$ R/Hr	4.1
2RIA-57	$\geq 1.6$ R/Hr	4.1
1,2,3RIA-58	$\geq 1.0$ R/Hr	4.1
RIA-57/58	$\geq$ 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	$\geq 500$ mrem CDE Adult Thyroid on one hour of inhalation	4.3
Field Monitoring Indications	$\geq 100$ mRad/Hr at Site Boundary expected to continue for $> one$ hour	4.3
Control Room, CAS, or Radwaste CR Radiation Levels	Valid Reading $\geq 15$ 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 4.8**  
**Summary of IAAT Steps**

RP/0/A/1000/002  
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**IF AT ANY TIME:**

**Immediate Actions**

- (2.6) 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 4.4, 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 OSM 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...
- (1.17) plant conditions require a decision to implement 10CFR50.54(x)...

**Enclosure 4.9**  
**ERO Pager Activation By Security**

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**1. Symptoms**

- \_\_\_\_ 1.1 Activation of the ERO Pagers using the ERO Pager Activation Panel in the TSC was unsuccessful.

**2. Immediate Actions**

- \_\_\_\_ 2.1 Activate the Emergency Response Organization (Technical Support Center, Operational Support Center, and Emergency Operations Facility) by completing the following actions:

- \_\_\_\_ 2.1.1 REFER TO Enclosure 4.1 (ERO Pager Activation) and select the appropriate Button(s) to be activated by Security.

____	ONS Emergency	<b>Button 1</b>
____	ONS Emergency Bridges	<b>Button 2</b>
____	ONS Drill	<b>Button 3</b>
____	ONS Drill Bridges	<b>Button 4</b>
____	Alternate TSC/OSC	<b>Button 5</b>
____	Emergency <u>AND</u> a Security Event In Progress	<b>Button 6</b>
____	Drill <u>AND</u> a Security Event In Progress	<b>Button 10</b>

## ERO Pager Activation By Security

## \_\_\_\_ 2.1.2 Notify Security.

- \_\_\_\_ A. Dial 3636 (Dial 2309 if no response is received).

Security Officer Name \_\_\_\_\_

- \_\_\_\_ B. Identify yourself and provide call back number.

- \_\_\_\_ C. Read the following information to the Security Officer:

"The Emergency Response Organization is being activated for an emergency related to Unit # \_\_\_\_\_. The Control Room has been unsuccessful in activating the ERO Pagers. Security is being requested to activate the pagers from the Security Switchboard or SAS."

- \_\_\_\_ D. Request the Security Officer to pull a copy of Security Procedure SP/C/1629-O (Security Support of Site Emergency Response) and go to Enclosure 4, Step 1 and place a check beside the Button numbers as you provide them.

- \_\_\_\_ E. Provide Button numbers that you identified in Step 2.1.1.

- \_\_\_\_ F. Request the Security Officer to activate ERO Pagers using the Button(s) numbers just provided.

- \_\_\_\_ G. Record time requested.

Time request made: \_\_\_\_\_

**Enclosure 4.10**  
**Event Prognosis Definitions**

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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

## 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.: 005
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: Natalie Harness
7. Preparation Date: 5/20/2014
8. PCR Numbers Included in Revision: Docutricks ONS-2014-001420 & ONS-2014-000375

**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.



Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/002Revision No. 005**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Control Room Emergency Coordinator Procedure
- (4) Prepared By\* Natalie Harness *Natalie Harness* Date 5/20/2014  
 Prepared & Mentored By John Kaminski *John Kaminski* Date 5/20/2014
- (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. Goss *Donald A. Goss* (QR)(KI) Date 6/26/14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 6/26/14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA NA Date 6/26/14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 6/26/14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patrick M. Sauer *Patrick M. Sauer* Date 6/26/14

**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**

See attached change matrix/minor editorial changes: *Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."*

*Revise superseded procedure references per PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".*

**PCR Numbers Incorporated**

Docutracks ONS-2014-001420 & ONS-2014-000375

**Enclosure**

RP/0/A/1000/002, Rev 005, Control Room Emergency Coordinator Procedure (DocuTracks ONS-2014-001420 & ONS-2014-000375)				
	Page #	Current	Proposed	Reason
1.	Page 2 of 9	<b>NOTE:</b> State and County agencies shall be notified within 15 minutes of E-plan declaration, Classification upgrades, and Protective Action Recommendations.	<b>NOTE:</b> <ul style="list-style-type: none"> <li>State and County agencies shall be notified within 15 minutes of E-plan declaration, Classification upgrades, and Protective Action Recommendations.</li> <li>For an outside line dial "9" and for long distance dial "1"</li> </ul>	<i>Making a single statement regarding long distant calling at the beginning of the procedure verses throughout the procedure.</i>
2.	Page 6 of 9	<b>NOTE:</b> For an outside line dial "9" and for long distance dial "1"	<b>DELETE NOTE</b>	
3.	Enclosure 4.1 Page 1 of 2	<b>NOTE:</b> For Security events <b>DO NOT</b> press Buttons 1, 2, 3 <b>OR</b> 4 along with either Button 6 <b>OR</b> 10.	<b>NOTE:</b> If a Security events is in progress <b>AND</b> buttons 6 <b>OR</b> 10 were pressed, then <b>DO NOT</b> press Buttons 1, 2, 3 or 4.	<i>Reword sentence for better clarity: DocuTracks ONS-2014-000375</i>
4.	Enclosure 4.3, Step 1.2 Page 1 of 3	<b>NOTE:</b> For an outside line dial "9" and for long distance dial "1"	<b>DELETE NOTE</b>	<i>Making a single statement at the beginning of the procedure.</i>
	Enclosure 4.3, Step 3.1 Page 3 of 3	<b>NOTE:</b> For an outside line dial "9" and for long distance dial "1"	<b>DELETE NOTE</b>	
6.	Enclosure 4.4, Step 1.9 Page 2 of 4	<b>THEN</b> Initiate evacuation of all non-essential personnel from the site after personnel accountability has been reached. <b>REFER TO</b> RP/0/B/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel).	<b>THEN</b> Initiate evacuation of all non-essential personnel from the site after personnel accountability has been reached. <b>REFER TO</b> RP/0/A/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel).	<i>Revise superseded procedure references per PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".</i>
7.	Enclosure 4.4, Step 1.11 Page 2 of 4	Initiate RP/0/B/1000/022 (Procedure for Major Site Damage Assessment and Repair) and/or RP/0/B/1000/029 (Fire Brigade Response - OSC).	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).	
8.	Enclosure 4.4, Step 1.14 Page 3 of 4	<b>THEN</b> Initiate RP/0/B/1000/016 (MERT Activation Procedure For Medical, Confined Space and High Angle Rescue Emergencies).	<b>THEN</b> Initiate RP/0/A/1000/016 (MERT Activation Procedure For Medical, Confined Space and High Angle Rescue Emergencies).	
9.	Enclosure 4.5, Abnormal Procedures In Progress listing (table)	RP/0/B/1000/022 RP/0/B/1000/010 RP/0/B/1000/016 RP/0/B/1000/029	RP/0/A/1000/022 RP/0/A/1000/010 RP/0/A/1000/016 RP/0/A/1000/029	

Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

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

Revision No.005 Change No.  
Permanent/Restricted to  
\_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Control Room Emergency Coordinator Procedure

(4) Section(s) of Procedure Affected: Page 2 of 9, Page 6 of 9, Enclosure 4.1 NOTE, Enclosure 4.3, Step 1.2  
Page 1 of 3, Enclosure 4.3, Step 3.1 Page 3 of 3, Enclosure 4.4, Step 1.9 Page 2 of 4,  
Enclosure 4.4 Step 1.11 Page 2 of 4, Enclosure 4.4 Step 1.14 Page 3 of 4, & Enclosure 4.5, Abnormal Procedures  
In Progress listing (table)

(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.)*

*Making a single statement at the beginning of the procedure: For an outside line dial "9" and for long distance dial "1" and removing that statement from the body of the procedure. And to revise superseded procedure references.*

*Revise superseded procedure references per PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".*

(7) Reason for Change:  
Editorial

(8) Prepared By\* Natalie Harness *Natalie Harness* Date 5/20/2014

Prepared By John Kaminski *John Kaminski* Date 5/20/2014

(9) Reviewed By\* Donald A. Grant *Donald A. Grant* (QR)(KI) Date 6/26/14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NAME me Date 6/26/14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NAME me Date 6/26/14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NAME me Date 6/26/14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patricia M. Starnes *Patricia M. Starnes* Date 6/26/14

## §50.54(q) Screening Evaluation Form

## Activity Description and References:

RP/0/A/1000/002, Rev 005, Control Room Emergency Coordinator Procedure  
(Docutricks ONS-2014-001420 & ONS-2014-000375)

## Activity Scope:

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

## Change Type:

- ☒ The change is editorial or typographical  
☐ The change is not editorial or typographical  
*Making a single statement at the beginning of the procedure: For an outside line dial "9" and for long distance dial "1" and removing that statement from the body of the procedure. And to revise superseded procedure references. Revise superseded procedure references per PIP O-12-1590, ONS Emergency Planning will revise the procedure titles (as procedure revisions become necessary) to incorporate the Safety Classification to "A" from "B".*

## 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

## 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

## Commitment Impact Determination:

- ☐ 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:

- ☒ 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

John Kaminski

Preparer Signature

Natalie Harness

John Kaminski

Date:

5/20/14

6/24/14

Reviewer Name:

Don Crowl

Reviewer Signature

Don Crowl

Date:

6/26/14

**RP/0/A/1000/002, Rev 005, Control Room Emergency Coordinator Procedure  
(DocuTracks ONS-2014-001420 & ONS-2014-000375)**

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<p>Duke Energy Company</p> <p>Oconee Nuclear Site</p> <p><b>MERT Activation Procedure for Medical, Elevator, Confined Space, and High Angle Rescue Emergencies</b></p> <p><b>Reference Use</b></p>	<p>Procedure No.</p> <p>RP/0/A/1000/016</p>
	<p>Revision No.</p> <p>001</p>
	<p>Electronic Reference No.</p> <p>OP009AD8</p>

## **MERT Activation Procedure for Medical, Elevator, Confined Space, and High Angle Rescue Emergencies**

### **1. Symptoms**

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

Entry conditions for this procedure still exist for emergencies that do not involve injuries (ex: elevator rescue, confined space rescue and high angle rescue) {6}

If Medical directly contacts Oconee Medical Center for an ambulance without going through the Emergency Line (4911) or if personnel have called the control room to notify that an individual has been taken offsite for medical treatment then performing this procedure is not necessary.

Dial 9 for an outside line and dial a 1 for long distance.

- 1.1 Conditions exist where medical treatment, confined space, elevator, high angle rescue, trench collapse, and/or transport of injured personnel is required.

**NOTE:** WHEN Security activates MERT, this procedure (RP/0/A/1000/016) does not apply. MERT activation by Security is performed per SP/C/1629-O.

- 1.2 This procedure shall provide guidance to Shift personnel and Emergency Coordinator for response, actions, coordination and transportation associated with a medical emergency either from the Control Room, or the Operation Support Center.

### **2. Immediate Actions**

- 2.1 Refer to Enclosure 4.1 (Medical Emergency Actions - Routine Operations), for response and action guidelines for emergency medical incidents that occur during routine operations.
- 2.2 Refer to Enclosure 4.2 (Oconee Nuclear Site - General Area Layout), for directions to provide the ambulance service for entry to the site.

### **3. Subsequent Actions**

- 3.1 Complete Enclosure 4.1 (Medical Emergency Actions, - Routine Operations) and submit to the Emergency Planning Section.



#### **4. Enclosures**

- 4.1 Medical Emergency Actions - Routine Operations
- 4.2 Oconee Nuclear Site - General Area Layout
- 4.3 Medical Emergency Response Team - Patient Treatment Form
- 4.4 Refusal Of Treatment/Transport Against Medical Advice
- 4.5 Reference

**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

RP/0/A/1000/016  
Page 1 of 7

**1. Medical Emergency Actions Routine Operations**

**NOTE:**

- Actions may be followed in any sequence.
- Lines left of procedure steps are used to indicate place in procedure. Check marks are acceptable in these blanks.

**1.1 Complete the following accident information:**

Name of person reporting injury \_\_\_\_\_

Call back number \_\_\_\_\_

Name of person(s) injured:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor of injured person: \_\_\_\_\_

Location injury occurred \_\_\_\_\_

Brief description of injury \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**1.2 IAAT MERT response is NO longer required.**

**THEN** Exit this procedure and forward to Emergency Planning - ON03EP

{6}

Enclosure 4.1  
Medical Emergency Actions  
Routine Operations

RP/0/A/1000/016  
Page 2 of 7

**NOTE:** Do NOT activate MERT when a Security event is in progress until Security confirms that it is safe for MERT members to respond.

\_\_\_\_ 1.3 **IF** there is a Security Event in progress,

\_\_\_\_ 1.3.1 **IF** the patient is outside the Protected Area, request EMS to respond along with local law enforcement using the following as necessary

- Dial 9-911 from Ext. 3271 Operations Shift Manager's phone
- Dial 9-911 from Ext. 2159 Unit 1 Control Room SRO's phone
- Dial 911 from 882-7076 Units 1,2,3 Control Rooms, Bell South lines

\_\_\_\_ 1.3.2 **IF** the patient is inside the Protected Area

**WHEN** Security gives assurance conditions are safe for MERT response continue to Step 1.4.

**NOTE:** Radio paging systems are located in Unit 1/2, Unit 3 Control Rooms and TSC

\_\_\_\_ 1.4 **IF** MERT activation is required perform the following twice:

\_\_\_\_ 1.4.1 Use the radio paging system to request MERT members to respond to the incident. Radios and pagers encoded to MERT alert tones are activated as follows:

1. Press "GREEN" button labeled "MERT" on paging console
2. Press "RED" Button labeled "transmit" on bottom right of the console and wait approximately 3 seconds.
3. Pick up console telephone "handset" and press lever located inside handset
4. Transmit message

\_\_\_\_ 1.4.2 Use Plant Page \*70 to request all MERT members to respond to the incident.

\_\_\_\_ 1.4.3 Notify Security (extension 2205 or 2222) to have Security MERT members respond to the emergency.

**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

RP/0/A/1000/016  
Page 3 of 7

**NOTE:** A shuttle bus will be required to transport responding MERT personnel to incidents away from the main plant (World of Energy, Keowee Hydro, Complex, etc).

\_\_\_\_ 1.4.4     **IF** shuttle bus is required during normal working hours

- Call extension 5353 to request shuttle bus to meet MERT responders at main entrance of protected area for transport to emergency scene.
- Make PA/Radio announcement that a bus has been requested to meet MERT responders at main entrance of protected area for transport to emergency scene. {3}

\_\_\_\_ 1.5     **IF** the incident involves a trench collapse contact Oconee Rural Fire

- Dial 9-911     from Ext. 3271     Operations Shift Manager's phone
- Dial 9-911     from Ext. 2159     Unit 1 Control Room SRO's phone
- Dial 911       from 882-7076     Units 1,2,3 Control Rooms, Bell South lines

\_\_\_\_ 1.5.1     Request a response from:

- ☐ Keowee Fire Department
- ☐ Keowee Ebenezer Fire Department
- ☐ Corinth Shiloh Fire Department

\_\_\_\_ 1.5.2     Instruct Fire Dispatcher to have fire departments enter the site through the complex entrance on Hwy. 183. All volunteers stage in complex parking lot.

\_\_\_\_ 1.5.3     Ensure an officer escorts the fire department(s) to the incident location. {7}

**NOTE:** The primary location for Triage, should it be needed, is the Oconee Office Building. An alternate location may need to be selected depending on the area of the plant involved in the incident.

\_\_\_\_ 1.6     **IF** a centralized treatment area is needed for mass casualties, make a PA Announcement emphasizing the following:

- Location of the Triage area
- Warn that only trained medical personnel should move injured people unless there are life threatening conditions in the area.

**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

RP/0/A/1000/016  
Page 4 of 7

- NOTE:**
- Occupational Health Unit may call direct and request an ambulance without going through the emergency line (4911). Immediate notification will then be made to the Operations Shift Manager or his designee.
  - Patients with less serious injuries or illnesses may be transported to offsite medical facilities by personal or company vehicle if site Medical or MERT Command gives approval.

1.7 **IF** MERT command request an ambulance **OR** ANY of the following are reported on the Emergency Line (4911)

- |   |   |
|---|---|
| • Unconsciousness   | • Cardiac arrest  |
| • Fall greater than 10-12 feet (qualified as multi-trauma)                    | • Obvious fractures (with deformity or open wounds)               |
| • Head injury with altered level of consciousness (confusion, disorientation) | • Allergic reaction WITH airway compromise (swollen lips, tongue) |
| • Poisonous snake bite  | • Amputations   |
| • Respiratory distress  | • Seizure (grand mal)   |
| • Crushing injuries   | • Entrapped person  |
| • Altered mental status (confusion, disorientation)                           | • Potential fatality  |

**THEN** request an ambulance

- Dial 9-911 from Ext. 3271 Operations Shift Manager's phone
- Dial 9-911 from Ext. 2159 Unit 1 Control room SRO's phone
- Dial 911 from 882-7076 Units 1,2,3 Control Rooms, Bell South lines

**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

RP/0/A/1000/016  
Page 5 of 7

- \_\_\_\_\_ 1.7.1 **IF** the patient is known or suspected to be contaminated
  - \_\_\_\_\_ A. Obtain contamination information from MERT command (gross contamination, PC contamination, modesty garment) and if possible contamination levels
  - \_\_\_\_\_ B. Call Oconee Medical Center, 864-882-4611 with the above information
- \_\_\_\_\_ 1.7.2 Notify Security (2205) that an ambulance is enroute
- \_\_\_\_\_ 1.7.3 Notify MERT command that an ambulance is enroute
- \_\_\_\_\_ 1.7.4 Ensure OSM is contacted to make required notifications per NSD 417, NSD 202, OMP 1-14
- \_\_\_\_\_ 1.7.5 Notify the World of Energy/Public Affairs Duty Person (Ext. 4602 during operating hours)
- \_\_\_\_\_ 1.8 **IF** contaminated injured person being sent to hospital was not accompanied by an RP Technician
  - THEN** arrange for the first available RP Technician to go and assist the hospital with radiation monitoring and contamination control as needed
- \_\_\_\_\_ 1.9 Remind MERT Command that a Patient Treatment Form or Refusal of Treatment/Transport Against Medical Advice Form for all patients **AND** send completed form to the Medical Unit for inclusion in the patients medical file. {2}

Enclosure 4.1  
Medical Emergency Actions  
Routine Operations

RP/0/A/1000/016  
Page 6 of 7

**NOTE:** The Environmental Health & Safety Manual has additional information for the EH&S Duty Person if needed.

1.10 **IF** after normal working hours; have the Operations Shift Manager or designee report the following incidents to ONS EH&S Duty Person.

- Injuries requiring offsite medical treatment
- Serious accidents (near miss) whereby personnel could have sustained a disabling injury although not resulting in an injury
- Electric contact, shock or flash burns
- Injuries or burns resulting from a fire
- Vehicle accidents
- Accident involving serious property damage
- Accident involving potential DPC liability

**THEN** the ONS EH&S Duty Person will determine if additional people need to be notified.

1.11 **IF** a fatality occurs (including all fatal heart attacks at work) **OR** admission of 3 or more employees to the hospital for in-patient care, ensure the OSM or designee performs the following.

1.11.1 Notify EH&S Duty person who will notify OSHA (8 hours oral reporting requirement).

1.11.2 Notify Site VP or his designee.

1.11.3 **IF** the employee is transferred to an offsite medical facility, notify the STA to make appropriate notifications of the transport.

**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

RP/0/A/1000/016  
Page 7 of 7

**NOTE:** A traumatic injury refers to a physical injury. A trauma patient is someone who has suffered serious and life-threatening physical injury potentially resulting in secondary complications such as shock, respiratory failure and death.

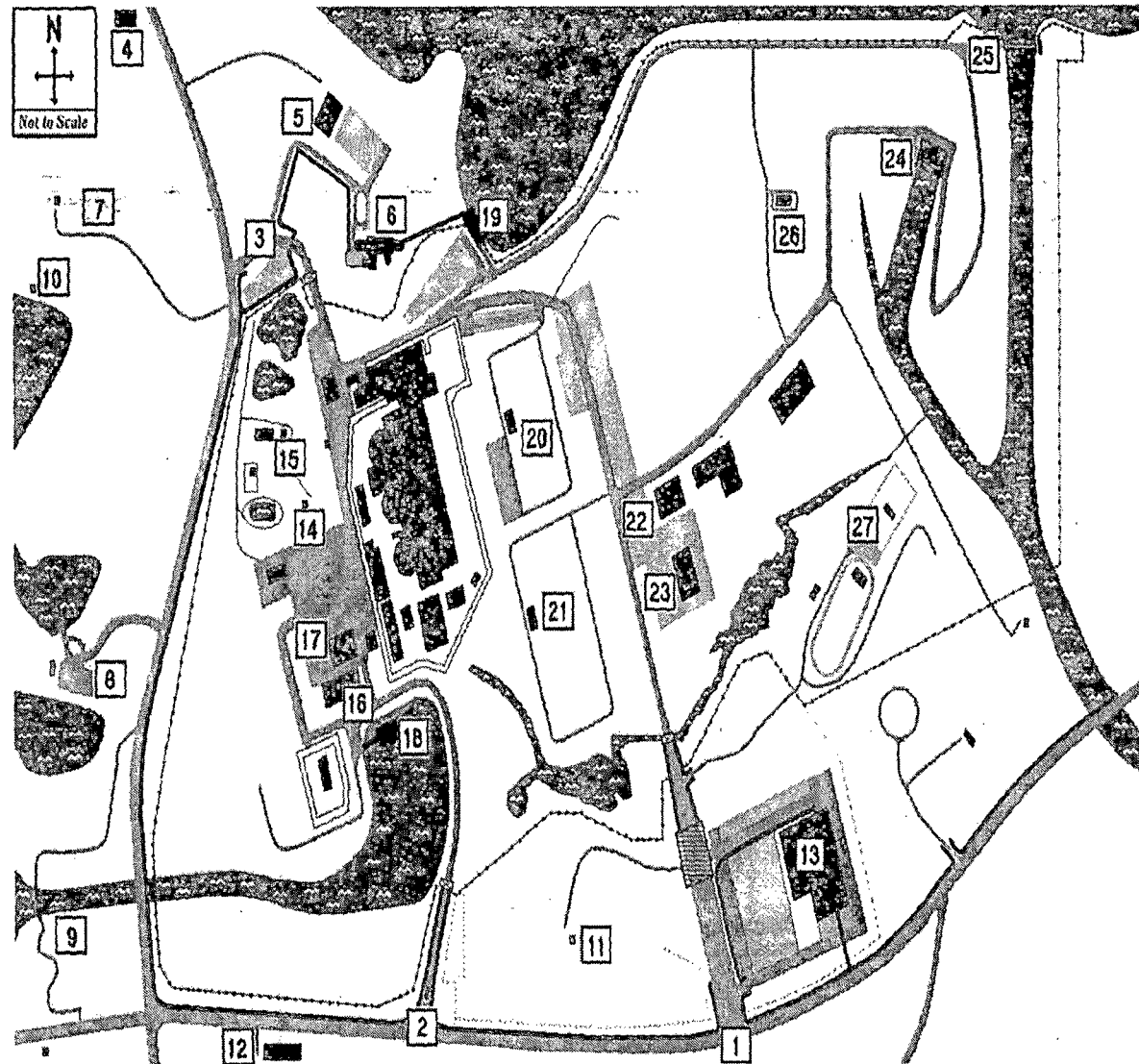
- \_\_\_\_\_ 1.12 **IF** a death, near death, or major traumatic injury incident occurs, notify Employee Assistance Program at extension 3315 or 704-382-7900. {1}
- \_\_\_\_\_ 1.12.1 Inform the EAP person of the event and the possible need to conduct a critical incident debriefing.
- \_\_\_\_\_ 1.13 Generate PIP with:
- time 4911 call was received
  - time MERT dispatched
  - location of incident.  
(no personal information should be included in PIP.) {5}
- \_\_\_\_\_ 1.14 **IF** medical emergency is work related and not a personal illness, contact HR duty person for completion of FFD for cause testing consideration.
- Ensure area code is entered in the call back number. HR Duty person **MAY NOT** be from Oconee.
- \_\_\_\_\_ 1.15 Inform the employee's supervisor to notify the OSM: {4}
- If the injury/illness is a heart attack
  - If death occurs 30 days after injury/illness
- \_\_\_\_\_ 1.16 If injury is a heart attack then:
- \_\_\_\_\_ 1.16.1 Document information on OSM turnover sheet and keep for 30 days.
- "IAAT death occurs within 30 days of injury/illness notify EH&S duty person and NRC." (reference PIP O-XX-XXXX)"
- \_\_\_\_\_ 1.17 Ensure notification of next of kin for the following:
- Fatality - appropriate Division Manager performs notifications.
  - Injury requiring hospitalization - Employee's Supervisor or Manager perform



Enclosure 4.2  
Oconee Nuclear Site  
General Area Layout

RP/0/A/1000/016  
Page 1 of 1

1. General Area Layout



Map	Location	Map	Location
1	Main Site Entrance - Highway 183	14	Elevated Water Storage Tank
2	Intake Entrance - Highway 183	15	Microwave Tower and Adjacent Buildings
3	Highway 130 Entrance - Highway 130	16	Workforce Staffing Building - 8023
4	Crescent Resources Building	17	"Appendix R" Equipment Warehouse - 8019
5	Operations Training Facility - 8002	18	Oconee Station Intake Structure
6	World of Energy - 8003	19	Oconee Station Discharge Structure
7	Meteorological Tower/Softball Field	20	230 Kv Switchyard (upper)
8	Employee Recreation Site	21	525 Kv Switchyard (lower)
9	Oconee Intake Canal Skimmer Wall	22	Maintenance Training Facility - 8051
10	Mosquito Control Facility & Boathouse	23	Oconee Garage - 8049
11	"L-1" yard and Adjacent Buildings	24	Keowee Hydro Station
12	Site Inprocessing Building - 8029	25	Keowee Intake Structure and Spillway
13	Oconee Complex - 8032	26	Grass Cutters Maintenance Shed - 8060
		27	Security Range & Track and Adjacent Buildings

## Oconee Nuclear Site

## 1. Medical Emergency Response Team – Patient Treatment Form



Duke Energy Company

Oconee Nuclear Site

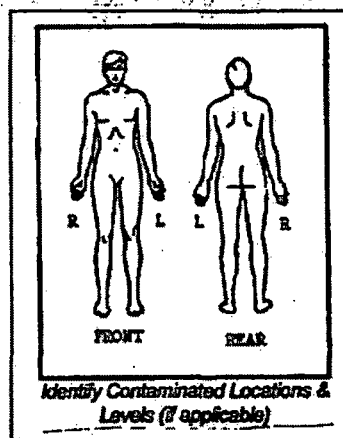
Medical Unit-873-4652

OPS Shift Manager-873-3271

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
 Work Group: \_\_\_\_\_ Work Supervisor: \_\_\_\_\_

Incident Location: \_\_\_\_\_  
 Chief complaint: \_\_\_\_\_  
 Injury/Illness Description: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 PMH: \_\_\_\_\_



Vital signs: BP: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_ Respirations: \_\_\_\_ ( Normal \_\_\_\_ Shallow \_\_\_\_ Labored ) Time: \_\_\_\_  
 BP: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_ Respirations: \_\_\_\_ ( Normal \_\_\_\_ Shallow \_\_\_\_ Labored ) Time: \_\_\_\_  
 BP: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_ Respirations: \_\_\_\_ ( Normal \_\_\_\_ Shallow \_\_\_\_ Labored ) Time: \_\_\_\_

Level of Consciousness: Alert \_\_\_\_ Pain \_\_\_\_ Verbal \_\_\_\_ Unresponsive \_\_\_\_

Treatment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is patient contaminated? \_\_\_\_yes \_\_\_\_no If yes, and transporting to hospital, is RP Technician enroute? \_\_\_\_yes \_\_\_\_no

Patient Disposition: \_\_\_\_Medical \_\_\_\_Return to Work \_\_\_\_Home \_\_\_\_Personal Physician \_\_\_\_Hospital

Patient Instructions: \_\_\_\_\_

MERT Command: \_\_\_\_\_ Primary Responder: \_\_\_\_\_

Additional Responders: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*Fax completed form to Oconee Medical Center (864-885-7384), ASAP, when transporting to hospital**

**Enclosure 4.4**  
**Refusal Of Treatment/Transport Against**  
**Medical Advice**

**RP/0/A/1000/016**  
**Page 1 of 1**

**Refusal of Treatment/Transport Against Medical Advice**

In my best judgment I, \_\_\_\_\_ do not feel as though I need the services of the Medical Emergency Response Team and refuse to be treated and/or transported by ambulance, company vehicle, or personal vehicle to any location for advanced medical treatment. I release Duke Energy Corporation, Inc. and MERT Personnel from any liability as a result of my refusal.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

D.O.B.: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

☐ Patient refused to sign form.

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

**Enclosure 4.5**

**References**

RP/0/A/1000/016

Page 1 of 1

1. PIP O-02-00585
2. PIP O-03-07116
3. PIP O-04-07188
4. PIP O-05-03077
5. PIP O-05-06141
6. PIP O-08-01963
7. PIP O-09-00976
8. PIP O-11-03079

## 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/1000/016
2. Revision No.: 001
3. Change No.:     **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies
5. For changes only, enter procedure sections affected:
6. Prepared By: Natalie Harness 
7. Preparation Date: 5/7/2014
8. PCR Numbers Included in Revision: ONS-2014-001428

**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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/016Revision No. 001**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies
- (4) Prepared By Natalie Harness *Natalie Harness* Date 5/7/2014  
 Prepared By & Mentor\* John Kaminski *John Kaminski* Date ~~5/7/2014~~ 6/23/2014
- (5) Requires NSD 228 Applicability Determination?  
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (Safety Classification Revision)
- (6) Reviewed By\* Don Crowl *Don Crowl* (QR)(KI) Date 6/24/14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA NA Date 6/24/14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA NA Date 6/24/14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA NA Date 6/24/14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* Patrice M. Sturge *Patrice M. Sturge* Date 6/26/14

**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 \_\_\_\_\_

(2) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

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

\* Printed Name and Signature

Procedure Title: MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

See attached change matrix

**PCR Numbers Incorporated**

ONS-2014-001428

**Enclosure**

<b>RP/0/A/1000/016, Rev 001, MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies</b> <b>(DocuTracks ONS-2014-001428)</b>				
<b>Change #</b>	<b>Page #</b>	<b>Current</b>	<b>Proposed</b>	<b>Reason</b>
1.	Page 2 of 2	NOTE: WHEN Security activates MERT, this procedure (RP/0/B/1000/016) does not apply. MERT activation by Security is performed per SP/C/1629-O.	NOTE: WHEN Security activates MERT, this procedure (RP/0/A/1000/016) does not apply. MERT activation by Security is performed per SP/C/1629-O. (change B to A)	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1." Also change B to A for procedure references.</i>
2.	Enclosure 4.1 Section 1.7.1 Page 5 of 7	B. Call Oconee Medical Center, 9-882-4611 with the above information	B. Call Oconee Medical Center, 864-882-4611 with the above information (removed 9 and added the area code 864)	
3.	Enclosure 4.1 Section 1.12 Page 7 of 7	1.12 IF a death, near death, or major traumatic injury incident occurs, notify Employee Assistance Program at extension 3315 or 704-382-7900.	1.12 IF a death, near death, or major traumatic injury incident occurs, notify Employee Assistance Program at extension 3315 or 704-382-7900. (removed "9-")	
4.	Enclosure 4.3 Page 1 of 1	<b>**Fax completed form to Oconee Medical Center (9-864-885-7384), ASAP, when transporting to hospital</b>	<b>**Fax completed form to Oconee Medical Center (864-885-7384), ASAP, when transporting to Hospital</b> (removed "9-")	



Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/016

Revision No. 001 Change No. \_\_\_\_\_  
Permanent/Restricted to \_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies

(4) Section(s) of Procedure Affected: Enclosure 4.1 Section 1.7.1 Page 5 of 7, Enclosure 4.1 Section 1.12 Page 7 of 7, & Enclosure 4.3 Page 1 of 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:

*Editorial: Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."*

(8) Prepared By Natalie Harness *Natalie Harness* Date 5/7/2014

Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/7/2014

(9) Reviewed By\* Don Crandall *Don Crandall* (QR)(KI) Date 6/23/14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA *NA* Date 6/24/14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA *NA* Date 6/24/14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA *NA* Date 6/24/14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Ronnie M. Stiles *Ronnie M. Stiles* Date 6/26/14

\* Printed Name and Signature

## §50.54(q) Screening Evaluation Form

<b>Activity Description and References:</b>		<b>BLOCK 1</b>
RP/0/A/1000/016, Rev 001, MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies (DocuTracks ONS-2014-001428)		
<b>Activity Scope:</b>		<b>BLOCK 2</b>
<input checked="" type="checkbox"/> The activity <u>is</u> a change to the emergency plan <input type="checkbox"/> The activity <u>is not</u> a change to the emergency plan		
<b>Change Type:</b>	<b>BLOCK 3</b>	<b>Change Type:</b>
<input checked="" type="checkbox"/> The change <u>is</u> editorial or typographical <input type="checkbox"/> The change <u>is not</u> editorial or typographical <i>Editorial: Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."</i>		<input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval
<b>Planning Standard Impact Determination:</b>		<b>BLOCK 5</b>
<input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – <b>Emergency Classification System*</b> <input type="checkbox"/> §50.47(b)(5) – <b>Notification Methods and Procedures*</b> <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – <b>Accident Assessment*</b> <input type="checkbox"/> §50.47(b)(10) – <b>Protective Response*</b> <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance <b>*Risk Significant Planning Standards</b> <input type="checkbox"/> The proposed activity does not impact a Planning Standard		
<b>Commitment Impact Determination:</b>		<b>BLOCK 6</b>
<input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment		
<b>Results:</b>		<b>BLOCK 7</b>
<input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation		
Preparer Name: Natalie Harness/ John Kaminski	Preparer Signature <i>Natalie Harness</i> <i>John Kaminski</i>	Date: 5/7/2014 6/23/14
Reviewer Name: Don Crowl	Reviewer Signature <i>Don Crowl</i>	Date: 6/24/14

<b>RP/0/A/1000/016, Rev 001, MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies (DocuTracks ONS-2014-001428)</b>				
<b>Change #</b>	<b>Page #</b>	<b>Current</b>	<b>Proposed</b>	<b>Reason</b>
1.	Page 2 of 2	NOTE: WHEN Security activates MERT, this procedure (RP/0/B/1000/016) does not apply. MERT activation by Security is performed per SP/C/1629-O.	NOTE: WHEN Security activates MERT, this procedure (RP/0/A/1000/016) does not apply. MERT activation by Security is performed per SP/C/1629-O. (change B to A)	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1." Also change B to A for procedure references.</i>
2.	Enclosure 4.1 Section 1.7.1 Page 5 of 7	B. Call Oconee Medical Center, 9-882-4611 with the above information	B. Call Oconee Medical Center, 864-882-4611 with the above information (removed 9 and added the area code 864)	
3.	Enclosure 4.1 Section 1.12 Page 7 of 7	1.12 IF a death, near death, or major traumatic injury incident occurs, notify Employee Assistance Program at extension 3315 or 704-382-7900.	1.12 IF a death, near death, or major traumatic injury incident occurs, notify Employee Assistance Program at extension 3315 or 704-382-7900. (removed "9-")	
4.	Enclosure 4.3 Page 1 of 1	<b>**Fax completed form to Oconee Medical Center (9-864-885-7384), ASAP, when transporting to hospital</b>	<b>**Fax completed form to Oconee Medical Center (864-885-7384), ASAP, when transporting to Hospital</b> (removed "9-")	

<b>Duke Energy Company</b> <b>Oconee Nuclear Station</b>  <b>Fire Brigade Response- OSC</b>   <b>Reference Use</b>	<b>Procedure No.</b> <b>RP/0/A/1000/029</b>
	<b>Revision No.</b> <b>001</b>
	<b>Electronic Reference No.</b> <b>OP009AD9</b>

## Fire Brigade Response

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

Dial 9 for an outside line and dial 1 for long distance

### 1. Symptoms

- 1.1 Fire, explosions or conditions (smoke, smoldering, burning) associated with a fire have been reported to the Control Room or to the OSC when activated.
- 1.2 This procedure shall provide guidance to shift personnel and Emergency Coordinator for response, actions, and coordination associated with an incident involving real or suspected fires.

### 2. Immediate Actions

- 2.1 **IF** Fire Brigade response is being considered  
**AND** The OSC/TSC are activated  
**THEN** Go to Enclosure 4.1 (Fire Brigade Response - OSC/TSC Activation).

### 3. Subsequent Actions

- 3.1 **WHEN** HPSW Pump **NO** longer required perform the following:
  - 3.1.1 Ensure HPSW Pump switch returned to required position per OP/0/A/1104/011 (High Pressure Service Water).
  - 3.1.2 If required reset Mulsifyres per OP/0/A/1104/011 (High Pressure Service Water).
  - 3.1.3 If required close any Fire Hydrant that was opened. {4}
- 3.2 **IF** Fire Brigade equipment or supplies have been used,  
**THEN** Ensure that all equipment is returned to its proper place and consumable supplies are replaced or ordered.
- 3.3 **IF** HPSW-21 **OR** HPSW-958 were opened due to fire in the Auxiliary Building  
**THEN** Ensure valves are returned to normal position when no longer needed.

**NOTE:** Original copies of the Fire Emergency Report can be located in NSD 112, Fire Brigade Organization and Training.

- \_\_\_\_\_ 3.4 Complete Enclosure 4.3 (Fire Emergency Report).
  - \_\_\_\_\_ 3.4.1 Forward a copy to the Fire Protection Engineer.
  - \_\_\_\_\_ 3.4.2 Initiate a PIP if Enclosure 4.3 (Fire Emergency Report) is completed. Include all important information from Enclosure 4.3 (Fire Emergency Report) in PIP.
  - \_\_\_\_\_ 3.4.3 Forward this procedure to the Emergency Planning Section.
- \_\_\_\_\_ 3.5 Conduct a post incident critique for events requiring full Fire Brigade activation.

#### **4. Enclosures**

- 4.1 Fire Brigade Response - OSC/TSC Activation
- 4.2 Fire Emergency Report
- 4.3 Fire Brigade Leader Checklist
- 4.4 Safety Officer's Checklist
- 4.5 Instructions for DE-energizing Transformers
- 4.6 References

**Enclosure 4.1**  
**Fire Brigade Response - OSC/TSC Activation**

RP/0/A/1000/029  
Page 1 of 6

**1. Fire Brigade Response – OSC/TSC Activation**

- Actions may be followed in any sequence.
- Lines left of procedure steps are used to indicate place in procedure.
- Check marks are acceptable in these blanks.
- Complete the procedure steps that apply to this incident.
- N/A steps not performed.

1.1 Complete the following with information taken from 4911 the emergency line call:

Name/Group of person reporting fire/smoke \_\_\_\_\_

Location of fire/smoke \_\_\_\_\_

Column Number \_\_\_\_\_ Elevation \_\_\_\_\_

Equipment/components affected by fire/smoke \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_

Are there people in the immediate area who need to be warned or relocated to a safe area?

Are there any injured people? \_\_\_\_\_

Call back number \_\_\_\_\_

Enclosure 4.1  
Fire Brigade Response - OSC/TSC Activation

RP/0/A/1000/029  
Page 2 of 6

**NOTE:** The Emergency Coordinator or designee may activate a full Fire Brigade response without sending someone to investigate first, if deemed necessary. Possible situations that warrant full response could include:

- Multiple reports from individuals
- Multiple alarms,
- Other system indications
- Any other indicators that the Emergency Coordinator deems significant.

\_\_\_\_ 1.2    **IF**        Fire is involved or suspected **INSIDE** the Protected Area,

**THEN**      Perform one of the following as required.

\_\_\_\_ 1.2.1    Send one operator, with a radio, to the fire/smoke location to perform one of the following:

A. Extinguish the fire (if possible) with portable extinguisher (notify Control Room)

**OR**

B. **IF**        Fire Brigade response is required

**THEN**      Notify OSC SRO immediately.

\_\_\_\_ 1.2.2    **IF**        Fire Brigade response is **NOT** needed,

**THEN**      Perform the following:

- Direct NEO to search affected area for victims
- Activate MERT if required per RP/0/A/1000/016 (MERT Activation Procedure For Medical, Confined Space, and High Angle Rescue Emergencies)
- **IF NO** fire was discovered then exit this procedure.
- If fire was discovered then GO TO Step 1.2.3.



RP/0/A/1000/029  
Page 3 of 6

**THEN** Perform the following:

- Search effected area for victims
- Evacuate surrounding areas
- Pre-stage nearby equipment for Fire Brigade
- Report to Fire Brigade Leader for further instructions

- Verbally dispatch available Fire Brigade members located in OSC
- Dispatch using plant PA System
- Use Fire Brigade/MERT dispatch console to page radios and pagers encoded to the fire brigade alert tones'
  1. Press the "RED" button labeled "Fire Brigade" 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 including information, if known, that would be important to Fire Brigade members responding to the staging area (e.g. hazardous materials, smoke, structural damage, etc.). {15}

1.2.4 Notify the Control Room SRO on an unaffected or least affected unit to enter AP/0/A/1700/043.

1.2.5 **EXIT** this procedure.

**Enclosure 4.1**  
**Fire Brigade Response - OSC/TSC Activation**

RP/0/A/1000/029  
Page 4 of 6

\_\_\_\_\_ 1.2.6    **IF**    Fire is involved or suspected **OUTSIDE** the Protected Area,

**THEN**    Request that a Security Officer be dispatched to the suspected fire location to verify the location and status of the fire. Request that information be relayed back to the OSC via the emergency line (4911).

\_\_\_\_\_ 1.2.7    **IF**    Security confirms that there is a fire or the situation has the potential for developing into one,

**THEN**    Send a Fire Brigade Leader and one Fire Brigade Member or the full Fire Brigade if resources allow. Request assistance from the offsite fire departments at this time by having Off-Site Communicator dial 864-638-4111. {6} {15}

- During day shift operations call shuttle bus service at ext 5353 and request a bus to meet Fire Brigade members at main entrance to protected area for transport to emergency scene. **YOU MUST LEAVE A MESSAGE ON VOICE MAIL.**
- Make PA\Radio announcement that a bus has been requested to meet Fire Brigade members at main entrance of protected area for transport to emergency scene. {12}

**IF**    Offsite assistance is needed

**Initiate**    Step 1.2.9

**Enclosure 4.1**  
**Fire Brigade Response - OSC/TSC Activation**

RP/0/A/1000/029  
Page 5 of 6

**NOTE:**

- This step does **NOT** apply for the Keowee Hydro Station, which has its own fire pump.
- Minimum flow concerns of HPSW pumps can develop if a HPSW pump is operating with discharge flow <1450 gpm. Most deluge/mulsifyer systems satisfy this requirement therefore, 1.5.2.A may not be necessary if large quantities of water are being discharged from the HPSW system.

\_\_\_\_\_ 1.2.8     **IF**     The Fire Brigade identifies a fire requiring application of water for extinguishment,

**AND**     Power is available to operate HPSW pumps.     {5}

**THEN**     Perform the following:

**NOTE:**     These steps are in order of preference.

- A.     Perform one of the following:
1.     Activate Mulsifyre on spare unit 3 transformer, (3X, 3Y, 3Z, 3S)
- OR**
2.     Activate any one of the following (preferably not loaded or energized):
    - Mulsifyre Transformer CT-1     (T-3-B14)
    - Mulsifyre Transformer No.CT-2     (T-3-D29)
    - Mulsifyre Transformer No.CT-3.     (T-3-B42)
- OR**
3.     Remove cap and open any fire hydrant within protected area or switchyard with a 2.5"outlet.

**NOTE:**     HPSW Pump should be started ≤ 30 minutes from start of fire to address minimum number of starts allowed per hour.     {15}

- B.     Start HPSW Pump per OP/0/A/1104/011 (High Pressure Service Water), and place pump in "Run" position.     {1} {4} {13}
- C.     Make a PA announcement to discontinue use of HPSW for non-essential purposes.     {1}

Enclosure 4.1  
Fire Brigade Response - OSC/TSC Activation

RP/0/A/1000/029  
Page 6 of 6

- \_\_\_\_\_ 1.2.9    **IF**    Oconee County Fire Department assistance is needed,
- THEN**    Request that the Offsite Communicator call and request a fire department response from:
- Keowee Fire Department
  - Keowee-Ebenezer Fire Department
  - Corinth Shiloh Fire Department
- A.    Have Offsite Communicator instruct Fire Dispatcher to have fire departments enter the site through the complex entrance on Hwy. 183. All volunteers stage in complex parking lot.
- B.    Request that a Security Officer meet and escort the fire department to the fire location.
- C.    During day shift working hours call bus shuttle service at ext. 5353 and request a bus to meet firefighters at complex bus stop. **YOU MUST LEAVE A MESSAGE WITH VOICE MAIL.**

<b>NOTE:</b> Keowee Hydro Station is located in Pickens County.
---

- \_\_\_\_\_ 1.2.10    **IF**    Six Mile Fire Department assistance is needed for a fire at Keowee Hydro Station,
- THEN**    Request the Offsite Communicator call the Pickens County Sheriffs Department (864-898-5500) and request Six Mile Fire Department to respond to Keowee Hydro Station. {15}
- Have Offsite Communicator instruct Fire Dispatcher to have fire departments enter the site through the complex entrance on Hwy. 183. All volunteers stage in complex parking lot.
  - During day shift working hours call bus shuttle service at ext. 5353 and request a bus to meet firefighters at complex bus stop. **YOU MUST LEAVE A MESSAGE WITH VOICE MAIL.**

\_\_\_\_\_ 1.3    Return to Section 3, Subsequent Actions.

Enclosure 4.2  
Fire Emergency Report

RP/0/A/1000/029  
Page 1 of 1

**FIRE EMERGENCY REPORT**

Station/Location: \_\_\_\_\_ Date: \_\_\_\_\_

Location (Unit/Area): \_\_\_\_\_

Time Discovered: \_\_\_\_\_ Discovered By: \_\_\_\_\_

Operations Shift Manager: \_\_\_\_\_

Evacuation: Yes \_\_\_\_\_ No \_\_\_\_\_ Partial \_\_\_\_\_ Other \_\_\_\_\_

Fire Brigade Response: Yes \_\_\_\_\_ No \_\_\_\_\_

Time Fire Extinguished: \_\_\_\_\_

List All Fire Protection Equipment Used \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Operation Satisfactory: Yes \_\_\_\_\_ No \_\_\_\_\_ (Use Back For Details)

Equipment Restored For Use: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Explain (Use Back for Details)

Outside Assistance Called: No \_\_\_\_\_ Yes \_\_\_\_\_ Agency(s) \_\_\_\_\_

\_\_\_\_\_

Area Involved: \_\_\_\_\_

Point of Origin (If known): \_\_\_\_\_

Cause (If known) \_\_\_\_\_

Damage To: \_\_\_\_\_

Building \_\_\_\_\_

Equipment \_\_\_\_\_

Personal \_\_\_\_\_

Other \_\_\_\_\_

Injuries Reported: \_\_\_\_\_

Briefly Describe What Happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*Signature of Fire Brigade Leader

\_\_\_\_\_  
\*Signature of Operations Shift Manager

\*Notify Safety Representative of Fires Involving Personal Injury (Refer to Duty List for after hours).

**Enclosure 4.3**  
**Fire Brigade Leader Checklist**

**RP/0/A/1000/029**  
**Page 1 of 1**

<b>TASK</b>	<b>✓</b>
<b>Don Fire Brigade Leader Vest</b>	
<b>Determine Staging Area and Communicate to Control Room</b> <ul style="list-style-type: none"> <li>• Safe accessibility</li> <li>• Minimal distractions</li> <li>• Appropriate vicinity</li> </ul>	
<b>Establish The Following Teams/Priorities:</b> <ul style="list-style-type: none"> <li>• Entry Team - Priority = search &amp; rescue/fight fire</li> <li>• Backup Team - Priority = backup Entry Team/help fight fire</li> <li>• Rapid Intervention Team - Priority = Rescue Fire Fighters (if required)</li> </ul>	
<b>Stress The Following Items With All Teams Prior To Dispatching To Fire:</b> <ul style="list-style-type: none"> <li>• Safety of Team is top priority</li> <li>• Stay with the hose/rescue line <u>at all times</u></li> <li>• Maintain contact with your team at all times</li> <li>• All teams report to Safety Officer prior to entering fire zone and after exiting fire zone for accountability</li> </ul>	
<b>Assess The Fire:</b> <ul style="list-style-type: none"> <li>• Request CR to dispatch additional resources as required: <ul style="list-style-type: none"> <li>- Off Duty Shifts and/or Offsite Fire Departments -</li> <li>- (Fire active &gt; 5 minutes after extinguishing agent is applied)</li> <li>- Outside Equipment Truck and/or Equipment Carts</li> <li>- CO2 or Wheeled Dry Chemical Extinguishers</li> <li>- Foam Units</li> </ul> </li> <li>• Exposures - Critical Equipment Concerns <ul style="list-style-type: none"> <li>- Above/Below Fire?, Fire/Smoke/Water?, Electrical Hazards?</li> </ul> </li> <li>• Report Critical Equipment Concerns to CR for Emergency Plan Consideration</li> </ul>	
<b>Request Location of Nearest Fire Hose Locations From Control Room:</b> <ul style="list-style-type: none"> <li>• Elevation/column #</li> <li>• Communicate locations to teams</li> </ul>	
<b>Request Assistance From RP/Security</b> <ul style="list-style-type: none"> <li>• Request Security At The Scene To Control Access To The Area</li> <li>• If Radiological Concerns Exist, Request CR To Notify RP</li> </ul>	
<b>Refer To Fire Plan As Required:</b> <ul style="list-style-type: none"> <li>• Hazards/Ventilation</li> <li>• Refer To SOG #10 for Fire Brigade equipment locations</li> </ul>	
<b>If Hazardous Materials Involved, Request CR to Dispatch Haz-Mat Team</b>	

Enclosure 4.4  
Safety Officer's Checklist

RP/0/A/1000/029  
Page 1 of 1

TASK	✓
<b>Don Safety Officer Vest</b>	
<b>Establish Accountability For FB Members</b> <ul style="list-style-type: none"><li>• Name tags/accountability board</li></ul>	
<b>Perform PPE Checks of Fire Fighters</b> <ul style="list-style-type: none"><li>• All skin covered</li><li>• All turnout gear openings closed</li><li>• SCBA cylinder full (<math>\geq 4000</math> psi)</li><li>• SCBA cylinder valves fully open</li><li>• PASS device operational</li></ul>	
<b>Log Team Assignments on Accountability Board</b> <ul style="list-style-type: none"><li>• Log time on air</li><li>• Log entry times</li><li>• Log team assignments</li></ul>	
<b>Assign MERT Responsibilities</b> <ul style="list-style-type: none"><li>• Stand by with medical equipment</li><li>• Monitor FB members for signs of heat exhaustion/stress/etc.</li><li>• Provide drinking water for fire fighters</li></ul>	
<b>Maintain Continuous Contact With Fire Brigade Leader</b>	
<b>Evaluate SCBA Needs</b> <ul style="list-style-type: none"><li>• If required, request CR to have SCBA cylinder fill trailer delivered</li><li>• If required, request CR to have Spare SCBA cylinders delivered.</li><li>• If required, request CR to have spare SCBAs (for additional responders) delivered</li></ul>	

**1 Unit 1 Transformers**

1.1 **IF** Transformer 1 and/or 1T is affected perform the following:

**IF** Desired, electrically isolate affected transformer 1, 1T as follows:

- Trip Unit 1 Turbine-Generator
- Ensure open PCB-20
- Ensure open PCB-21
- Ensure Auxiliaries transfer.

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

**IF** Transformer CT1 multisyre is affected, perform the following:

**IF** Desired, electrically isolate affected transformer CT1 as follows:

- Ensure open PCB-17
- Ensure open PCB-18
- Ensure 1TA AUTO-MAN Transfer Switch in MAN
- Ensure open 1TA SU 6.9 KV FDR Breaker
- Ensure 1TB AUTO-MAN Transfer Switch in MAN
- Ensure open 1TB SU 6.9 KV FDR Breaker
- Ensure MFB1 AUTO-MAN Transfer Switch in MAN
- Ensure open E11 MFB1 STARTUP FDR breaker
- Ensure MFB2 AUTO-MAN Transfer Switch in MAN
- Ensure open E21 MFB2 STARTUP FDR breaker.

Refer to SLC 16.9.2 and NSD-316.

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.



## 2. Unit 2 Transformers

2.1 **IF** Transformer 2 and/or 2T is affected perform the following:

**IF** Desired, electrically isolate affected transformer 2, 2T as follows:

- Trip Unit 2 Turbine-Generator
- Ensure open PCB-23
- Ensure open PCB-24
- Ensure Auxiliaries transfer.

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

**IF** Transformer CT2 multisyre is affected, perform the following:

**IF** Desired, electrically isolate affected transformer CT2 as follows:

- Ensure open PCB-26
- Ensure open PCB-27
- Ensure 2TA AUTO/MAN Transfer Switch in MANUAL
- Ensure open 2TA SU 6.9 KV FDR Breaker
- Ensure 2TB AUTO/MAN Transfer Switch in MANUAL
- Ensure open 2TB SU 6.9 KV FDR Breaker
- Ensure MFB1 AUTO/MAN Transfer Switch in MANUAL
- Ensure open E1 MFB1 STARTUP FDR breaker
- Ensure MFB2 AUTO/MAN Transfer Switch in MANUAL
- Ensure open E2, MFB2 STARTUP FDR breaker.

Refer to SLC 16.9.2 and NSD-316

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

### 3. Unit 3 Transformers

3.1 **IF** Transformer 3X, 3Y, 3Z, 3S, 3T is affected perform the following:

**NOTE:** If the transformer which is **NOT** connected to the system is involved, it is **NOT** required to be isolated.

**IF** Desired, electrically isolate affected transformer 3X, 3Y, 3Z, 3S, 3T as follows: {15}

- Trip Unit 3 Turbine-Generator
- Ensure open PCB-58
- Ensure open PCB-59
- Ensure Auxiliaries transfer.

Within 1 hour, open Red and Yellow Bus Disconnects for the open PCBs.

**IF** Transformer CT3 multisyre is affected, perform the following:

**IF** Desired, electrically isolate affected transformer CT3 as follows:

- Ensure open PCB-28
- Ensure open PCB-30
- Ensure 3TA AUTO-MAN Transfer Switch in MANUAL
- Ensure open 3TA SU 6.9 KV FDR Breaker
- Ensure 3TB AUTO-MAN Transfer Switch in MANUAL
- Ensure open 3TB SU 6.9 KV FDR Breaker
- Ensure MFB1 AUTO-MAN Transfer Switch in MANUAL
- Ensure open E13 MFB1 STARTUP FDR breaker
- Ensure MFB2 AUTO-MAN Transfer Switch in MANUAL
- Ensure open E23 MFB2 STARTUP FDR breaker.

Refer to SLC 16.9.2 and NSD-316

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

**Enclosure 4.6**  
**References**

RP/0/A/1000/029  
Page 1 of 1

**1. References:**

- {1} PIP 01-0405
- {2} PIP 99-1286
- {3} PIP 01-1220
- {4} PIP 02-03870
- {5} PIP 02-03489
- {6} PIP 02-07174
- {7} PIP 03-00251
- {8} PIP 03-01359
- {9} PIP 03-04929
- {10} PIP 98-3017
- {11} PIP 04-05086
- {12} PIP 04-07188
- {13} PIP 05-04134
- {14} PIP 08-04665
- {15} PIP 011-04127

## 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/1000/029
2. Revision No.: 001
3. Change No.:     **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Fire Brigade Response - OSC
5. For changes only, enter procedure sections affected: see attached change matrix
6. Prepared By: Natalie Harness / John Kaminski
7. Preparation Date: 5/7/2014
8. PCR Numbers Included in Revision: ONS-2014-001430

**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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/029Revision No. 001**PREPARATION**(2) Station OCONEE NUCLEAR STATION(3) Procedure Title Fire Brigade Response - OSC(4) Prepared By Natalie Harness *Natalie Harness* Date 5/7/2014Prepared By & Mentor\* John Kaminski *John Kaminski* Date ~~5/7/2014~~  
6/23/14

(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. Graw *Donald A. Graw* (QR)(KI) Date 6/26/14Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA *NA* Date 6/26/14Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA *NA* Date 6/26/14Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA *NA* Date 6/26/14

(7) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(8) Approved By\* PATRICK M. STUBBS *Patrick M. Stubbs* Date 6/26/14**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 \_\_\_\_\_

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

\* Printed Name and Signature

Procedure Title: Fire Brigade Response - OSC

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

See attached change matrix

**PCR Numbers Incorporated**

ONS-2014-001430

**Enclosure**

## RP/0/A/1000/029, Rev 001, Fire Brigade Response- OSC (DocuTracks ONS-2014-001430)

Change #	Page #	Current	Proposed	Reason
1.	Enclosure 4.1 Step 1.2.2, Bullet 2 Page 2 of 6	Activate MERT if required per RP/0/B/1000/016 (MERT Activation Procedure for Medical, Confined Space, and High Angle Rescue Emergencies)	Activate MERT if required per RP/0/A/1000/016 (MERT Activation Procedure for Medical, Confined Space, and High Angle Rescue Emergencies) (changed B to A)	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the</i>
2.	Enclosure 4.1 Step 1.2.7 Page 4 of 6	<b>THEN</b> Send a Fire Brigade Leader and one Fire Brigade Member or the full Fire Brigade if resources allow. Request assistance from the offsite fire departments at this time by having Off-Site Communicator dial 9-864-638-4111.	<b>THEN</b> Send a Fire Brigade Leader and one Fire Brigade Member or the full Fire Brigade if resources allow. Request assistance from the offsite fire departments at this time by having Off-Site Communicator dial 864-638-4111. (removed "9-")	<i>procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to</i>
3.	Enclosure 4.1 Step 1.2.10 Page 6 of 6	<b>THEN</b> Request the Offsite Communicator call the Pickens County Sheriffs Department (9-864-898-5500) and request Six Mile Fire Department to respond to Keowee Hydro Station.	<b>THEN</b> Request the Offsite Communicator call the Pickens County Sheriffs Department (864-898-5500) and request Six Mile Fire Department to respond to Keowee Hydro Station. (removed "9-")	<i>state: For an outside line dial "9" and for long distance dial "1."</i>

Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/029

Revision No. 001 Change No. \_\_\_\_\_  
Permanent/Restricted to \_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Fire Brigade Response- OSC

(4) Section(s) of Procedure Affected: Enclosure 4.1 Step 1.2.7 Page 4 of 6 &  
Enclosure 4.1 Step 1.2.10 Page 6 of 6

(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:

*Editorial: Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."*

(8) Prepared By Natalie Harness *Natalie Harness* Date 5/7/2014

Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/7/2014

(9) Reviewed By\* Donald A. Carl *Donald A. Carl* (QR)(KI) Date 6/26/14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NAME me Date 6/26/14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA me Date 6/26/14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA me Date 6/26/14

(10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* Patrick M. Storer *Patrick M. Storer* Date 6/26/14

\* Printed Name and Signature



## RP/0/A/1000/029, Rev 001, Fire Brigade Response- OSC (DocuTracks ONS-2014-001430)

Change #	Page #	Current	Proposed	Reason
1.	Enclosure 4.1 Step 1.2.2, Bullet 2 Page 2 of 6	Activate MERT if required per RP/0/B/1000/016 (MERT Activation Procedure for Medical, Confined Space, and High Angle Rescue Emergencies)	Activate MERT if required per RP/0/A/1000/016 (MERT Activation Procedure for Medical, Confined Space, and High Angle Rescue Emergencies) (changed B to A)	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the</i>
2.	Enclosure 4.1 Step 1.2.7 Page 4 of 6	<b>THEN</b> Send a Fire Brigade Leader and one Fire Brigade Member or the full Fire Brigade if resources allow. Request assistance from the offsite fire departments at this time by having Off-Site Communicator dial 9-864-638-4111.	<b>THEN</b> Send a Fire Brigade Leader and one Fire Brigade Member or the full Fire Brigade if resources allow. Request assistance from the offsite fire departments at this time by having Off-Site Communicator dial 864-638-4111. (removed "9-")	<i>procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to</i>
3.	Enclosure 4.1 Step 1.2.10 Page 6 of 6	<b>THEN</b> Request the Offsite Communicator call the Pickens County Sheriffs Department (9-864-898-5500) and request Six Mile Fire Department to respond to Keowee Hydro Station.	<b>THEN</b> Request the Offsite Communicator call the Pickens County Sheriffs Department (864-898-5500) and request Six Mile Fire Department to respond to Keowee Hydro Station. (removed "9-")	<i>state: For an outside line dial "9" and for long distance dial "1."</i>

## §50.54(q) Screening Evaluation Form

<b>Activity Description and References:</b>		BLOCK 1
RP/0/A/1000/029, Rev 001, Fire Brigade Response- OSC (DocuTracks ONS-2014-001430)		
<b>Activity Scope:</b>		BLOCK 2
<input checked="" type="checkbox"/> The activity is a <i>change</i> to the <i>emergency plan</i> <input type="checkbox"/> The activity is <i>not</i> a <i>change</i> to the <i>emergency plan</i>		
<b>Change Type:</b>	BLOCK 3	<b>Change Type:</b>
<input checked="" type="checkbox"/> The change <i>is</i> editorial or typographical <input type="checkbox"/> The change is <i>not</i> editorial or typographical <i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."</i>		<input type="checkbox"/> The change <i>does</i> conform to an activity that has prior approval <input type="checkbox"/> The change <i>does not</i> conform to an activity that has prior approval
<b>Planning Standard Impact Determination:</b>		BLOCK 4
<input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – <b>Emergency Classification System*</b> <input type="checkbox"/> §50.47(b)(5) – <b>Notification Methods and Procedures*</b> <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – <b>Accident Assessment*</b> <input type="checkbox"/> §50.47(b)(10) – <b>Protective Response*</b> <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance <b>*Risk Significant Planning Standards</b> <input type="checkbox"/> The proposed activity does not impact a Planning Standard		
<b>Commitment Impact Determination:</b>		BLOCK 5
<input type="checkbox"/> The activity <i>does</i> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input type="checkbox"/> The activity <i>does not</i> involve a site specific EP commitment		
<b>Results:</b>		BLOCK 6
<input checked="" type="checkbox"/> The activity <i>can</i> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <i>cannot</i> be implemented without performing a §50.54(q) effectiveness evaluation		
Preparer Name: Natalie Harness/ John Kaminski	Preparer Signature <i>Natalie Harness</i> <i>John Kaminski</i>	Date: 5/7/2014 6/23/14
Reviewer Name: Don Crowl	Reviewer Signature <i>Don Crowl</i>	Date: 6/26/14

<b>Duke Energy Company</b>  <b>Joint Information Center Emergency Response Plan</b>  <b>Reference Use</b>	<b>Procedure No.</b> <b>RP/0/A/1000/031</b>
	<b>Revision No.</b> <b>001</b>
	<b>Electronic Reference No.</b> <b>OP009ADS</b>

**NOTE:** For an outside line dial "9" and for long distance dial "1".

## **1. Symptoms**

- 1.1 Conditions exist such that the Oconee Joint Information Center Emergency Response Plan has been activated to support a nuclear emergency.

## **2. Immediate Actions**

- 2.1 Government Agency Liaison position will be filled once emergency reaches a "degrading Alert" or a Site Area Emergency.
- 2.2 Distribution Coordinator position will be filled at initial activation of the JIC.
- 2.3 Administrative Support position will be filled upon decision to activate the JIC.
- 2.4 Registration Support position will be filled upon decision to activate the JIC.
- 2.5 Media Monitor position will be filled upon decision to activate the JIC.
- 2.6 Teleproductions Support Coordinator position will be filled once emergency reaches a "degrading Alert" or a Site Area Emergency.
- 2.7 Media Liaison position will be filled upon decision to activate the JIC.
- 2.8 News Manager position will be filled upon decision to activate the JIC.
- 2.9 Public Spokesperson position will be filled upon decision to activate the JIC.
- 2.10 ONS JIC Technical Liaison position will be filled upon decision to activate the JIC.

## **3. Subsequent Actions**

- 3.1 Respond as required by enclosures designated for the individual position.
- 3.2 Activate/deactivate the ONS media center by following the process outlined in Enclosure 4.13 (Process For Media Center Activation/Deactivation).

**4. Enclosures**

- 4.1 Government Agency Liaison Activation Checklist**
- 4.2 Distribution Coordinator Activation Checklist**
- 4.3 Administrative Support Activation Checklist**
- 4.4 Registration Support Activation Checklist**
- 4.5 Media Monitor Activation Checklist**
- 4.6 Teleproductions Support Coordinator Activation Checklist**
- 4.7 Media Liaison Activation Checklist**
- 4.8 News Manager Activation Checklist**
- 4.9 Public Spokesperson Activation Checklist**
- 4.10 ONS JIC Technical Liaison Checklist**
- 4.11 Process For Accessing JIC Forms**
- 4.12 Process For Accessing Nuclear News Releases**
- 4.13 Process For Media Center Activation/Deactivation**

Enclosure 4.1  
Government Agency Liaison Activation  
Checklist

RP/0/A/1000/031  
Page 1 of 4

**1. Government Agency Liaison Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 **Nuclear only:** Contact INPO at 800-321-0614 (backup: 770-644-8000) and NEI by emailing: [NEIresponsecenter@nei.org](mailto:NEIresponsecenter@nei.org) to inform of the drill/emergency and let them know they will be receiving news releases. Please provide the following information:
  - Your name and company
  - A phone number where you can be reached
  - The affected station and unit
  - The situation (drill or event) and classification - direct them to call you, if they need more information. (you may be asked to leave a message on an answering machine when calling INPO)
- ☐ 1.4 Work with news manager to ensure JIC is declared JIC operational/activated in a timely manner. Remember that JIC declaration must be coordinated with Charlotte JIC.
- ☐ 1.5 Determine and discuss extent of state/county participation with Duke Energy News Manager.
- ☐ 1.6 Serve as the single point of contact for agency representatives reporting to the JIC and for internal business units/groups such as governmental affairs, regulatory affairs, business and community relations managers, etc.
  - Assist agencies with room familiarization, use of equipment, etc.
  - Determine number of copies of news releases needed for federal/county/state Public Information Officers (PIOs). Give this number to the admin support personnel as quickly as possible after JIC activation
  - Determine names of PIOs participating in news conferences and give this information to the admin support personnel so that name cards can be made
  - Verify state rumor control personnel in the JIC have copies of the Oconee Emergency Planning Calendar and all news releases
  - Use the government agency seating chart located in your notebook to document agency participation and seating.

**Enclosure 4.1**  
**Government Agency Liaison Activation**  
**Checklist**

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- ☐ 1.7 Ensure the following information is posted on a status board or electronic log in the JIC and encourage JIC participants to check the board periodically.
  - Oconee JIC status (operational, activated, deactivated), with date and time
  - Event classification, with date, and time
  - Major issues/concerns/rumors and their resolution
- ☐ 1.8 Work with administrative support personnel to ensure that all state/county/federal/Duke news releases pertaining to a change in classification are displayed in the Media Center at the SAME TIME.
  - Use the Government Liaison ENF - Release chart template (located in the Gov. Agency Liaison folder on "charf01\ccr\_jicdrive") to track and verify news release and ENF receipt and distribution.

**NOTE:** The Government Agency Contact list in the JIC procedures cart or on the JIC drive (under telephone folder) may be referred to for phone numbers. PIOs in the JIC may also be able to relay information.

- ☐ 1.9 Ensure state, risk and host county emergency operations centers (EOCs) are notified when:
  - The JIC is Operational
  - The JIC is Activated
  - A media center is being established
  - News releases/news updates are being faxed.
  - As needed to determine if/when agency representatives will report to the JIC.
- ☐ 1.10 Perform a cursory review of agency news releases for accuracy of Duke Energy related information such as classification, time of declaration, Duke Energy actions, etc.
- ☐ 1.11 Keep state/county/federal PIOs up-to-date on event/plant conditions and emergency classification. If other JICs are activated, utilize a bridge line for room updates so other JICs can hear the updates.

**Enclosure 4.1**  
**Government Agency Liaison Activation**  
**Checklist**

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☐ 1.12 In preparing for news conferences:

- Serve as liaison between the News Manager and the state and counties to determine news conference times
- Notify the Charlotte JIC of the news conference time
- Request that the media liaison assigned to media center announce/post the time for the next news conference and provide updates if the news conference will be postponed/delayed.
- Determine if additional visual aids are needed by state/county PIOs and work with admin support and/or the distribution coordinator to obtain requested visual aids.
- Work with the news manager to review the ONS slide deck located in the nuclear visuals folder on the JIC drive (\charf01\ccr\_jic) to identify/verify visuals for the news conference briefings.
- Ensure name tents for each PIO have been placed in the media center by the administrative support team.
- Ensure all agencies coordinate media/news conference briefings within the JIC prior to attending the news conferences.

**NOTE:** The following protocol should be used when using the JIC-EOF Conference Bridge (704-382-8080/866-385-2663 Conferee Code (b)(6))

- Identify yourself and your location
- Take turns speaking - do not interrupt
- Acknowledge receipt of information
- Repeat back to ensure important/sensitive information is received/understood
- Re-direct long discussions to a phone line

- ☐ 1.13 Be available/ready to establish contact with the Charlotte JIC and state and county liaisons over the JIC-EOF Conference Bridge by calling, 704-382-8080/866-385-2663 and entering conferee code (b)(6).
- ☐ 1.14 Ensure that the shelter/evacuation map located in the JIC and media center is properly coded for the protective action decisions provided by the state and counties.
- ☐ 1.15 Notify the news manager and the Charlotte JIC (via the JIC-EOF Conference Bridge 704-382-8080/866-385-2663 conferee code (b)(6)) of issues or concerns expressed by state/county/federal PIOs.



**Enclosure 4.1**  
**Government Agency Liaison Activation**  
**Checklist**

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- ☐ 1.16 Verify that Duke Energy news releases are being provided to federal/state/county PIO representatives and state rumor control in the JIC.
- ☐ 1.17 Verify that Duke Energy news releases are being received by the state/county emergency operations centers (EOCs). This may be done by monitoring the email distribution list or share drives set up by the agencies to share information. (Discuss this with the Emergency Communications Planner.)
- ☐ 1.18 Verify with the admin support personnel that the Media Liaisons in the Media Center and the Media Monitor are getting copies of all news releases.
- ☐ 1.19 Prepare and conduct turnover with next shift if applicable. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.20 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution Coordinator Activation Checklist** Page 1 of 3**1. Distribution Coordinator Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Discuss administrative needs with the News Manager and/or Government Agency Liaison and then contact Administrative Support personnel to report to the JIC to manage the following functions, as needed:
  - Fax support
  - Copy support
  - Internal JIC distribution
  - Media monitoring
- ☐ 1.4 Provide oversight and direction for Administrative Support personnel in the following areas:
  - Copy
    - Ensure Emergency Notification Forms (ENFs) are copied on green paper.
    - Ensure Emergency Alert System (EAS) messages are copied on blue paper.
  - Distribution
    - Remind administrative support that Duke and agency news releases pertaining to a change in classification should be taken to the media center at the SAME TIME.
    - Carry a mobile phone, if available, when distributing information between facilities.
  - FAX
    - Ensure faxes are sent/received in a timely manner - especially the Emergency Notification Form (ENF)
    - Ensure federal, state and county news releases are faxed to the Charlotte JIC
    - Ensure faxes sent are recorded on the Fax Log Sheet
  - Media monitoring - ensure coordination with teleproductions and assist in radio/TV set up as needed.

## Distribution Coordinator Activation Checklist Page 2 of 3

- ☐ 1.5 Notify Facilities, IT/IM, and Security of JIC activation and the need for their support. Request at least one representative from each group respond to the JIC. (PIP 08-1713, CA 14)
- ☐ 1.6 If needed, ensure a media center has been properly set up.
- ☐ 1.7 Work with the Charlotte JIC to determine the number of additional staff being sent to ONS and ensure appropriate arrangements are made for hotels, meals, snacks, etc.
- ☐ 1.8 Ensure that a registration process (i.e. sign-up sheets and security) is implemented for the Joint Information Center and the Media Center. Request security officers to provide registration support (one for JIC, one for media center - as applicable).
- ☐ 1.9 Carry a mobile phone (if available) when distributing information between the facilities.
- ☐ 1.10 Assist in setting up bridge lines, if needed, to allow multiple agencies/JICs to listen to discussions in the JIC.
- ☐ 1.11 Maintain a file folder for all documents associated with this event, such as:
  - news releases
  - approved talking points and messages
  - county/state news releases
  - government agency news releases
  - emergency notification forms (ENFs)
  - all other documents created/used to support the event
- ☐ 1.12 Ensure name cards are created and taken to the media center for PIOs who will speak during news conferences.
- ☐ 1.13 If needed, ensure emails/share drives are being monitored for agency news releases that may be shared in a central distribution point.
- ☐ 1.14 If requested, contact corporate services to secure a vendor capable of creating news conference transcripts ("Word" format preferable). Refer to the JIC reference manual for number to call.
- ☐ 1.15 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.

- ☐ 1.16 At the end of the drill/exercise/event (i.e. deactivation of the JIC):
  - Notify Security, IT/IM, and Facilities to cease support of the JIC/media center.
  - Contact the Media Monitor and Media Center Liaisons to close down their operations.
  - Have Administrative Support personnel replenish JIC supplies, forms and checklists.
- ☐ 1.17 Ensure the checklist is complete (all boxes checked or n/a).
- ☐ 1.18 Ensure the following forms are collected and given to the Corporate Communications Emergency Planner.
  - Completed activation checklist for each Oconee public affairs participant
  - Duke, federal, state, county news releases
  - Emergency Notification Forms (ENFs)
  - EAS notification forms
  - Other federal or state documents received/issued in relation to the event (i.e., state of emergency declaration, etc.)
  - All sign-in sheets/rosters from the JIC and media center.

## 2. Sign Off

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Administrative Support Activation Checklist**

☐ 1.1 Sign in on JIC staffing board.

☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

☐ 1.3 Turn copy/fax machines on, ensure they are filled with paper, and check them for operability. Report any equipment problems to the Distribution Coordinator.

☐ 1.4 Work with the Government Agency Liaison to provide administrative support to state/county/federal participants. Determine:

- Number of copies needed for Duke, federal, state and county PIOs
- Distribution of faxes, news releases, ENFs, incoming faxes and other documents within the JIC

☐ 1.5 Create name tents for each spokesperson (Duke, state and county) and place name tents at the speakers table in the Media Center PRIOR to the first news conference.

1.5.1 Obtain names of PIO spokespersons for Duke and Federal, State and County agencies

1.5.2 Use the name tent template of the JIC share drive (charf01\ccr\_jic) to create personalized name tents for each PIO

1.5.3 Place name tents at the speakers' table in the media center PRIOR to the first news conference

1.5.4 Update name tents as needed (as new PIOs report for duty) and reverify prior to each news conference.

☐ 1.6 For copying, review copy list (in JIC Reference Manual) to assure familiarity with the number and type of copies:

- Blue paper should be used when copying state Emergency Alert System (EAS) messages
- Green paper should be used when copying Duke's Emergency Notification Forms (ENFs)
- White paper should be used when copying all other materials

## Administrative Support Activation Checklist

- ☐ 1.7 If requested, monitor your email or a share drive for state/county/federal news releases being shared via a central distribution system.

**NOTE:** Emergency Notification Forms (ENFs) should only be given to the Duke representatives in the Technical Liaison room and to the Government Agency Liaison. They should **NOT** be given to state/county representatives unless specifically requested.

- ☐ 1.8 For distribution of information within the JIC and Media Center:
- 1.8.1 Work with the Government Agency Liaison to determine distribution of news releases and other information to federal, state and county officials located in the JIC.
  - 1.8.2 Distribute copies to the JIC staff and Media Monitors as outlined in the distribution lists established for each identified document (refer to the JIC Reference Manual).
  - 1.8.3 Provide copies of news releases/updates to the Media Liaisons for media representatives in the Media Center.

**NOTE:** Distribution of information is very important and should be carried out in a timely manner.

- 1.8.4 Coordinate distribution of Duke and agency news releases pertaining to a change in classification to ensure news releases are displayed in the media center at the SAME TIME.
- ☐ 1.9 Post a copy of each ENF and news releases (Duke, state, county, NRC) in the JIC.
- ☐ 1.10 For faxing support:
- Ensure that the following information is being sent to the Charlotte JIC:
    - A copy of every state/county/federal news release
    - A copy of any state/county or federal document received/issued which pertains to the event
- ☐ 1.11 If asked, support media center set up by referring to Enclosure 4.13. (Process for Media Center Activation/Deactivation).

**Enclosure 4.3**  
**Administrative Support Activation Checklist**

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- ☐ 1.12 Before the end of each day, check JIC files and replenish forms/checklists as necessary.
- ☐ 1.13 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.14 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Enclosure 4.4**  
**Registration Support Activation Checklist**

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**1. Registration Support Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Report to Distribution Coordinator for assignment as a JIC Registrar or Media Center Registrar.

**Process for JIC Registrars:**

- 1.3.1 Have all entrants sign the registration log (log is at front of JIC cart - cart may be in storeroom or near front of the Joint Information Center).
- 1.3.2 **Offsite Agency Access:** For entry, off-site agency personnel must have a picture ID showing their name.
  - 1.3.2.1 Ask for a driver's license, in addition to county/state/federal identification, if the government ID does not have a picture.
- 1.3.3 **Duke Employee Access:** A Duke ID is required for Duke employees reporting to the JIC.
  - 1.3.3.1 Verify the person matches the name and picture on the ID.
  - 1.3.3.2 Find the name of the person entering on the roster/ERO list. If the name is not listed, contact the News Manager or Emergency Communications Manager for validation/verification.
- 1.3.4 If any problems occur, notify Security and the Government Agency Liaison or News Manager. Allow Security to handle the situation.



**Enclosure 4.4**  
**Registration Support Activation Checklist**

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**NOTE:** Duke and Government Agency personnel entering the Media Center for news conferences are **NOT** required to sign in.

**Process for Media Center Registrars:**

- 1.3.5 Have all entrants sign the registration log.
- 1.3.6 A media or picture ID is required for reporters entering the ONS Media Center:
  - 1.3.6.1 If a picture ID is not available, request that the Duke Media Liaison give permission for entry.
  - 1.3.6.2 Request that all Media Personnel display their media/picture ID in a clearly visible manner (i.e. use the green media ID cards with a neck chain, etc.).
  - 1.3.6.3 All non-media entrants should display their agency/company IDs.
- 1.3.7 If any problems arise, notify Security and the Duke Energy Media Liaison. Allow Security to handle the situation.
- ☐ 1.4 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.5 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Monitor Activation Checklist

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**1. Media Monitor Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Report to the Media Monitor Room.

**NOTE:** Teleproductions Support Coordinator should be contacted if there are problems with TVs, DVRs, radios or other equipment.

- ☐ 1.4 Verify TV sets and VCRs are operable.
  - 1.4.1 Obtain remote controllers from Distribution Coordinator, if needed.
  - 1.4.2 Tune TVs to local CBS, ABC, and NBC stations and to CNN if enough TVs are available.
  - 1.4.3 Ask the Distribution Coordinator for a listing of local cable numbers, if needed.
- ☐ 1.5 Verify SIM cards, DVRs/DVDs are available for recording radio AND TV broadcasts.
- ☐ 1.6 Contact the Media Coordinator in the Charlotte JIC (704-382-0611):
  - 1.6.1 Tell them which stations you will monitor.
  - 1.6.2 Give them a phone number where you can be reached.
- ☐ 1.7 Contact the JIC Administrative Support personnel and request copies of all news releases (expect to get information about once per hour – contact the Administrative Support personnel if you are not getting information).
- ☐ 1.8 Monitor and record only information relating to the emergency.
  - 1.8.1 Monitor and record EAS messages from the following common control program radio station: Oconee WFBC 93.5.
  - 1.8.2 Monitor and record radio and TV broadcasts covering the event.
  - 1.8.3 Work with teleproductions to set up a second tuner to pick up recording stations, if tuner #1 is full.

**Enclosure 4.5**  
**Media Monitor Activation Checklist**

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**NOTE: IMPORTANT!**

The Media Coordinator should be immediately contacted in the Charlotte JIC (704-382-0611) when:

- A discrepancy is noted between news releases and the information being provided over radio and TV
- You believe the Charlotte JIC should be aware of the coverage (the tone of the reporting, what is being said and or implied, etc.)

- ☐ 1.9 At the end of the event or when the recordings are full, label them with the station(s) monitored, the date(s) and the time(s).
- ☐ 1.10 When the event is terminated, work with teleproductions to turn off all equipment. Collect the recordings and give them to the teleproductions staff to burn the information to a DVD if it will be archived.
- ☐ 1.11 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.12 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Teleproductions Support Coordinator Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Determine if additional people are needed to support the emergency from a teleproductions standpoint. If yes, contact the Media Coordinator (704-382-0611) in the Charlotte JIC to obtain additional resources.
- ☐ 1.4 Setup the Oconee Media Center for videotaping and broadcasting news conferences.
- ☐ 1.5 Verify a TV monitor is setup in the Oconee JIC to receive live news conference feed from the Oconee Media Center.
- ☐ 1.6 Verify audio feed setup from the Oconee Media Center to the Charlotte JIC and other JICs locations as needed.
- ☐ 1.7 Provide guidance in setting up the Oconee Media Monitoring Area:
  - Ensure TVs, DVDs, radios and recorders are operable
  - Provide SIM cards, DVRs/DVDs for recording
  - Ensure person serving as Media Monitor knows how to operate all equipment
- ☐ 1.8 Provide a wireless microphone for use by audience in asking questions.
- ☐ 1.9 Provide real-time viewing of news conferences for the Oconee JIC.
- ☐ 1.10 Provide real-time listening and/or viewing capability for other locations of news conferences from the Oconee Media Center.
- ☐ 1.11 Direct and supervise teleproductions activities in the Media Center.
- ☐ 1.12 Give final copies of recordings to the Corporate Communicators Emergency Planner after the event.
- ☐ 1.13 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.14 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Enclosure 4.7**  
**Media Liaison Activation Checklist**

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**1. Media Liaison Activation Checklist**

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Obtain the most current information concerning the event:
  - Emergency Notification Forms (ENFs) - ENF's are a resource document only and should **NOT** be given to the media or anyone outside of JIC staff.
  - News releases/updates
  - Approved messages
  - Nuclear Briefing Book
  - Other sources of information include the JIC share drive, the CSC Sharepoint at [http://wss.duke-energy.com/sites/Customer\\_Service\\_Event\\_Communications/default.aspx](http://wss.duke-energy.com/sites/Customer_Service_Event_Communications/default.aspx), the technical liaison bridge, and the internet
- ☐ 1.4 Report to the Oconee Media Center as needed to provide information to the media.
- ☐ 1.5 Contact the Media Coordinator in Charlotte via the JIC media bridge line (704-382-8080/866-385-2663 conferee code (b)(6) ) or their direct phone (704-382-0611) to provide:
  - 1.5.1 Current status at the Oconee Media Center (number of media outlets, general context of questions, issues raised, etc.)
  - 1.5.2 A number where you can be reached.

**NOTE:** Media Liaisons should work with the Media Coordinator, Media Integrator, and the EOF/ONS JIC Technical Liaisons to address/answer questions in a timely manner.

- ☐ 1.6 Serve as a primary source of contact for Duke Energy information by answering media questions and providing support information to the media.

**Enclosure 4.7**  
**Media Liaison Activation Checklist**

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- ☐ 1.7 During news conferences, one Media Liaison **MUST** dial the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6)) to keep abreast of plant status:

1.7.1 If the classification changes during the news conference, **VERIFY** that the states/counties have been officially notified and then discretely notify the News Manager via blackberry, email or written note.

**NOTE:** The following protocol should be observed when using the JIC-EOF Conference Bridge:

- Identify yourself and your location
- Take turns speaking - do not interrupt
- Acknowledge receipt of information
- Repeat back to ensure important/sensitive information is received/understood
- Re-direct long discussions to a phone line

- ☐ 1.8 Report to the Media Coordinator or Media Integrator (via the JIC Media bridge 704-382-8080/866-385-2663 conferee code (b)(6)):

- Any request for information that appears to be based on rumor
- Any media request that you cannot readily answer (this will allow the issue to be researched and addressed in a timely manner by you or the spokesperson)

**CAUTION:** News releases from Duke, state and counties relating to actions being taken for a change in classification must be displayed at the **SAME TIME**.

- ☐ 1.9 Serve as Media Center "host/hostess" by:

- Ensuring media outlets have appropriate materials/news releases/updates
- Announcing and post the time of the next news conference (when notified by the News Manager)
- Displaying and distributing news releases/updates in a timely manner
- Working with Government Agency Liaison to update shelter/evacuation map after the state/county spokespersons arrive for the news conference/briefing to announce public protective actions (Caution: Do **NOT** update prior to their arrival.)
- Ensuring Duke maintains positive control of the Media Center

**Enclosure 4.7**  
**Media Liaison Activation Checklist**

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- ☐ 1.10 If a problem/issues arises, contact the Government Agency Liaison in the Oconee JIC (864-624-4363 or 4363) or News Manager at (864-624-4362 or 4362) for assistance.
- ☐ 1.11 Prepare and conduct turnover with next shift. Review current status, outstanding issues, items for follow up, etc.
- ☐ 1.12 Ensure checklist is complete (all boxes checked or n/a). Give completed checklist to Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Enclosure 4.8**  
**News Manager Activation Checklist**

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**1. News Manager Activation Checklist**

**NOTE:** Manual means of providing information to the Public Spokesperson must be used IF WEBEOG is NOT available.

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Contact the public information manager in the Charlotte JIC (704-382-0610) concerning Oconee JIC activation status:
  - Once all Duke personnel are staffed, report that the Oconee JIC is "operational" and document the time.
  - Once the state and county PIOs are staffed and ready, report that the Oconee JIC is "ready for activation".
  - Coordinate ONS and Charlotte JIC activation such that the declared activation time is the same for both facilities. If other JICs are participating, coordinate activation with them as well.
  - Document the official time the Oconee JIC is "activated".
- ☐ 1.4 Discuss sources and collection of information with the ONS JIC Technical Liaison. Information should flow from the EOF to the ONS JIC and Charlotte JIC. Information gathered by the ONS JIC Technical Liaisons from the Ops bridge line should be verified with the EOF.



**Enclosure 4.8**  
**News Manager Activation Checklist**

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- ☐ 1.5 Prepare the public spokesperson for news conferences by:
- Reviewing the news conference form (located in public affairs' file cabinet)
  - Verifying information has been provided by EOF/ONS JIC technical liaison (EOF logs, etc.)
  - Providing copies of all news releases/bulleted updates
  - Reviewing rumors and customer/media inquiries for inclusion if appropriate
  - Reviewing event history and station fact sheets as appropriate.
  - Developing messages and talking points based on current conditions and issues/rumors which need to be addressed
    - If injuries/fatalities are involved, review the corporate guideline "Responding to Serious Injuries or Fatalities" (located on the JIC drive, \\charf01\ccr\_jic\procedures-guidance folder) with the public spokesperson PRIOR to news conferences/briefings.
    - To quickly address the media after event classification/upgrade, refer to the prepared initial event messages located in the "Nuclear Messages" folder in the Nuclear folder on the JIC drive.
- ☐ 1.6 As soon as possible, and prior to the news conference/briefing, share the spokesperson's talking points/message block with the Public Information Coordinator located in the Charlotte EOF to allow this information to be incorporated into news releases/updates. Ensure there is good information flow between the ONS JIC, the Charlotte JIC and the EOF.
- ☐ 1.7 Ensure Charlotte JIC allows ONS Spokesperson/News Manager to review the news release prior to approval in the EOF. (PIP 08-1713, CA 14)
- ☐ 1.8 Work with the government agency liaison in the Oconee JIC and the public information manager in the Charlotte JIC to:
- Determine a time for pre-news conference briefing with state/county/federal PIOs
  - Set a time for news conferences/briefings and ensure the Charlotte JIC knows the designated time
  - Determine visual aids needed for news conference. Visual aids for each station can be found on the JIC drive (\\charf01\ccr\_jic) in the nuclear visuals folder.
  - Assign media liaison stationed in the Oconee Media Center to the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6)) to keep up with plant status and emergency classification and to notify you via text, email or note if conditions change.
  - Verify phone is available for the media liaison in the media center

**Enclosure 4.8**  
**News Manager Activation Checklist**

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**NOTE:** During smaller or informal news briefings, the Public Spokesperson should be encouraged to speak from the podium in the media center to allow videotaping and recording. If conducting a phone interview, a conference phone or phone with a second line should be used to allow the news manager to listen in with minimal interference.

- ☐ 1.9 Accompany and assist the public spokesperson during all news briefings, news conferences and interviews.
- ☐ 1.10 When preparing for news conferences with state and county public information officers, complete the news conference agenda form (located in the corporate communications' file cabinet) during the pre-news conference briefing. If other JICs are participating, ensure a conference bridge is available so information can be shared.
- ☐ 1.11 Serve as the news conference moderator/facilitator by using information gathered on the news conference agenda form during the pre-news conference briefing. Always use the suggested guidelines on the news conference agenda form for opening and closing each session.

**Prior to beginning news conference:**

- Ensure all people at the speakers table have a name card or a title card
- Ensure all people at the speakers table have a place to sit - obtain additional seats if needed
- Ensure participants' cell phones/pagers are off or set to vibrate during news conferences.
- Ensure a media liaison in the media center is monitoring the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6) to keep you informed of major changes in plant status or classification levels. They should notify you via text, email or written note once they verify states and counties have been notified.

**NOTE:** A news conference should be stopped if a change in emergency classification occurs while the conference is being held. Words to use are shown on the agenda form. Do **NOT** share specific upgrade information unless you are certain state and county agencies have been notified.

- ☐ 1.12 Work with the news manager in the Charlotte EOF to keep the NRC representatives in the EOF up to date on communication activities.
- ☐ 1.13 Document key decisions, calls and contacts using ERO Facility Log sheets or a notepad.
- ☐ 1.14 Coordinate JIC deactivation with the Charlotte JIC.

**Enclosure 4.8**

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**News Manager Activation Checklist**

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- ☐ 1.15 Complete turnover sheet for next shift and conduct turnover by reviewing current status, outstanding issues, items for follow up, etc.
- ☐ 1.16 Verify all checklist and information sheets have been properly completed/signed and leave paperwork for the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosure 4.9  
Public Spokesperson Activation Checklist

RP/0/A/1000/031  
Page 1 of 2

### 1. Public Spokesperson Activation Checklist

**NOTE:** Manual means of providing information to the Public Spokesperson must be used **IF** WEBEOC is **NOT** available.

- ☐ 1.1 Sign in on JIC staffing board.
- ☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

- ☐ 1.3 Work with the news manager and ONS JIC technical liaison to gather information.
- ☐ 1.4 Review news releases, TSC/EOF logs, event histories, fact sheets, guidelines for injuries/fatalities and other information appropriate to the event.

**NOTE:** The ONS JIC Technical Liaison can get copies of TSC and EOF logs as needed to provide a chronological list of events.

- ☐ 1.5 Obtain a chronology of events in preparation for the news conference.
- ☐ 1.6 Request the ONS JIC technical liaisons make you aware of any significant change in plant status - whether you are in the JIC or a news conference.
- ☐ 1.7 Review all news releases/bulleted updates for approval prior to release and prior to each news conference. (PIP 08-1713, CA 14)
- ☐ 1.8 Keep in contact with other public spokespersons located at the visitor's center or Charlotte EOF to keep abreast of information being provided to the media from the plant site.
- ☐ 1.9 Review all documented escalated rumor information about plant status and/or misinformation revealed by media queries.
- ☐ 1.10 Request news manager arrange for visual aids that will be needed (if appropriate) for press conference. Visual aids are located on the JIC share drive in the nuclear/nuclear visuals folder.

**Enclosure 4.9**  
**Public Spokesperson Activation Checklist**

RP/0/A/1000/031  
Page 2 of 2

**NOTE:** Do NOT speculate during the news conference. Information should relate to plant status and plant recovery. Do not discuss public protective actions and state/county response.

Do **NOT** provide information related to the location of off-site assembly points.

**CAUTION:** Do **NOT** make reference to projected dose or rad data from the ENF during a news conference. Any reference to dose should be based on actual dose at the site boundary.

- ☐ 1.11 Provide brief update to state/county PIO representatives prior to each news conference at the pre-news conference briefing.
- ☐ 1.12 As requested, provide updates and address issues or concerns of key internal and external stakeholders such as
  - Duke Energy board of directors
  - Governor of South Carolina
  - ECOC
- ☐ 1.13 Document day decisions, calls, and contacts.
- ☐ 1.14 Complete turnover sheet for next shift and conduct turnover by reviewing current status, outstanding issues, items for follow up, etc.
- ☐ 1.15 Verify all checklists and information sheets have been properly completed/signed and leave paperwork for Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**1. ONS JIC Technical Liaison Activation Checklist**

**NOTE:** Manual means of providing information to the Public Spokesperson must be used if IF WEBEOC is NOT available.

☐ 1.1 Sign in on JIC staffing board.

☐ 1.2 Put on position badge.

**NOTE:** For drills, all written and verbal communication must be prefaced with the words "THIS IS A DRILL".

☐ 1.3 If needed, access the EOF technical liaisons by using the wireless headset/mobile phone and dial the JIC-EOF Conference Bridge: Duke Voice Conferencing System at 704-382-8080, (toll free 866-385-2663) conferee code (b)(6)

1.3.1 Instructions for using the wireless phone/headsets are located near the phones/headsets.

1.3.2 Directions for accessing the conference and bridge line are in the Joint Information Center (JIC) Reference Manual, located in the Corporate Communications' file cabinet.

1.3.3 When using the JIC conference and bridge lines, observe the following protocol:

- Identify yourself and your location
- Take turns speaking - do not interrupt
- Acknowledge receipt of information
- Repeat back to ensure important/sensitive information is received/understood
- Re-direct long discussions to a phone line - this is very important to ensure that all parties who need access to the bridge have it and that bridge integrity is maintained

☐ 1.4 A second, dedicated EOF-ONS JIC Technical Liaison Bridge line must be activated to allow one Charlotte and one ONS JIC Technical Liaison to be in constant contact with each other. To activate this dedicated line, dial the Duke Voice Conferencing System at: 704-382-8080 (or toll-free 866-385-2663) and enter conferee code (b)(6) (PIP 08-1713, CA 14)

**CAUTION:** It is imperative that the bridge lines be accessed quickly. Example of alternate communication equipment that may be used if the "normal" headset is not working include:

- another cellular phone with a headset
- a mobile belt pack unit which uses batteries
- a stationary head set

A standard desk phone may be used with assistance from IM/IT in getting a mobile headset to work. A complete search of entire storage cabinet should be made if batteries are needed.

- ☐ 1.5 Ensure computer is aligned to print to Oconee - EOF - ONEOF101.
- ☐ 1.6 Work with the EOF technical liaison in Charlotte to gather technical information on the event and document this information.
  - Access WebEOC following directions at the front of your notebook or EP FAM Section 3.15. This will allow you to view the ENFs on line (ENFs generated by the control room are not on WebEOC) and the TSC and EOF logs.
  - Another source of information is the OPS bridge line at 864-885-4908. It is important to note that public affairs responders are **NOT** allowed to talk on this bridge line - this is LISTEN only access. If access to this line is lost or denied, contact the EP Planner in the TSC (864-885-3712) for assistance. Also note that information from this line should be verified through the EOF technical liaisons prior to public release.
  - Using the DAE, access SDS-Oconee (use Simulator Part-Task for drills) for graphic information of plant status and parameters.
  - Refer to "JIC Questions Based on Initiating Event" located in your notebook to anticipate questions that may be asked.
- ☐ 1.7 Provide information to public spokesperson, as appropriate.
- ☐ 1.8 Maintain a chronological listing of significant events or obtain copies of the EOF and TSC logs as needed.

Enclosure 4.10  
ONS JIC Technical Liaison Checklist

RP/0/A/1000/031  
Page 3 of 3

**CAUTION:** IT IS MANDATORY that information pertaining to classification changes has been verified with the EOF Technical Liaison and has been shared with states and counties BEFORE being shared with any entity outside Duke Energy.

**CAUTION:** Discussions relating to dose are always based on actual dose at the site boundary only. Do **NOT** use projected dose information or ENF dose information at any time. Raddose V page 3 meets this criteria.

- ☐ 1.9 Ensure the EOF Technical Liaisons in Charlotte obtain and provide Raddose V page 3 for radiological release information and that this information is aligned with information being provided to the spokesperson.
- ☐ 1.10 Continue to monitor and update information relative to radiological releases.
- ☐ 1.11 Work with the EOF Technical Liaisons in Charlotte to track down information to dispel rumors.
- ☐ 1.12 Provide feedback/information to the JIC concerning community issues/concerns and situational updates.
- ☐ 1.13 Complete turnover sheet for next shift and conduct turnover by reviewing current status, outstanding issues, items for follow up, etc.
- ☐ 1.14 Verify all checklists and information sheets have been properly completed/signed and leave paperwork for the Distribution Coordinator.

**2. Sign Off**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



**Enclosure 4.11**  
**Process For Accessing JIC Forms**

**RP/0/A/1000/031**  
**Page 1 of 1**

**1. Process For Accessing Nuclear Forms and Messages**

1. Turn on/log on computer.
2. Double click on "My Computer" icon.
3. Double click on the ccr\_jic on charf01 drive.
  - a. If drive is not listed, select Map Network Drive on the tool bar and type the following path: `\\CHARF01\CCR_JIC`; then, click OK.
4. Double click on Nuclear folder
  - a. Double click on the Nuclear Forms folder and then double click on the forms you wish to view/use.
  - b. For nuclear messages, double click on the Nuclear Messages folder and then double click on the messages you wish to view/use.
  - c. Print forms/messages by clicking on print icon on tool bar.

Enclosure 4.12  
Process For Accessing News Releases

RP/0/A/1000/031  
Page 1 of 1

**1. Process For Accessing News Releases**

1. Turn on/log on computer
2. Double click on "My Computer" icon
3. Double click on the ccr\_jic on charf01 drive.
  - a. If drive is not listed, select Map Network Drive on the tool bar and type the following path: `\\CHARF01\CCR_jic`; then, click OK.
4. Double click on the Nuclear Folder
5. Double click on the News Releases - Updates folder
  - a. Double click on appropriate station - CNS, MNS, ONS, Dual Station Event
  - b. Double click on **Drill** or **Emer** as appropriate.
  - c. Select the appropriate news release-update template (Alert, SAE, GE) by double clicking on the appropriate document.
  - d. As template is completed, re-name and save each new document using a chronological numbering system (e.g.: alert1.doc, alert2.doc, GE1.doc, etc.) **Always label the final news release/update as "Final" to avoid confusion.**
  - e. Print the document by selecting the print icon on the tool bar.

**Enclosure 4.13**  
**Process For Media Center**  
**Activation/Deactivation**

RP/0/A/1000/031  
Page 1 of 2

**1. Process For Media Center Activation/Deactivation**

- ☐ 1.1 Talk to the Government Agency Liaison or Media Liaisons to determine reference materials needed at the Media Center.

**NOTE:** Equipment/phones are located in the JIC admin room.  
Corporate Communications Emergency Planner and/or News Manager should be contacted for assistance in opening the room and placing the equipment.  
Phone jacks are located on the sidewall of the auditorium.  
  
A high priority request should be submitted to SPOC (704-382-7762) if phones do not work properly.

- ☐ 1.2 Setup Oconee Media Center by obtaining and placing the following equipment and materials:
- Six-eight (6-8) tables
    - 3 at front of room for speakers
    - 2 for phone bank at side of room
    - 1 at back of room for media information
    - 1 small table outside entrance for registration/security
  - Approximately thirty (30) chairs
  - Podium
  - Six to eight (6-8) media phones
  - Six (6) easels
  - Oconee Emergency Planning Calendars (minimum of 25)
  - Oconee Transient Brochures - English and Spanish (minimum of 25)
  - Oconee fact sheets
  - Oconee Station/Visitor Brochures (minimum of 25 of each kind)
  - Bios for appropriate Duke spokesperson
  - Media registration book
  - Media green tags
  - Agency name cards for all public spokespersons: Oconee County, Pickens County, South Carolina, FEMA, NRC and Duke Energy
  - Note pads and pencils (minimum 25 of each)

**Enclosure 4.13**  
**Process For Media Center**  
**Activation/Deactivation**

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Page 2 of 2

- Overhead projector and/or light show, as needed
- Transparencies (if they will be used)
- JIC Reference Manual (for Duke use only)
- Duke Energy logo for speaker's podium, if needed
- Portable hands-free phone
- Two (2) flipcharts
- Posters of EPZ, plant schematic, description of evacuation routes, etc.
- Magnetic shelter/evacuation map (to be used when public protective actions are given by state/county representatives)

☐ 1.3 Close the Media Center when instructed by the Distribution Coordinator or the Corporate Communications Emergency Planner.

1.3.1 Return all equipment to the JIC admin room. Collect supplies and materials for return to the Oconee JIC or the plant.

1.3.2 Give materials developed as a result of the event to the Distribution Coordinator (i.e., news media registration form, news releases, etc.).

## 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/1000/031
2. Revision No.: 001
3. Change No.:     **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Joint Information Center Response Plan
5. For changes only, enter procedure sections affected:
6. Prepared By: Natalie Harness & John Kaminski
7. Preparation Date: 5/7/2014
8. PCR Numbers Included in Revision: NONS-2014-001431

**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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/031Revision No. 001**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Joint Information Center Response Plan
- (4) Prepared By Natalie Harness *Natalie Harness* Date 5/7/2014  
 Prepared By & Mentor\* John Kaminski *John Kaminski* Date 5/7/2014
- (5) Requires NSD 228 Applicability Determination?  
☐ Yes (New procedure or revision with major changes) - Attach NSD 228 documentation.  
☒ No (~~Safety Classification Revision~~ *minor revision*)
- (6) Reviewed By\* Donald A. Gresham *Donald A. Gresham* (QR)(KI) Date 6/24/14  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NADA Date 6/26/14  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NADA Date 6/26/14  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NADA Date 6/26/14
- (7) Additional Reviews  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* PATRICK M STAGGT *Patrick M Staggt* Date 6/26/14

**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: Joint Information Center Response Plan

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

See attached change matrix

**PCR Numbers Incorporated**

NONS-2014-001431

**Enclosure**

**RP/0/A/1000/031, Rev 001, Joint Information Center Emergency Response Plan  
(DocuTrack ONS-2014-001431)**

Change #	Page #	Current	Proposed	Reason
1.	Page 2 of 3	Prior to 1. Symptoms	<b>NOTE:</b> For an outside line dial "9" and for long distance dial "1." (in a box)	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."</i>
2.	Enclosure 4.1 Step 1.3 Page 1 of 4	1.3 Nuclear only: Contact INPO at 800-321-0614 (backup: 770-644-8000) and NEI by emailing: NEIresponsecenter@nei.org to inform of the drill/emergency and let them know they will be receiving news releases. Please provide the following information: ...	1.3 Nuclear only: Contact INPO at 800-321-0614 (backup: 770-644-8000) and NEI by emailing: NEIresponsecenter@nei.org to inform of the drill/emergency and let them know they will be receiving news releases. Please provide the following information: .... (removed "9-")	
3.	Enclosure 4.1 Included in the NOTE Page 3 of 4	<b>NOTE:</b> The following protocol should be used when using the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663 Conferee Code (b)(6))...	<b>NOTE:</b> The following protocol should be used when using the JIC-EOF Conference Bridge (704-382-8080/866-385-2663 Conferee Code (b)(6))... (removed "9-")	
4.	Enclosure 4.1 Step 1.13 Page 3 of 4	1.13 Be available/ready to establish contact with the Charlotte JIC and state and county liaisons over the JIC-EOF Conference Bridge by calling, 9-704-382-8080/9-866-385-2663 and entering conferee code (b)(6)	1.13 Be available/ready to establish contact with the Charlotte JIC and state and county liaisons over the JIC-EOF Conference Bridge by calling, 704-382-8080/866-385-2663 and entering conferee code (b)(6) (removed "9-")	
5.	Enclosure 4.1 Step 1.15 Page 3 of 4	1.15 Notify the news manager and the Charlotte JIC (via the JIC-EOF Conference Bridge 9-704-382-8080/9-866-385-2663 conferee code (b)(6)) of issues or concerns expressed by state/county/federal PIOs.	1.15 Notify the news manager and the Charlotte JIC (via the JIC-EOF Conference Bridge 704-382-8080/866-385-2663 conferee code (b)(6)) of issues or concerns expressed by state/county/federal PIOs. (removed "9-")	
6.	Enclosure 4.5 Step 1.6 Page 1 of 2	1.6 Contact the Media Coordinator in the Charlotte JIC (9-704-382-0611):	1.6 Contact the Media Coordinator in the Charlotte JIC (704-382-0611): ... (removed "9-")	



**RP/0/A/1000/031, Rev 001, Joint Information Center Emergency Response Plan  
(DocuTrack ONS-2014-001431)**

Change #	Page #	Current	Proposed	Reason
7.	Enclosure 4.5 Included in the NOTE Page 2 of 2	<b>NOTE: IMPORTANT!</b> The Media Coordinator should be immediately contacted in the Charlotte JIC (9-704-382-0611) when:	<b>NOTE: IMPORTANT!</b> The Media Coordinator should be immediately contacted in the Charlotte JIC (704-382-0611) when: (removed "9-")	
8.	Enclosure 4.6 Step 1.3 Page 1 of 1	1.3 Determine if additional people are needed to support the emergency from a teleproductions standpoint. If yes, contact the Media Coordinator (9-704-382-0611) in the Charlotte JIC to obtain additional resources.	1.3 Determine if additional people are needed to support the emergency from a teleproductions standpoint. If yes, contact the Media Coordinator (704-382-0611) in the Charlotte JIC to obtain additional resources. (removed "9-")	
9.	Enclosure 4.7 Step 1.5 Page 1 of 3	1.5 Contact the Media Coordinator in Charlotte via the JIC media bridge line (9-704-382-8080/9-866-385-2663 conferee code (b)(6) or their direct phone (9-704-382-0611) to provide: ...	1.5 Contact the Media Coordinator in Charlotte via the JIC media bridge line (704-382-8080/866-385-2663 conferee code (b)(6) or their direct phone (704-382-0611) to provide: ... (removed "9-")	
10.	Enclosure 4.7 Step 1.7 Page 2 of 3	During news conferences, one Media Liaison MUST dial the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6) to keep abreast of plant status: ...	During news conferences, one Media Liaison MUST dial the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6) to keep abreast of plant status: ... (removed "9-")	
11.	Enclosure 4.7 Step 1.8 Page 2 of 3	1.8 Report to the Media Coordinator or Media Integrator (via the JIC Media bridge 9-704-382-8080/9-866-385-2663 conferee code (b)(6): ...	1.8 Report to the Media Coordinator or Media Integrator (via the JIC Media bridge 704-382-8080/866-385-2663 conferee code (b)(6): ... (removed "9-")	
12.	Enclosure 4.7 Step 1.10 Page 3 of 3	1.10 If a problem/issues arises, contact the Government Agency Liaison in the Oconee JIC (9-864-624-4363 or 4363) or News Manager at (9-864-624-4362 or 4362) for assistance.	1.10 If a problem/issues arises, contact the Government Agency Liaison in the Oconee JIC (864-624-4363 or 4363) or News Manager at (864-624-4362 or 4362) for assistance. (removed "9-")	

**RP/0/A/1000/031, Rev 001, Joint Information Center Emergency Response Plan  
(DocuTrack ONS-2014-001431)**

Change #	Page #	Current	Proposed	Reason
13.	Enclosure 4.8 Step 1.3 Page 1 of 4	1.3 Contact the public information manager in the Charlotte JIC (9-704-382-0610) concerning Oconee JIC activation status: ...	1.3 Contact the public information manager in the Charlotte JIC (704-382-0610) concerning Oconee JIC activation status: ... (removed "9-")	
14.	Enclosure 4.8 Step 1.8 Bullet 4 Page 2 of 4	Assign media liaison stationed in the Oconee Media Center to the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6)) to keep up with plant status and emergency classification and to notify you via text, email or note if conditions change.	Assign media liaison stationed in the Oconee Media Center to the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6)) to keep up with plant status and emergency classification and to notify you via text, email or note if conditions change.	
15.	Enclosure 4.8 Step 1.11 Bullet 4 Page 3 of 4	Ensure a media liaison in the media center is monitoring the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6)) to keep you informed of major changes in plant status or classification levels. They should notify you via text, email or written note once they verify states and counties have been notified.	Ensure a media liaison in the media center is monitoring the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6)) to keep you informed of major changes in plant status or classification levels. They should notify you via text, email or written note once they verify states and counties have been notified. (removed "9-")	
16.	Enclosure 4.10 Step 1.3 Page 1 of 3	1.3 If needed, access the EOF technical liaisons by using the wireless headset/mobile phone and dial the JIC-EOF Conference Bridge: Duke Voice Conferencing System at 9-704-382-8080, (toll free 9-866-385-2663) conferee code (b)(6) ..	1.3 If needed, access the EOF technical liaisons by using the wireless headset/mobile phone and dial the JIC-EOF Conference Bridge: Duke Voice Conferencing System at 704-382-8080, (toll free 866-385-2663) conferee code (b)(6) .. (removed "9-")	

**RP/0/A/1000/031, Rev 001, Joint Information Center Emergency Response Plan  
(DocuTrack ONS-2014-001431)**

Change #	Page #	Current	Proposed	Reason
17.	Enclosure 4.10 Step 1.4 Page 1 of 3	1.4 A second, dedicated EOF-ONS JIC Technical Liaison Bridge line must be activated to allow one Charlotte and one ONS JIC Technical Liaison to be in constant contact with each other. To activate this dedicated line, dial the Duke Voice Conferencing System at: 9-704-382-8080 (or toll-free 9-866-385-2663) and enter conferee code (b)(6). (PIP 08-1713, CA 14)	1.4 A second, dedicated EOF-ONS JIC Technical Liaison Bridge line must be activated to allow one Charlotte and one ONS JIC Technical Liaison to be in constant contact with each other. To activate this dedicated line, dial the Duke Voice Conferencing System at: 704-382-8080 (or toll-free 866-385-2663) and enter conferee code (b)(6). (PIP 08-1713, CA 14) (removed "9-")	
18.	Enclosure 4.10 Step 1.6 Bullet 2 Page 2 of 3	Another source of information is the OPS bridge line at 9-864-885-4908. It is important to note that public affairs responders are NOT allowed to talk on this bridge line - this is LISTEN only access. If access to this line is lost or denied, contact the EP Planner in the TSC (9-864-885-3712) for assistance. Also note that information from this line should be verified through the EOF technical liaisons prior to public release.	Another source of information is the OPS bridge line at 864-885-4908. It is important to note that public affairs responders are NOT allowed to talk on this bridge line - this is LISTEN only access. If access to this line is lost or denied, contact the EP Planner in the TSC (864-885-3712) for assistance. Also note that information from this line should be verified through the EOF technical liaisons prior to public release. (removed "9-")	
19.	Enclosure 4.13 Included in the NOTE Page 1 of 2	<b>NOTE:</b> Equipment/phones are located in the JIC admin room. Corporate Communications Emergency Planner and/or News Manager should be contacted for assistance in opening the room and placing the equipment. Phone jacks are located on the sidewall of the auditorium. A high priority request should be submitted to SPOC (9-704-382-7762) if phones do not work properly.	<b>NOTE:</b> Equipment/phones are located in the JIC admin room. Corporate Communications Emergency Planner and/or News Manager should be contacted for assistance in opening the room and placing the equipment. Phone jacks are located on the sidewall of the auditorium. A high priority request should be submitted to SPOC (704-382-7762) if phones do not work properly. (removed "9-")	

Duke Energy

PROCEDURE CHANGE PROCESS RECORD

- (1) ID No. RP/0/A/1000/031 Revision No. 001  
(2) Station: OCONEE NUCLEAR STATION  
(3) Procedure Title: Joint Information Center Response Plan  
(4) Section(s) of Procedure Affected:

Prior to 1. Symptoms	Enclosure 4.1 Step 1.3 Page 1 of 4	Enclosure 4.1 Included in the NOTE Page 3 of 4
Enclosure 4.1 Step 1.13 Page 3 of 4	Enclosure 4.1 Step 1.15 Page 3 of 4	Enclosure 4.5 Step 1.6 Page 1 of 2
Enclosure 4.5 Included in the NOTE Page 2 of 2	Enclosure 4.6 Step 1.3 Page 1 of 1	Enclosure 4.7 Step 1.5 Page 1 of 3
Enclosure 4.7 Step 1.7 Page 2 of 3	Enclosure 4.7 Step 1.8 Page 2 of 3	Enclosure 4.7 Step 1.10 Page 3 of 3
Enclosure 4.8 Step 1.3 Page 1 of 4	Enclosure 4.8 Step 1.8 Bullet 4 Page 2 of 4	Enclosure 4.8 Step 1.11 Bullet 4 Page 3 of 4
Enclosure 4.10 Step 1.3 Page 1 of 3	Enclosure 4.10 Step 1.4 Page 1 of 3	Enclosure 4.10 Step 1.6 Bullet 2 Page 2 of 3
Enclosure 4.13 Included in the NOTE Page 1 of 2		

- (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:

Editorial: Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."

- (8) Prepared By Natalie Harness Date 5/7/2014

Prepared By & Mentor\* John Kaminski Date 5/7/2014

- (9) Reviewed By\* Donald A. Davis (QR)(KI) Date 6/26/14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA SAE Date 6/26/14

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA SAE Date 6/26/14

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA SAE Date 6/26/14

- (10) Additional Reviews

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By\* \_\_\_\_\_ Date \_\_\_\_\_

- (11) Approved By\* Patricia M. Sures Date 6/26/14

\* Printed Name and Signature

**§50.54(q) Screening Evaluation Form****Activity Description and References:**

RP/0/A/1000/031, Rev 001, Joint Information Center Response Plan (DocuTracks ONS-2014-001431)

**Activity Scope:**

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

**Change Type:**

- ☒ The change is editorial or typographical  
☐ The change is not editorial or typographical  
*Editorial: Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."*

**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

**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

**Commitment Impact Determination:**

- ☐ 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:**

- ☒ 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/  
John Kaminski

Preparer Signature

Natalie Harness  
John Kaminski

Date:

5/7/2014

Reviewer Name:  
Don Crowl

Reviewer Signature

Don Crowl

Date:

6/26/14

**RP/0/A/1000/031, Rev 001, Joint Information Center Emergency Response Plan  
(DocuTrack ONS-2014-001431)**

Change #	Page #	Current	Proposed	Reason
1.	Page 2 of 3	Prior to 1. Symptoms	NOTE: For an outside line dial "9" and for long distance dial "1." (in a box)	<i>Making the phone numbers a consistent 10 digit number (XXX-XXX-XXXX) in the body of the procedures by removing the "9-" in front of the 10 digit phone numbers or adding (area code). Adding a NOTE at the beginning of procedure to state: For an outside line dial "9" and for long distance dial "1."</i>
2.	Enclosure 4.1 Step 1.3 Page 1 of 4	1.3 Nuclear only: Contact INPO at 800-321-0614 (backup: 770-644-8000) and NEI by emailing: NEIresponsecenter@nei.org to inform of the drill/emergency and let them know they will be receiving news releases. Please provide the following information: ...	1.3 Nuclear only: Contact INPO at 800-321-0614 (backup: 770-644-8000) and NEI by emailing: NEIresponsecenter@nei.org to inform of the drill/emergency and let them know they will be receiving news releases. Please provide the following information: .... (removed "9-")	
3.	Enclosure 4.1 Included in the NOTE Page 3 of 4	NOTE: The following protocol should be used when using the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663 Conferee Code (b)(6) )...	NOTE: The following protocol should be used when using the JIC-EOF Conference Bridge (704-382-8080/866-385-2663 Conferee Code (b)(6) )... (removed "9-")	
4.	Enclosure 4.1 Step 1.13 Page 3 of 4	1.13 Be available/ready to establish contact with the Charlotte JIC and state and county liaisons over the JIC-EOF Conference Bridge by calling, 9-704-382-8080/ 9-866-385-2663 and entering conferee code (b)(6)	1.13 Be available/ready to establish contact with the Charlotte JIC and state and county liaisons over the JIC-EOF Conference Bridge by calling, 704-382-8080/ 866-385-2663 and entering conferee code (b)(6) (removed "9-")	
5.	Enclosure 4.1 Step 1.15 Page 3 of 4	1.15 Notify the news manager and the Charlotte JIC (via the JIC-EOF Conference Bridge 9-704-382-8080/9-866-385-2663 conferee code (b)(6) ) of issues or concerns expressed by state/county/federal PIOs.	1.15 Notify the news manager and the Charlotte JIC (via the JIC-EOF Conference Bridge 704-382-8080/866-385-2663 conferee code (b)(6) ) of issues or concerns expressed by state/county/federal PIOs. (removed "9-")	
6.	Enclosure 4.5 Step 1.6 Page 1 of 2	1.6 Contact the Media Coordinator in the Charlotte JIC (9-704-382-0611):	1.6 Contact the Media Coordinator in the Charlotte JIC (704-382-0611): ... (removed "9-")	

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(DocuTrack ONS-2014-001431)**

Change #	Page #	Current	Proposed	Reason
7.	Enclosure 4.5 Included in the NOTE Page 2 of 2	<b>NOTE: IMPORTANT!</b> The Media Coordinator should be immediately contacted in the Charlotte JIC (9-704-382-0611) when:	<b>NOTE: IMPORTANT!</b> The Media Coordinator should be immediately contacted in the Charlotte JIC (704-382-0611) when: (removed "9-")	
8.	Enclosure 4.6 Step 1.3 Page 1 of 1	1.3 Determine if additional people are needed to support the emergency from a teleproductions standpoint. If yes, contact the Media Coordinator (9-704-382-0611) in the Charlotte JIC to obtain additional resources.	1.3 Determine if additional people are needed to support the emergency from a teleproductions standpoint. If yes, contact the Media Coordinator (704-382-0611) in the Charlotte JIC to obtain additional resources. (removed "9-")	
9.	Enclosure 4.7 Step 1.5 Page 1 of 3	1.5 Contact the Media Coordinator in Charlotte via the JIC media bridge line (9-704-382-8080/9-866-385-2663 conferee code (b)(6) or their direct phone (9-704-382-0611) to provide: ...	1.5 Contact the Media Coordinator in Charlotte via the JIC media bridge line (704-382-8080/866-385-2663 conferee code (b)(6) or their direct phone (704-382-0611) to provide: ... (removed "9-")	
10.	Enclosure 4.7 Step 1.7 Page 2 of 3	During news conferences, one Media Liaison MUST dial the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6) to keep abreast of plant status: ...	During news conferences, one Media Liaison MUST dial the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6) to keep abreast of plant status: ... (removed "9-")	
11.	Enclosure 4.7 Step 1.8 Page 2 of 3	1.8 Report to the Media Coordinator or Media Integrator (via the JIC Media bridge 9-704-382-8080/9-866-385-2663 conferee code (b)(6)): ...	1.8 Report to the Media Coordinator or Media Integrator (via the JIC Media bridge 704-382-8080/866-385-2663 conferee code (b)(6)): ... (removed "9-")	
12.	Enclosure 4.7 Step 1.10 Page 3 of 3	1.10 If a problem/issues arises, contact the Government Agency Liaison in the Oconee JIC (9-864-624-4363 or 4363) or News Manager at (9-864-624-4362 or 4362) for assistance.	1.10 If a problem/issues arises, contact the Government Agency Liaison in the Oconee JIC (864-624-4363 or 4363) or News Manager at (864-624-4362 or 4362) for assistance. (removed "9-")	

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Change #	Page #	Current	Proposed	Reason
13.	Enclosure 4.8 Step 1.3 Page 1 of 4	1.3 Contact the public information manager in the Charlotte JIC (9-704-382-0610) concerning Oconee JIC activation status: ...	1.3 Contact the public information manager in the Charlotte JIC (704-382-0610) concerning Oconee JIC activation status: ... (removed "9-")	
14.	Enclosure 4.8 Step 1.8 Bullet 4 Page 2 of 4	Assign media liaison stationed in the Oconee Media Center to the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6) to keep up with plant status and emergency classification and to notify you via text, email or note if conditions change.	Assign media liaison stationed in the Oconee Media Center to the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6) to keep up with plant status and emergency classification and to notify you via text, email or note if conditions change.	
15.	Enclosure 4.8 Step 1.11 Bullet 4 Page 3 of 4	Ensure a media liaison in the media center is monitoring the JIC-EOF Conference Bridge (9-704-382-8080/9-866-385-2663, conferee code (b)(6) to keep you informed of major changes in plant status or classification levels. They should notify you via text, email or written note once they verify states and counties have been notified.	Ensure a media liaison in the media center is monitoring the JIC-EOF Conference Bridge (704-382-8080/866-385-2663, conferee code (b)(6) to keep you informed of major changes in plant status or classification levels. They should notify you via text, email or written note once they verify states and counties have been notified. (removed "9-")	
16.	Enclosure 4.10 Step 1.3 Page 1 of 3	1.3 If needed, access the EOF technical liaisons by using the wireless headset/mobile phone and dial the JIC-EOF Conference Bridge: Duke Voice Conferencing System at 9-704-382-8080, (toll free 9-866-385-2663) conferee code (b)(6).	1.3 If needed, access the EOF technical liaisons by using the wireless headset/mobile phone and dial the JIC-EOF Conference Bridge: Duke Voice Conferencing System at 704-382-8080, (toll free 866-385-2663) conferee code (b)(6) ... (removed "9-")	



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Change #	Page #	Current	Proposed	Reason
17.	Enclosure 4.10 Step 1.4 Page 1 of 3	1.4 A second, dedicated EOF-ONS JIC Technical Liaison Bridge line must be activated to allow one Charlotte and one ONS JIC Technical Liaison to be in constant contact with each other. To activate this dedicated line, dial the Duke Voice Conferencing System at: 9-704-382-8080 (or toll-free 9-866-385-2663) and enter conferee code (b)(6). (PIP 08-1713, CA 14)	1.4 A second, dedicated EOF-ONS JIC Technical Liaison Bridge line must be activated to allow one Charlotte and one ONS JIC Technical Liaison to be in constant contact with each other. To activate this dedicated line, dial the Duke Voice Conferencing System at: 704-382-8080 (or toll-free 866-385-2663) and enter conferee code (b)(6). (PIP 08-1713, CA 14) (removed "9-")	
18.	Enclosure 4.10 Step 1.6 Bullet 2 Page 2 of 3	Another source of information is the OPS bridge line at 9-864-885-4908. It is important to note that public affairs responders are NOT allowed to talk on this bridge line - this is LISTEN only access. If access to this line is lost or denied, contact the EP Planner in the TSC (9-864-885-3712) for assistance. Also note that information from this line should be verified through the EOF technical liaisons prior to public release.	Another source of information is the OPS bridge line at 864-885-4908. It is important to note that public affairs responders are NOT allowed to talk on this bridge line - this is LISTEN only access. If access to this line is lost or denied, contact the EP Planner in the TSC (864-885-3712) for assistance. Also note that information from this line should be verified through the EOF technical liaisons prior to public release. (removed "9-")	
19.	Enclosure 4.13 Included in the NOTE Page 1 of 2	<b>NOTE:</b> Equipment/phones are located in the JIC admin room. Corporate Communications Emergency Planner and/or News Manager should be contacted for assistance in opening the room and placing the equipment. Phone jacks are located on the sidewall of the auditorium. A high priority request should be submitted to SPOC (9-704-382-7762) if phones do not work properly.	<b>NOTE:</b> Equipment/phones are located in the JIC admin room. Corporate Communications Emergency Planner and/or News Manager should be contacted for assistance in opening the room and placing the equipment. Phone jacks are located on the sidewall of the auditorium. A high priority request should be submitted to SPOC (704-382-7762) if phones do not work properly. (removed "9-")	

Duke Energy  
Oconee Nuclear Station  
Severe Weather Preparations

Procedure No.

RP/0/A/1000/035

Revision No.

001

Electronic Reference No.

OP009AAG

Reference Use

PERFORMANCE

PDF Format

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

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy\* \_\_\_\_\_ Date \_\_\_\_\_

Date(s) Performed

Work Order/Task Number (WO#)

COMPLETION

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

Verified By\*

Date

Procedure Completion Approved\*

Date

\*Printed Name and Signature

Remarks (attach additional pages, if necessary)

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

Printed Date: \*06/10/2014\*

Enclosure No.: \*FULL\*



Revision No.: \*001\*



Procedure No.: \*RP/0/A/1000/035\*



## Severe Weather Preparations

### 1. Symptoms

- NOTES:**
- This procedure is to be used to prepare for severe weather when sufficient early warning is available. Warnings can be obtained via the National Weather Service tracking Web Page (<http://www.hpc.ncep.noaa.gov/qpf/qpfloop.html>) and/or the Duke Weather Center forecasts. Implementation 24 hours in advance is needed to complete preparations prior to the onset of hazardous conditions.
  - Sustained winds are defined as those that last greater than 15 minutes at or above a specified velocity (mph).

1.1 Severe weather forecast for the site in the form of:

- Sustained high winds greater than 50 mph or
- Ice accumulation greater than 0.25 inch (quarter of an inch) or
- Rainfall in excess of 4 inches of rain in any 6 hour period {3}

1.2 Site Management/OSM makes decision to prepare for severe weather.

### 2. Immediate Actions

**NOTE:** Place keeping Aids: ☐ at left of steps may be used for place keeping. (☒)

- ☐ 2.1 Notify WCC SRO to perform Enclosure 4.1, Activation of Site Storm Response Team.

2.1.1 **IF** rainfall is predicted to be in excess of 4 inches in any 6 hour period {3}

**THEN** notify Control Room SRO to enter AP-6, Natural Disaster

- ☐ 2.2 Coordinate with the System Operations Center (SOC) to determine the unit operating plans for the forecasted weather period.

- ☐ 2.2.1 Continued Operation

A. Unit One	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Unit Two	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Unit Three	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- ☐ 2.2.2 Reduced Power Operation

A. Unit One	_____ % Power
B. Unit Two	_____ % Power
C. Unit Three	_____ % Power

- ☐ 2.2.3 Unit Shutdown

### 3. Subsequent Actions

**NOTE:** The following steps are performed by the Site Storm Response Team notified in Enclosure 4.1. The Emergency Planning duty person is the team leader. The team leader directs and delegates actions to prepare the site for severe weather using the following steps and Enclosures 4.2 through 4.15.

- ☐ 3.1 Discuss the Unit Operating Plan with the OSM.
- ☐ 3.2 Conduct a pre-job briefing with the Site Storm Response Team to initiate preparations for the forecasted severe weather as follows:
  - ☐ 3.2.1 Brief the Site Storm Response Team about the weather condition (what, when, where) and the planned unit operating plan.
  - ☐ 3.2.2 Establish a status meeting schedule to discuss the progress of preparations (4 to 6 hour intervals are recommended). These calls are to be coordinated with corporate storm response preparations.
  - ☐ 3.2.3 Direct members of the Storm Response Team to review the actions listed on their group's enclosure for the forecasted weather condition and determine the applicable actions with a deadline (Time Due column on applicable enclosures) for preparation completion.

**NOTE:** Severe weather may restrict or prohibit travel to the site.

- ☐ 3.2.4 Determine need to pre-position the relieving shift at the site.
  - A. Provide decision to Site Management Team for approval/implementation.
  - B. Identify a first in recovery team to relieve sequestered/augmented personnel and establish expectations for their response. Include the following:
    - Identification of means to contact each individual (cell, pager, home phone, or use of a call in line).
    - Specify when to come in if they hear nothing.
  - C. Determine if additional personnel for site medical support are needed. If needed, identify the resources similar to step 3.2.4.A and 3.2.4.B.
- ☐ 3.2.5 Determine if there is a need to deploy corporate team members to the sites for support and/or staff the corporate response center. If needed, direct these to be completed.

- ☐ 3.2.6 Direct HR to:
  - Establish plans with corporate for compensation of held over teams.
  - Validate employee contact information.
  - Develop and publish an emergency phone hotline which can be used to push messages to employees regarding plant status and return to work information as well as provide a means for checking on employee status post storm.
  - Develop the means to keep stakeholders updated on current events and conditions.
- ☐ 3.2.7 Determine need to maintain continuous accountability of remaining personnel on site, including the development of a roster with names of personnel remaining on site. Considerations include: Potential for personnel to become trapped, injured, and need for rescue.
- ☐ 3.2.8 Determine need to pre-stage additional work force to help employees and families affected by the storm. Considerations include: likelihood for widespread damage and need for workers at site.
- ☐ 3.3 Conduct preparation status meetings with the Storm Response Team as scheduled.
- ☐ 3.4 Notify the OSM and site management of the preparation status following each status meeting.
  - ☐ 3.4.1 Determine need and/or schedule the release of non-essential personnel prior to arrival of the storm.
  - ☐ 3.4.2 Contact the INPO senior representative and establish reporting requirements.
- ☐ 3.5 Make an announcement to station personnel when the site is expected to return to normal operations as well as when regular shift schedules will be resumed.
  - ☐ 3.5.1 Direct Site Communications group to establish appropriate communications of severe weather preparations/expectations to site population. Consider emails, webcasts, internet videos etc.
- ☐ 3.6 WHEN preparations are complete, ensure the following personnel/agencies are notified of planned unit operations and the status of preparations for severe weather:
  - ☐ OSM ☐ NRC Residents (Regulatory Compliance)
  - ☐ Site Management ☐ SC Emergency Management Division
  - ☐ EPZ County Emergency Management Agency(s)
- ☐ 3.7 Collect completed Enclosures 4.1 through 4.15 and attach to the body of the procedure.

- ☐ 3.8 EP is to conduct a critique with the Storm Response Team to identify any problems with implementation of this procedure.
  - ☐ 3.8.1 A Critique Summary Report is to be prepared and attached to the completed procedure within 30 days.
- ☐ 3.9 Send the original completed procedure to Document Management.

#### **4. Enclosures**

- 4.1 Activation of the Site Storm Response Team
- 4.2 Operations Actions
- 4.3 Chemistry Actions
- 4.4 Emergency Planning Actions
- 4.5 Engineering Actions
- 4.6 Information Technology Actions
- 4.7 Maintenance Actions
- 4.8 Nuclear Supply Chain Actions
- 4.9 Radiation Protection Actions
- 4.10 Regulatory Compliance Actions
- 4.11 Environmental, Health and Safety (EHS) Actions
- 4.12 Security Actions
- 4.13 Site Services Actions
- 4.14 Training Actions
- 4.15 Work Control Actions
- 4.16 References

- NOTE:**
- The Operations Teleconference Bridge line (864-873-4908) is available for conference calls. This bridge line can carry 12 callers simultaneously and is accessible from inside and outside the plant.
  - The Operations Teleconference Bridge line is a dedicated emergency communications channel; therefore, its use is restricted to emergency communications only during declared events.

**NOTE:** For an outside line dial "9" and for long distance dial "1".

## 1. Immediate Actions

- ☐ 1.1 Record information needed to notify duty personnel of the impending severe weather situation below:

Severe Weather Condition:

- ☐ Hurricane Force Winds
- ☐ Severe Icing/Heavy Snow
- ☐ Heavy Rainfall/Possible site flooding {3}
- ☐ Other \_\_\_\_\_

Expected Date/Time of Site Impact: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time/Location of First Storm Response Team Meeting: Time: \_\_\_\_\_

Location: \_\_\_\_\_

- ☐ 1.2 Notify the Emergency Planning duty person of the decision to implement this procedure as follows:

- ☐ 1.2.1 Using information from Step 1.1, identify the expected storm conditions and impact on the site.
- ☐ 1.2.2 Determine the time and location for the first status meeting.

## 2. Subsequent Actions

2.1 Using the Site Duty List (located on the ONS Web Page, left side of page click on Quick Nav, then Duty List), notify the following duty personnel:

- ☐ Chemistry
- ☐ Emergency Planning
- ☐ Engineering
- ☐ Environmental, Health & Safety (EHS)
- ☐ Information Technology
- ☐ Maintenance
- ☐ Nuclear Supply Chain
- ☐ Operations
- ☐ Radiation Protection
- ☐ Regulatory Compliance
- ☐ Security
- ☐ Site Services
- ☐ Training
- ☐ Work Control

- ☐ 2.1.1 Inform each person to pick up their applicable enclosure of this procedure from the WCC SRO upon arrival on site.



**Enclosure 4.2**  
**Operations Actions**

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Page 1 of 4

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY <small>1=High 2=Med, 3=Low</small>	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS <small>C=Complete I=In Progress N=No Action</small>
		WIND	RAIN	ICE			
1.		✓		✓	Notify WCC SRO to perform a risk assessment utilizing the Electronic Risk Assessment Tool and evaluate the results to minimize risk for each unit. {4}  Notify WCC SRO to enter Risk Code for Aux. Bldg Flood into the Electronic Risk Assessment Tool and evaluate the results to minimize risk for each unit. {3}		
2.		✓			If hurricane winds are expected on site (sustained winds > 73 mph), then develop shutdown plan to be in mode 5 a minimum of 2 hours before anticipated hurricane arrival on site. Reference NUMARC 87-00		
3.		✓	✓		Determine the time for sequential shutdown of all operating units. Reference OMP 2-23 (Multi-unit Shutdown Strategy)		
4.		✓	✓		Determine options for plant shutdown		
5.		✓	✓		Develop a power reduction plan and brief the shift. Discuss w/Reactor Engineering if available.		

**Enclosure 4.2**  
**Operations Actions**

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Page 2 of 4

ITEM	PRIORITY <small>1=High 2=Med, 3=Low</small>	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS <small>C=Complete I=In Progress N=No Action</small>
		WIND	RAIN	ICE			
6.		✓			Review the following procedures:  PT/0/A/0600/001, Loss of Computer  AP/1,2,3/1700/011, Recovery From Loss of Power  AP/1,2,3/A/1700/029, Rapid Unit Shutdown  AP/1,2,3/A/1700/024, Loss of LPSW  AP/1,2,3/A/1700/022, Loss of Instrument Air  AP/1,2,3/A/1700/027, Loss of Condenser Vacuum  EP/1,2,3/A/1800/001, EOP - Blackout  OP/1,2,3/A/1102/010, Controlling Procedure For Unit Shutdown  OP/0/A/1102/024, Plant Assessment and Alignment Following Major Site Damage  AP/0/A/1700/006, Natural Disaster		
7.		✓			Develop a list of potential missiles based on a walk down of the protected area and switchyard and assign group responsibility for securing the items		
8.		✓			Evaluate H2 Storage Cage for potential missile damage		
9.		✓			Evaluate Liquid N2 Storage Tank area for potential missile damage		
10.		✓	✓		Prepare the Aux Boiler for operation Reference OMP 2-23 (Multi-unit S/D strategy)		

**Enclosure 4.2**  
**Operations Actions**

RP/0/A/1000/035  
Page 3 of 4

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
11.		✓	✓		Check plant sumps and verify sump pump operability		
12.		✓	✓		Have all D/G fuel tanks on air compressors filled (south end of TB). Contact SSG to ensure this has been performed.		
13.		✓	✓		Ensure SSF D/G is available for operation. Consider pre-staging in SSF possibly around the clock.		
14.		✓	✓		Verify Keowee Hydro operability		
15.		✓	✓	✓	Ensure Ops vehicle is fueled; maintain as needed		
16.		✓	✓	✓	Ensure fuel oil for SSF Diesel Generators is reserved. Minimum 3 day supply should be available.		
17.		✓	✓	✓	SSF sub pump, cable reel pumphose, bring inside from outside		
18.		✓	✓		Evaluate stopping any offsite releases (ALL)		
19.		✓	✓		Ensure SPOC performs walkdowns to connect HPIP to aux. service water switchgear. Ensure tools/procedures are in place.		
20.		✓	✓	✓	Review OP/0/A/1104/011, Encl. 4.9 (Draining and Isolation of EWST)		
21.		✓	✓		Check the CCW intake screens. Ensure they are in good operating order. {1} Determine the need to stage personnel at or near screens for debris removal. Consider: <ul style="list-style-type: none"> <li>• Potential for clogging by debris</li> <li>• Impact of clogging</li> <li>• Potential for personnel to be injured and/or need rescue</li> </ul>		
22.		✓	✓		Ensure solid waste processing/sludging is secured		

**Enclosure 4.2**  
**Operations Actions**

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Page 4 of 4

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
23.		✓	✓		Evaluate volume available for processing/storing radwaste		
24.		✓	✓		Evaluate security operations at the TBSMTS		
25.		✓		✓	When notified by Operations, initiate applicable enclosures, radwaste Cold Weather Surveillance and Environmental Cold Weather Surveillance, from CSM 4.14		
26.		✓		✓	Obtain extension cords to reroute power to Chemistry labs for equipment that needs to be energized		
27.			✓ ✓		Pump CTP 1-2 as low as possible Line up TBS pumps into CTP 1-2 Isolate inputs into Yard drains Pump tendon galleries as low as possible Pump down Miscellaneous waste tank, and keep other waste tanks as low as possible {3}		

**Enclosure 4.3**  
**Chemistry Actions**

RP/0/A/1000/035  
Page 1 of 1

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓		✓	Evaluate chemical treatment pond capacities and levels		
2.		✓			Evaluate removing or securing chlorine bottles		
3.		✓	✓		Perform walk down of outside chemical storage areas to ensure no missiles and to verify tanks and pumps are secure		
4.		✓		✓	Ensure Environmental vehicle is fueled; maintain as needed		
5.		✓		✓	Obtain extension cords to reroute power to Chemistry labs for equipment that needs to be energized		
6.					Pump CTP 1-2 as low as possible Line up TBS pumps into CTP 1-2 Isolate inputs into Yard drains {3} {3}		

**Enclosure 4.4**  
**Emergency Planning Actions**

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Page 1 of 2

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

{2}

ITEM	PRIORITY <small>1=High 2=Med, 3=Low</small>	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS <small>C=Complete I=In Progress N=No Action</small>
		WIND	RAIN	ICE			
1.		✓		✓	Perform functional check of emergency communications systems per PT/0/B/2000/002, Verification of Communications Capability		
2.		✓	✓	✓	Establish surveillance of available weather reporting media to keep the OSM aware of changing severe weather conditions: <ul style="list-style-type: none"> <li>• NOAA Weather Radio</li> <li>• Duke Energy Meteorologist</li> <li>• National Weather Service located at GSP Airport (800-268-7785 or 864-879-1085)</li> <li>• Other Internet Weather Applications</li> </ul>		
3.		✓	✓	✓	Provide SC EMD, SC DHEC, Oconee County EMA, and Pickens County EMA with a courtesy notification of the planned unit operations and the status of severe weather preparations		
4.		✓	✓	✓	Provide site management with a recommendation concerning early activation of the ERO		

## Emergency Planning Actions

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
5.				✓	Check the 24 hour weather forecast. If air temperatures < 20°F are forecast, then notify the OSM of extreme cold weather and recommend initiating the Cold Weather Checklist.		
6.		✓	✓	✓	Develop a plan with Site Telecommunications to routinely monitor the siren system computer to assess siren system availability before, during, and after the weather event. EP has a > 25% failure alarm which sends out emails and pager notifications.		
7.		✓	✓	✓	Ensure Fire & Rescue Truck and MERT Cart are fueled; maintain as needed		
8.		✓	✓	✓	Ensure arrangements for helicopter support are in place as necessary for: <ul style="list-style-type: none"> <li>• Supplies</li> <li>• Food/Water</li> <li>• Personnel</li> </ul>		

**Enclosure 4.5**  
**Engineering Actions**

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Page 1 of 1

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY <small>1=High 2=Med, 3=Low</small>	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS <small>C=Complete I=In Progress N=No Action</small>
		WIND	RAIN	ICE			
1.		✓	✓		RES - Develop power reduction plan to support Operations		
2.				✓	RES - Consider additional freeze protection measures		
3.		✓	✓	✓	RES - Ensure Process Computer resources are available to support equipment in their area of responsibility		
4.		✓	✓	✓	MSE - Evaluate the impact of a LOOP on system operation		
5.		✓	✓	✓	MSE - Evaluate loss of EWST and compensatory actions to be taken		



**Enclosure 4.6**  
**Information Technology Actions**

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**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS  C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓	✓	Evaluate loss of the LAN and ensure that a process is established to backup data		
2.		✓	✓	✓	Evaluate the need for backup power supplies to maintain LAN		
3.		✓	✓	✓	Ensure IT expertise is available/on duty to support equipment in their area of responsibility		

**Enclosure 4.7**  
**Maintenance Actions**

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Page 1 of 2

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY <small>1=High 2=Med, 3=Low</small>	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS <small>C=Complete I=In Progress N=No Action</small>
		WIND	RAIN	ICE			
1.		✓	✓	✓	Stage temporary sump pumps		
2.		✓	✓		Evaluate the need to have additional Power Delivery resources on site		
3.		✓	✓	✓	Lower all crane booms inside the protected area		
4.		✓	✓	✓	Remove or secure items identified as potential missiles during site/plant walk down for areas inside/outside the protected area (including the switchyard)		
5.		✓	✓	✓	Check the Diesel Air Compressors are secured - tie down, if necessary		
6.		✓	✓		Ensure assigned vehicles are fueled and remove loose items from the bed		
7.		✓	✓		Perform walk downs to connect HPIP to aux. service water switchgear. Ensure tools/procedures are in place coordinate w/Ops, they have similar task.		
8.		✓	✓	✓	Evaluate o/s work activities and complete or secure as necessary. Consult Work Control manager.		

**Enclosure 4.7**  
**Maintenance Actions**

RP/0/A/1000/035  
Page 2 of 2

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
9.			✓		Coordinate with Site Services to ensure sufficient number of personnel are called in to complete installing flood protection measures as directed by EC 10876 (Installing Sandbags), drawings O-PDF-0003 and O-PDF-0003-0001 {3}		
10.			✓		Coordinate with Operations WCC SRO to stage submersible pumps in HPI and LPI rooms per AM/0/A/1300/089 (pumping water from LPI and HPI rooms in case of Aux. Bldg. Flood). Do not route submersible discharge hoses at this time. Discuss possible discharge hose routing paths with WCC SRO (this includes Turb. Bldg. Sump, Rx Bldg. Tendon galleries). NOTE: There is low probability of water accumulating in HPI/LPI due to sandbags and other flood control measures. {3}		
11.			✓		Provide an operator and availability for the Turbine Building Pump Aisle Crane to support SSO activity No. 15 for closing the East Side TB Upper Dampers {3}		
12.		✓	✓	✓	Determine need to establish damage assessment teams that will remain on site with specific items to monitor, with both standard report out times and when to report (immediately) outside of the standard report times		

## Nuclear Supply Chain Actions

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓	✓	Ensure that an adequate supply of seal injection and L/D filters are in stock <ul style="list-style-type: none"> <li>• L/D filter gasket</li> <li>• Special purpose gasket for L/D filter housing</li> <li>• Seal supply back up ring</li> <li>• Seal ring</li> </ul>		
2.		✓	✓	✓	Ensure an adequate supply of nitrogen bottles is available for FDW valves		
3.		✓	✓	✓	Ensure sufficient inventory of flashlights and batteries are available for issue		
4.				✓	Adequate supply of liquid de-icer, 5-gallon container and pellet de-icer, 50 lb carton		

## Radiation Protection Actions

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓		Ensure all solid radioactive waste processing is terminated		
2.		✓	✓	✓	Ensure an adequate supply of nitrogen is available for Count Room use		
3.		✓	✓	✓	Establish dosimetry issue points to activate electronic MG dosimetry		
4.		✓	✓	✓	Obtain RMC dose printout for use with dose cards		
5.		✓	✓		Ensure radioactive materials stored outside are secure Record box number and location		
6.		✓	✓		Verify doors, hatches, and entry points to RCA and containment are closed		
7.		✓	✓	✓	Obtain portable ventilation unit for Count Room		
8.		✓	✓	✓	Obtain extension cords to reroute power to Count Room systems that need to be energized		
9.		✓	✓	✓	Develop post-event action plan: <ul style="list-style-type: none"> <li>• Ensure radioactive materials stored outside are secure and accounted for</li> <li>• Ensure outside radiation postings and barriers are intact</li> </ul>		

Enclosure 4.9

Radiation Protection Actions

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ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
10.		✓	✓	✓	Ensure FMT vans are fueled; maintain as needed		

## Regulatory Compliance Actions

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓		Review commitments for all units entering Mode 5		
2.		✓	✓		Review requirements for discretionary enforcement requests, if needed		
3.		✓	✓	✓	Notify NRC Resident Inspector(s) of planned unit operations and the status of severe weather preparations		

**Environmental, Health and Safety (EHS)  
Actions**

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med. 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓	✓	Communicate list of precautionary protective actions for homes and families to site personnel		
2.		✓			Develop instructions and announcements for site personnel to wear eye protection outdoors during high wind conditions		
3.		✓	✓		Evaluate the site for potential hazardous materials spills that could occur due to the weather		
4.		✓	✓	✓	Ensure EHS vehicles are fueled; maintain as needed		
5.		✓	✓	✓	Contact SC DHEC if bypass of wastewater systems is anticipated		
6.		✓	✓	✓	Review Erosion Control		
7.		✓	✓	✓	Setup rest areas for personnel remaining onsite		



**Enclosure 4.12**  
**Security Actions**

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Page 1 of 1

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓	✓	Review medical emergency Standard Operating Guidelines		
2.		✓	✓		Evaluate the need to shutdown Checkpoint 1		
3.		✓		✓	Evaluate the potential loss of CCTV and ensure contingency plans for increased patrols, road clearance and storm response are in place as necessary		
4.		✓	✓	✓	Ensure Security vehicles are fueled; maintain as needed		
5.		✓	✓	✓	Evaluate the impact of severe weather on response strategies and develop/ implement any needed contingencies		
6.		✓	✓		Evaluate the potential need to relocate officers to an alternate/safe location		
7.		✓	✓	✓	Evaluate the impact of severe weather on Security equipment; e.g., IRU's barriers, vehicles, etc. and develop/ implement any needed contingencies		

**Enclosure 4.13**  
**Site Services Actions**

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Page 1 of 3

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY <small>1=High 2=Med, 3=Low</small>	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS <small>C=Complete I=In Progress N=No Action</small>
		WIND	RAIN	ICE			
1.		✓		✓	Ensure sufficient inventory of chainsaws available		
2.		✓		✓	Establish sleeping arrangements for ≈200 site personnel remaining on site		
3.				✓	Coordinate ice and snow removal operations		
4.		✓	✓	✓	Move boom trucks outside the protected area to indoor locations		
5.		✓	✓	✓	Check OOB Emergency D/G and ensure fuel oil tank is full; maintain as needed		
6.		✓	✓	✓	Evaluate roofing areas for: <ul style="list-style-type: none"> <li>• Water leakage</li> <li>• Loose items to remove or secure</li> </ul>		
7.		✓	✓	✓	Move all filled portable equipment outside the protected area to indoor locations (e.g., compressors, forklifts, oily debris dumpsters, used oil tanker, etc.)		
8.		✓	✓	✓	Ensure assigned vehicles are fueled; maintain as needed		
9.		✓	✓	✓	Ensure fuel oil for Diesel Air Compressors is reserved		

**Enclosure 4.13**  
**Site Services Actions**

RP/0/A/1000/035  
Page 2 of 3

ITEM	PRIORITY <small>1=High 2=Med, 3=Low</small>	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS <small>C=Complete I=In Progress N=No Action</small>
		WIND	RAIN	ICE			
10.		✓	✓	✓	Ensure propane tank for EOF Emergency Generator is full		
11.		✓	✓		Ensure all emergency generators are full of fuel: ___ 1. Check Point 1 ___ 2. Skimmer Wall ___ 3. Phone System ___ 4. EOF ___ 5. Etc.		
12.		✓		✓	Ensure sufficient inventory of food and drinking water available for ≈200 onsite personnel		
13.		✓	✓	✓	Ensure all crane booms located outside/inside the protected area are lowered		
14.			✓		Ensure Flood Protection Measures to be installed (sandbags, taping of doors, plugs for CT-4 drain) are installed as indicated on drawings O-PDF-0003 and O-PDF-0003-0001 (EC 10876 Installing Sandbags) NOTE: Verify latest Rev. of subject DWGS on NEDL {3}		
15.			✓		Close Turb. Bldg. East side upper dampers only {3}		
16.		✓	✓	✓	Verify storm drains clear of debris prior to storm {3}		
17.		✓			Pre-stage safety lines in high wind vulnerable areas to enhance safe transit during high wind conditions		

**Enclosure 4.13**  
**Site Services Actions**

RP/0/A/1000/035  
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ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
18.			✓		Site Services to retrieve/develop Sandbag Contact list (with minimum of 12 persons to accomplish sandbag deployment in 9 hours), make contact with team members to ensure they can be available to deploy sandbags. Once availability has been confirmed for at least 12 members of the Sandbag Contact list, give this information and list to Storm Team Lead (EP Duty Person). {3}		

**Enclosure 4.14**  
**Training Actions**

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Page 1 of 1

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓	✓	Coordinate Just-In-Time-Training (JITT) for operators: <ul style="list-style-type: none"> <li>Rapid Shutdown</li> <li>Startup Operations</li> <li>Loss of AC Power</li> <li>Loss of Vacuum</li> <li>Loss of IA</li> <li>SSF Operation</li> </ul>		

**Enclosure 4.15**  
**Work Control Actions**

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Page 1 of 2

**NOTE:** The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

- \_\_\_\_\_ 1. Review action items for current event (wind, rain, ice)
- \_\_\_\_\_ 2. Review NSD 200 "Work Hour Guidelines and Limits" if calling in additional personnel.
- \_\_\_\_\_ 3. Maintain status of each applicable item until action is completed.
- \_\_\_\_\_ 4. Provide the duty Emergency Planner an updated copy of the enclosure at least one hour prior to the next scheduled site direction meeting.  
EP fax number is 864-873-3597.

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS  C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
1.		✓	✓	✓	Review Forced Outage List for items to be worked in forced outage schedule (WPM 603 - Duty WC Manager/ Outage Manager)		
2.		✓	✓	✓	Review On-Line schedule for conflicts with forced outage schedule (Work Window Manager)		
3.		✓	✓	✓	Review and prepare WMS contingency plan (WPM-107 - Duty WC Manager/ Work Window Manager)		
4.		✓	✓	✓	Notify the WCC SRO to perform a risk assessment utilizing the Electronic Risk Assessment Tool and evaluate the results to minimize risk for each unit.		
5.			✓	✓	Notify Planning Coordinator to ensure availability of Planning Resources (Duty WC Manager)		
6.		✓	✓	✓	Notify Maintenance Procedure Coordinator to ensure availability of Procedure Writers as required (Duty WC Manager)		

## Enclosure 4.15

RP/0/A/1000/035

## Work Control Actions

Page 2 of 2

ITEM	PRIORITY 1=High 2=Med, 3=Low	SEVERE WEATHER CONDITION			ACTIONS	TIME DUE	STATUS C=Complete I=In Progress N=No Action
		WIND	RAIN	ICE			
7.		✓	✓	✓	Suspend all work that would render HPSW and LPSW unavailable (HPI motor cooler concerns)		
8.		✓	✓	✓	Evaluate outage related work activities and make appropriate adjustments to ensure all work and component functions can operate in a safe manner (ex: nozzle dam/manway replacement)		

**1. References**

1. G-08-00015, CA 41
2. O-09-00906, CA 2
3. O-12-04318
4. G-12-01619
5. O-13-06202, CA 1
6. G-13-00560



## 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/1000/035
2. Revision No.: 001
3. Change No.:     **Note:** if this package is for a change, replace hyphen with a letter.
4. Procedure Title: Severe Weather Preparations
5. For changes only, enter procedure sections affected:
6. Prepared By: John Kaminski
7. Preparation Date: 3/6/14
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.

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/035Revision No. 001**PREPARATION**(2) Station OCONEE NUCLEAR STATION(3) Procedure Title Severe Weather Preparations(4) Prepared By\* John Kaminski (Signature) [Signature] Date 3/6/14

(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. Crowl [Signature] (QR)(KI) Date 3-13-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA Date \_\_\_\_\_

Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA NA Date 3-13-14

Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA Date \_\_\_\_\_

(7) Additional Reviews

Reviewed By\* Larry Valenti (see attached email) [Signature] Date \_\_\_\_\_Reviewed By\* Tina Worley (see attached copy) [Signature] Date \_\_\_\_\_Approved By\* Patricia M. Street [Signature] Date 6/23/14**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)

Duke Energy  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/1000/035Revision No. 001**PREPARATION**

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Severe Weather Preparations
- (4) Prepared By\* John Kaminski (Signature) \_\_\_\_\_ Date 3/6/14
- (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\* \_\_\_\_\_ (QR)(KI) Date \_\_\_\_\_  
 Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA \_\_\_\_\_ Date \_\_\_\_\_  
 Reactivity Mgmt Review By\* \_\_\_\_\_ (QR) NA \_\_\_\_\_ Date \_\_\_\_\_  
 Mgmt Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA \_\_\_\_\_ Date \_\_\_\_\_
- (7) Additional Reviews  
 Reviewed By\* Tina Worley Tina Worley Date 4/24/14  
 Reviewed By\* Larry Valenti \_\_\_\_\_ Date \_\_\_\_\_
- (8) Approved By\* \_\_\_\_\_ Date \_\_\_\_\_

**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: Severe Weather Preparations

**SUMMARY OF CHANGES: (DESCRIPTION AND REASON)**

**General Changes**

Changes made as a result of input from IER L4-13-11, Lessons Learned From Hurricane Sandy

See attached comparison matrix

**PCR Numbers Incorporated**

ONS-

**Enclosure**

**RP/0/A/1000/035, Severe Weather Preparations, Rev 001  
Comparison Matrix**

Change #	Document Number / Section	Current Wording	Proposed Wording	Reason for Change
1	Procedure / Section 3	3.2.2 Establish a status meeting schedule to discuss the progress of preparations (4 to 6 hour intervals recommended).	3.2.2 Establish a status meeting schedule to discuss the progress of preparations (4 to 6 hour intervals recommended). These calls are to be coordinated with corporate calls for storm response preparation updating.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
2	Procedure / Section 3	Consider pre-positioning the relieving shift at the site	3.2.4 Determine need to pre-position... 3.2.4.B. Identify a first in recovery team to relieve sequestered / augmented personnel and establish expectations for their response. Include the following: <ul style="list-style-type: none"> <li>• Identification of means to contact each individual (cell, pager, home phone, or use of a call in line)</li> <li>• Specify when to come in if they hear nothing.</li> </ul> 3.2.4.C. Determine if additional personnel for site medical support are needed. If needed, identify the resources similar to step 3.2.4.A, 3.2.4.b.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
3	Procedure / Section 3	NA	3.2.5 Determine if there is a need to deploy corporate team members to the sites for support and or staff the corporate response center. If needed then direct these to be completed.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
4	Procedure / Section 3	NA	3.2.6 Direct HR to: <ul style="list-style-type: none"> <li>• Establish plans with corporate for compensation of held over teams,</li> <li>• Validate employee contact information.</li> <li>• Develop and publish an emergency phone hotline which can be used to push messages to employees regarding plant status and return to work information as well as provide a means for checking on employee status post storm.</li> <li>• Develop the means to keep stakeholders updated on current events and conditions.</li> </ul>	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
5	Procedure / Section 3	NA	3.2.7 Determine need to maintain continuous accountability of remaining personnel on-site, including the development of a roster with names of personnel remaining on site. Considerations include: potential for personnel to become trapped, injured and need for rescue.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
6	Procedure / Section 3	NA	3.2.8 Determine need to pre-stage additional work force to help employees and families affected by the storm. Considerations include: likelihood for widespread damage need for workers on site.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy

**RP/0/A/1000/035, Severe Weather Preparations, Rev 001  
Comparison Matrix**

Change #	Document Number / Section	Current Wording	Proposed Wording	Reason for Change
7	Procedure / Section 3	NA	3.4.1 Determine need and or schedule the release of non-essential personnel prior to arrival of the storm. 3.4.2 Contact the INPO senior representative and establish reporting requirements.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
8	Procedure / Section 3	NA	3.5 Make an announcement to station personnel when the site is expected to return to normal operations as well as when regular shift schedules will be resumed. 3.5.1 Direct Site Communications Group to establish appropriate communications of severe weather preparations / expectations to site population. Consider use of webcasts...	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
9	Procedure / Section 3	3.5 WHEN preparations are complete...	3.6 WHEN preparations are complete...	Editorial, moved to step 3.6
10	Procedure / Section 3	3.6 Collect completed Enclosures...	3.7 Collect completed Enclosures...	Editorial, moved to step 3.7
11	Procedure / Section 3	3.7 EP should conduct a ... 3.7.1 A critique summary report should...	3.8 EP is to conduct a ... 3.8.1 A Critique Summary Report is to be prepared and ... within 30 days.	Editorial, moved to step 3.8, clarification of expectations.
12	Procedure / Section 3	3.8 Send the original ...	3.9 Send the original ...	Editorial, moved to step 3.9
13	Procedure Section 4	... Considerations	... Actions	Provides direction versus a loosely held idea.
14	Enclosure 4.1	NOTE:...(9-1-864-...)... NOTE NA	NOTE: ...(864-...)... NOTE: For an outside line...	Editorial - Revised for phone system changes
	Step 1.1	NA	{3}	added indicator of PIP action closure
15	Enclosures 4.2 thru 4.15	Review considerations actions items Consider NSD 200... Table Header - Consideration	Review actions items for Review NSD 200... Table Header - Action	Clarification to provide an action versus loosely held idea
16	Enclosure 4.2	21. Check the CCW...	21. Check the CCW... order. Determine the need to stage personnel at or near screens for debris removal. Consider: Potential... 22. Ensure... 23. Evaluate... 24. Evaluate... 25. When ... 26. Obtain... 27. Pump...	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy.  Steps 22-27 moved from Chemistry responsibility (Enclosure 4.3) to Ops (Enclosure 4.2) as a result of the move of Chemistry to Ops.
17	Enclosure 4.3	4. Ensure... 5. Evaluate... 7. Evaluate... 8. When ... 9. Obtain... 10. Pump	NA	Moved steps from Enclosure 4.3 to Enclosure 4.2

**RP/0/A/1000/035, Severe Weather Preparations, Rev 001  
Comparison Matrix**

<b>Change #</b>	<b>Document Number / Section</b>	<b>Current Wording</b>	<b>Proposed Wording</b>	<b>Reason for Change</b>
18	Enclosure 4.4	2. ...(9-1-864-...or 9-1-864-...)  NA	(864-... or 864-...)  8. Ensure arrangements for helicopter support are in place as necessary for: Supplies, food /water, personnel	Editorial - Revised for phone system changes  Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
19	Enclosure 4.7	NA	12. Determine need to establish damage assessment teams that remain on site with specific items to monitor, with both standard report out times and when to report (immediately)outside of the standard report times.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
20	Enclosure 4.11	2. Evaluate the site for ...	2. Develop instructions and announcements for site personnel to wear eye protection outdoors during high wind conditions	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
21	Enclosure 4.11	items 3- 5	Renumber 3 through 5 added step 6 and 7 6. Review erosion control 7. Setup rest areas ...	Editorial Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
22	Enclosure 4.12	3. Evaluate the potential loss of CCTV and contingency plans for increased patrols	3. Evaluate the potential loss of CCTV and ensure contingency plans for increased patrols, road clearance and storm response are in place as necessary	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
23	Enclosure 4.13	14. Assure 16. Site Services to retrieve	14. Ensure 16. Verify storm drains clear of debris prior to stor	Editorial Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
24	Enclosure 4.13	NA	17. Pre-stage safety lines in high wind vulnerable areas to enhance safe transit during high wind conditions.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
25	Enclosure 4.13	NA	18. Site Services to retrieve...	Editorial renumbered from step 16 to step 18.

[Type text]

## APPENDIX C. APPLICABILITY DETERMINATION (Rev. 10)

Page 1 of 2

### 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/1000/035 rev 001/ Severe Weather**

**Preparations**

### 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?                   | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES            | If YES, process as a license amendment per NSD 227.   |
| 2. Quality Assurance Topical?  | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES            | If YES, seek assistance from Independent Nuclear Oversight.   |
| 3. Security Plans?<br>(See Appendix H)                                   | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES            | If YES, process per the Nuclear Security Manual.  |
| 4. Emergency Plan?   | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> YES | If YES, process per the Emergency Planning Functional Area Manual.  |
| 5. Inservice Testing Program Plan?                                       | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES            | If YES, process per site IST Program for ASME code compliance and related facility changes.   |
| 6. Inservice Inspection Program Plan?                                    | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> 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?   | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES            | If YES, evaluate activity in accordance with NSD 320.   |
| 7a - Utilize Appendix E to address Fire Protection Program Plan Impact.  |  | <input checked="" type="checkbox"/>     | Check to confirm use of Appendix E Screening Questions.<br><i>one 7/1/14</i>  |
| 8. Regulatory Commitments?   | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES            | If YES, process per NSD 214.  |
| 9. Code of Federal Regulations?  | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES            | If YES, contact the Regulatory Affairs group.   |
| 10. Programs and manuals listed in the Administrative Section of the TS? | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> 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. ☒ NO ☐ YES

IF YES, process per NSD 220.

**PART V - SIGNOFF**

(Print Name) Donna A. Crew (Sign) [Signature] DATE 3-13-14  
Applicability Determination Preparer

Duke Energy  
PROCEDURE CHANGE PROCESS RECORD

(1) ID No. RP/0/A/1000/035

Revision No.001 Change No.  
Permanent/Restricted to  
\_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Severe Weather Preparations

(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.)*  
See attached comparison matrix

(7) Reason for Change:

Changes made as a result of input from IER L4-13-11, Lessons Learned From Hurricane Sandy

(8) Prepared By\* John Kaminski (Signature) [Signature] Date 3/6/14

(9) Reviewed By\* Donna H. Gensel (QR)(KI) Date 3-7-14

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA \_\_\_\_\_ Date \_\_\_\_\_

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA DK Date 3-13-14

✓ Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA \_\_\_\_\_ Date \_\_\_\_\_

(10) Additional Reviews

HR  
COMM: 6/23/14 Reviewed By\* Larry Valenti (see attached email) [Signature] Date \_\_\_\_\_

Reviewed By\* Frank Worley (see attached document) [Signature] Date \_\_\_\_\_

(11) Approved By\* Pranav H. Suresh [Signature] Date 6/23/14

\* Printed Name and Signature

Duke Energy  
**PROCEDURE CHANGE PROCESS RECORD**

(1) ID No. RP/0/A/1000/035

Revision No.001 Change No.  
Permanent/Restricted to  
\_\_\_\_\_

(2) Station: OCONEE NUCLEAR STATION

(3) Procedure Title: Severe Weather Preparations

(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.)*  
See attached comparison matrix

(7) Reason for Change:

Changes made as a result of input from IER L4-13-11, Lessons Learned From Hurricane Sandy

(8) Prepared By\* John Kaminski (Signature) \_\_\_\_\_ Date 3/6/14

(9) Reviewed By\* \_\_\_\_\_ (QR)(KI) Date \_\_\_\_\_

Cross-Disciplinary Review By\* \_\_\_\_\_ (QR)(KI) NA \_\_\_\_\_ Date \_\_\_\_\_

Reactivity Mgmt. Review By\* \_\_\_\_\_ (QR) NA \_\_\_\_\_ Date \_\_\_\_\_

Mgmt. Involvement Review By\* \_\_\_\_\_ (Ops. Supt.) NA \_\_\_\_\_ Date \_\_\_\_\_

(10) Additional Reviews

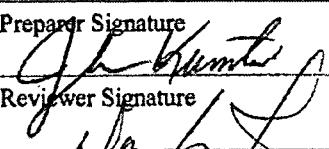
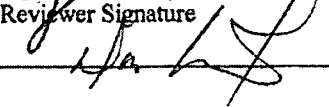
Reviewed By\* Tina Worley *Tina Worley* Date 4/24/14

Reviewed By\* Larry Valenti \_\_\_\_\_ Date \_\_\_\_\_

(11) Approved By\* \_\_\_\_\_ Date \_\_\_\_\_

\* Printed Name and Signature

## §50.54(q) Screening Evaluation Form

<b>Activity Description and References:</b> RP/0/A/1000/035 rev 001 Severe Weather Preparations		<b>BLOCK 1</b>
See attached sheet for all changes pertaining to this procedure.		
<b>Activity Scope:</b> <input checked="" type="checkbox"/> The activity <u>is</u> a change to the emergency plan <input type="checkbox"/> The activity <u>is not</u> a change to the emergency plan		<b>BLOCK 2</b>
<b>Change Type:</b> <input type="checkbox"/> The change <u>is</u> editorial or typographical <input checked="" type="checkbox"/> The change <u>is not</u> editorial or typographical	<b>BLOCK 3</b>	<b>Change Type:</b> <input type="checkbox"/> The change <u>does</u> conform to an activity that has prior approval <input checked="" type="checkbox"/> The change <u>does not</u> conform to an activity that has prior approval
<b>Planning Standard Impact Determination:</b> <input type="checkbox"/> §50.47(b)(1) – Assignment of Responsibility (Organization Control) <input type="checkbox"/> §50.47(b)(2) – Onsite Emergency Organization <input type="checkbox"/> §50.47(b)(3) – Emergency Response Support and Resources <input type="checkbox"/> §50.47(b)(4) – Emergency Classification System* <input type="checkbox"/> §50.47(b)(5) – Notification Methods and Procedures* <input type="checkbox"/> §50.47(b)(6) – Emergency Communications <input type="checkbox"/> §50.47(b)(7) – Public Education and Information <input type="checkbox"/> §50.47(b)(8) – Emergency Facility and Equipment <input type="checkbox"/> §50.47(b)(9) – Accident Assessment* <input type="checkbox"/> §50.47(b)(10) – Protective Response* <input type="checkbox"/> §50.47(b)(11) – Radiological Exposure Control <input type="checkbox"/> §50.47(b)(12) – Medical and Public Health Support <input type="checkbox"/> §50.47(b)(13) – Recovery Planning and Post-accident Operations <input type="checkbox"/> §50.47(b)(14) – Drills and Exercises <input type="checkbox"/> §50.47(b)(15) – Emergency Responder Training <input type="checkbox"/> §50.47(b)(16) – Emergency Plan Maintenance <b>*Risk Significant Planning Standards</b> <input checked="" type="checkbox"/> The proposed activity does not impact a Planning Standard		<b>BLOCK 5</b>
<b>Commitment Impact Determination:</b> <input type="checkbox"/> The activity <u>does</u> involve a site specific EP commitment Record the commitment or commitment reference: _____ <input checked="" type="checkbox"/> The activity <u>does not</u> involve a site specific EP commitment		<b>BLOCK 6</b>
<b>Results:</b> <input checked="" type="checkbox"/> The activity <u>can</u> be implemented without performing a §50.54(q) effectiveness evaluation <input type="checkbox"/> The activity <u>cannot</u> be implemented without performing a §50.54(q) effectiveness evaluation		<b>BLOCK 7</b>
Preparer Name: John Kaminski	Preparer Signature 	Date: 3/6/14
Reviewer Name: Doug Crowl	Reviewer Signature 	Date: 3-13-14

## RP/0/A/1000/035, Severe Weather Preparations, Rev 001

## Comparison Matrix

Change #	Document Number / Section	Current Wording	Proposed Wording	Reason for Change
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3	Procedure / Section 3	NA	3.2.5 Determine if there is a need to deploy corporate team members to the sites for support and or staff the corporate response center. If needed then direct these to be completed.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
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**RP/0/A/1000/035, Severe Weather Preparations, Rev 001**  
**Comparison Matrix**

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12	Procedure / Section 3	3.8 Send the original ...	3.9 Send the original ...	Editorial, moved to step 3.9
13	Procedure Section 4	... Considerations	... Actions	Provides direction versus a loosely held idea.
14	Enclosure 4.1  Step 1.1	NOTE:...(9-1-864-...)... NOTE NA  NA	NOTE: ...(864-...)... NOTE: For an outside line...  {3}	Editorial - Revised for phone system changes  added indicator of PIP action closure
15	Enclosures 4.2 thru 4.15	Review considerations actions items Consider NSD 200... Table Header - Consideration	Review actions items for Review NSD 200... Table Header - Action	Clarification to provide an action versus loosely held idea
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17	Enclosure 4.3	4. Ensure... 5. Evaluate... 7. Evaluate... 8. When ... 9. Obtain... 10. Pump	NA	Moved steps from Enclosure 4.3 to Enclosure 4.2

## Comparison Matrix

Change #	Document Number / Section	Current Wording	Proposed Wording	Reason for Change
18	Enclosure 4.4	2. ...(9-1-864-...or 9-1-864-...)  NA	(864-... or 864-...)  8. Ensure arrangements for helicopter support are in place as necessary for: Supplies, food /water, personnel	Editorial - Revised for phone system changes  Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
19	Enclosure 4.7	NA	12. Determine need to establish damage assessment teams that remain on site with specific items to monitor, with both standard report out times and when to report (immediately)outside of the standard report times.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
20	Enclosure 4.11	2. Evaluate the site for ...	2. Develop instructions and announcements for site personnel to wear eye protection outdoors during high wind conditions	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
21	Enclosure 4.11	items 3- 5	Renumber 3 through 5 added step 6 and 7 6. Review erosion control 7. Setup rest areas ...	Editorial Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
22	Enclosure 4.12	3. Evaluate the potential loss of CCTV and contingency plans for increased patrols	3. Evaluate the potential loss of CCTV and ensure contingency plans for increased patrols, road clearance and storm response are in place as necessary	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
23	Enclosure 4.13	14. Assure 16. Site Services to retrieve	14. Ensure 16. Verify storm drains clear of debris prior to stor	Editorial Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
24	Enclosure 4.13	NA	17. Pre-stage safety lines in high wind vulnerable areas to enhance safe transit during high wind conditions.	Enhancement from IER L4-13-11, Lessons Learned From Hurricane Sandy
25	Enclosure 4.13	NA	18. Site Services to retrieve...	Editorial renumbered from step 16 to step 18.



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10 CFR 50.4(b)(5)(iii)  
10 CFR 50.54(q)(5)  
10 CFR 50, Appendix E, Section V

Serial: RA-15-0001  
January 7, 2015

U.S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555-0001

CATAWBA NUCLEAR STATION, UNITS 1 AND 2  
DOCKET NOS. 50-413, 50-414 / RENEWED LICENSE NOS. NPF-35 AND NPF-52

MCGUIRE NUCLEAR STATION, UNITS 1 AND 2  
DOCKET NOS. 50-369, 50-370 / RENEWED LICENSE NOS. NPF-9 AND NPF-17

OCONEE NUCLEAR STATION, UNITS 1, 2 AND 3  
DOCKET NOS. 50-269, 50-270, 50-287 / RENEWED LICENSE NOS. DPR-38, DPR-47 AND  
DPR-55

**Subject: TRANSMITTAL OF EMERGENCY PLAN IMPLEMENTING PROCEDURES**

Ladies and Gentlemen:

In accordance with 10 CFR 50.4(b)(5)(iii), 10 CFR 50.54(q)(5) and 10 CFR 50, Appendix E, Section V, Duke Energy Carolinas is submitting a revision to the Catawba Nuclear Station, Unit Nos. 1 and 2, McGuire Nuclear Station, Unit Nos. 1 and 2 and Oconee Nuclear Station, Unit Nos. 1, 2 and 3 Emergency Plan Implementing Procedures.

A list of the revised Emergency Plan Implementing Procedures is provided as Enclosure 1. Duke Energy has evaluated these revisions, in accordance with 10 CFR 50.54(q), and determined that the revisions are not a reduction in the effectiveness of the Emergency Plan and that the Plan, as changed, continues to meet the standards of 10 CFR 50.47(b) and the requirements of 10 CFR 50, Appendix E. Enclosure 2 provides a 10 CFR 50.54(q)(5) summary for the revised Emergency Plan Implementing Procedures. Enclosure 3 contains a copy of the revised Emergency Plan Implementing Procedures.

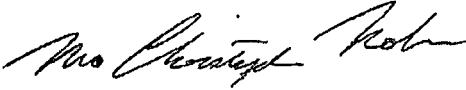
This document contains no regulatory commitments.

AX45  
NRC



Please refer any questions regarding this submittal to Mr. Mike Austin at 980-373-4134.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Christopher Nolan". The signature is fluid and cursive, with the first name "M." and last name "Nolan" clearly distinguishable.

M. Christopher Nolan, Director  
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Enclosures:

1. List of Revisions to the Emergency Plan Implementing Procedures
2. 10 CFR 50.54(q)(5) Summary
3. Copy of Revised Emergency Plan Implementing Procedures

U.S. Nuclear Regulatory Commission  
Page 3 of 4

xc (w/attachment)

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**List of Revisions to the  
Emergency Plan Implementing Procedures**

<b>Document</b>	<b>Revision</b>	<b>Effective Date</b>	<b>Title</b>
SR/0/A/2000/001	1	12/10/14	Standard Procedure for Corporate Communications Response to the Emergency Operations Facility (Applies to Catawba/McGuire/Oconee)
SR/0/A/2000/003	4	12/10/14	Activation of the Emergency Operations Facility
SR/0/A/2000/004	3	12/10/14	Notification to States and Counties from the Emergency Operations Facility for Catawba, McGuire and Oconee
ST/0/A/4600/094*	4	12/10/14	Standard Procedure for Periodic Test of the EOF Selective Signaling, ENS and ETS

\*Emergency Plan Implementing Procedure for Oconee only

### 10 CFR 50.54(q)(5) Summary

In accordance with 10 CFR 50.54(q)(5), Duke Energy Carolinas is providing a summary of the revised Emergency Plan Implementing Procedures being submitted with this letter.

1. *SR/0/A/2000/001, Revision 1, Standard Procedure for Corporate Communications Response to the Emergency Operations Facility (Applies to Catawba/McGuire/Oconee)*

- Revision made several minor changes based on comments from Catawba Emergency Preparedness during review of Revision 0 and comparison with Procedure Writer's Manual. These changes do not change the intent or technical content of the information presented.
- Revision changed the wording in Enclosure 6.4, Step 1.18 to reflect the fleet wide initiative to replace the "Raddose V" dose assessment tool with "Unified RASCAL Interface (URI)".
- Revision deleted "from Raddose V" from Enclosure 6.4, old step 1.19 (new step 1.20) to reflect the fleet wide initiative to replace the "Raddose V" dose assessment tool with "Unified RASCAL Interface (URI)".
- Revision deleted "Raddose V Page 3 meets this criteria." from the note in Enclosure 6.4 before old step 1.20 (new step 1.21) to reflect the fleet wide initiative to replace the "Raddose V" dose assessment tool with "Unified RASCAL Interface (URI)".

The changes described in Revision 1 of SR/0/A/2000/001, *Standard Procedure for Corporate Communications Response to the Emergency Operations Facility (Applies to Catawba/McGuire/Oconee)*, were made to support the fleet wide replacement of the "Raddose V" dose assessment tool with "Unified RASCAL Interface (URI)". The changes do not result in a reduction in the effectiveness of facilities, response organizations, or response equipment. The changes are not a reduction in the effectiveness of the Emergency Plans for Catawba, McGuire and Oconee, as written and approved, and continues to meet the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E.

2. *SR/0/A/2000/003, Revision 4, Activation of the Emergency Operations Facility*

- Revision changed the definition of a release in Step 2.3 to remove reference to the dose assessment procedure.
- Revision updated Catawba and McGuire SDS Group Display Descriptions in Step 3.2.7.
- Revision deleted the sign-off step in Enclosure 6.1 regarding asking the Radiological Assessment Manager for expected timeframes that dose assessment runs will be available.

- Revision updated the Dose Assessment Procedure number and name in the fourth sign-off step on Page 1 of 5 of Enclosure 6.6 to new fleet procedure AD-EP-ALL-0202, Emergency Response Offsite Dose Assessment Procedure.
- Revision deleted item 4 of the tenth sign-off step on Page 1 of 5 of Enclosure 6.6 about the specific time period that dose assessment runs are expected to be available for ENFs.
- Revision added a new sign-off step to Enclosure 6.6, Page 4 of 5 to include guidance for evaluating Emergency Release Status.
- Revision changed "RADDPOSE" to "Dose Assessment" in the second, third and fourth sign-off steps on Page 5 of 5 of Enclosure 6.6.
- Revision deleted the note before the third sign-off step on Page 1 of 4 of Enclosure 6.7 about saving RADDPOSE V information to a .ini file.
- Revision updated the Dose Assessment Procedure number and name in the third sign-off step on Page 1 of 4 of Enclosure 6.7 to new fleet procedure AD-EP-ALL-0202, Emergency Response Offsite Dose Assessment Procedure.
- Revision deleted the note before the third sign-off step on Page 3 of 4 of Enclosure 6.7 about performing dose projections every 15 minutes.
- Revision deleted the last sign-off step on Page 3 of 4 of Enclosure 6.7 to inform the Radiological Assessment Manager of the timing and frequency of dose runs.
- Revision replaced the entire Enclosures 6.2, 6.3 and 6.4 in order to reflect the adoption of Protective Action Recommendations (PARs) guidance as provided in NUREG-0654, Supplement 3, "Guidance for Protective Action Strategies" for compliance with 10 CFR 50, Appendix E, Section IV.3.

The changes described in Revision 4 of SR/O/A/2000/003, *Activation of the Emergency Operations Facility*, do not result in a reduction in the effectiveness of facilities, response organizations, or response equipment. The changes are not a reduction in the effectiveness of the Emergency Plans for Catawba, McGuire and Oconee, as written and approved, and continues to meet the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E.

3. SR/O/A/2000/004, Revision 3, *Notification to States and Counties from the Emergency Operations Facility for Catawba, McGuire and Oconee*

- Revision added new fleet procedure AD-EP-ALL-0202, Emergency Response Offsite Dose Assessment, to Step 4.5.
- Revision deleted old step 2.8 and associated note from Enclosure 6.1, as the location of the button for importing dose assessment information into ENF has moved. Renumbered old steps 2.9 and 2.10 to be 2.8 and 2.9.

- Step 2.10 of Enclosure 6.1 and associated sub-steps on importing dose run information was previously Step 2.8. PAR and Release Status information is no longer imported into WebEOC®, so the step order was changed to move the step closer to the lines that are imported.
- Revision changed the instructions in Enclosure 6.1, Step 2.10.2 for importing dose projection data into the EN Form.
- Revision changed the list of lines that will be imported in Enclosure 6.1, Step 2.10.3.
- Revision changed the note before Enclosure 6.1, Step 2.13 regarding the information about importing meteorological data into the EN Form. Revision also changed Enclosure 6.1, Step 2.13.1 about importing meteorological data into the EN Form.
- Revision changed reference from RADDPOSE to URI in Enclosure 6.1, Step 2.23.1. Revision also added instructions for selection of release TYPE, UNITS and FORM.
- Revision deleted instructions about importing RADDPOSE information from Enclosure 6.8, Line 5.
- Revision changed the instructions for "Import Dose Projection Data" into the EN Form in Enclosure 6.8, Lines 14-16.

The changes described in Revision 3 of SR/O/A/2000/004, *Notification to States and Counties from the Emergency Operations Facility for Catawba, McGuire and Oconee*, do not result in a reduction in the effectiveness of facilities, response organizations, or response equipment. The changes are not a reduction in the effectiveness of the Emergency Plans for Catawba, McGuire and Oconee, as written and approved, and continues to meet the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E.10 CFR 50.47(b).

4. ST/O/A/4600/094, Revision 4, *Standard Procedure for Periodic Test of the EOF Selective Signaling, ENS and ETS*

- Revision added reference to new fleet procedure AD-EP-ALL-0102, WebEOC® Maintenance and Administration to Step 2.6.
- Revision changed AT&T Fax to WebEOC® Fax in Enclosure 13.1, Page 1 of 3.
- Revision replaced EP FAM 3.15, Enclosure 3.15.3.3 with AD-EP-ALL-0102, WebEOC® Maintenance and Administration in Enclosure 13.1, Page 3 of 3.
- Revision changed instructions for creating an ENF and Faxing the ENF in Enclosure 13.1, Page 3 of 3.

Procedure ST/O/A/4600/094 is an Emergency Plan Implementing Procedure for Oconee only. The changes described in Revision 4 of ST/O/A/4600/094, *Standard Procedure for Periodic Test of the EOF Selective Signaling, ENS and ETS*, do not result in a reduction in the effectiveness of facilities, response organizations, or response equipment. The changes are not a reduction in the effectiveness of the Emergency Plan for Oconee, as

written and approved, and continues to meet the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E.10 CFR 50.47(b).