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SUBJECT: Revs to Emergency Plan Implementing Procedures; Rev 1, SC-321, *Revised 10/18/88 (gh)*
"Mgt of Emergency Off-Site Radiation Survey Teams."

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August 26, 1988


U. S. Nuclear Regulatory Commission
Document Control Desk
Attn: Mr. Carl Stahle
PWR Project Directorate No. 1
Washington, D. C. 20555

Subject: Revisions to Emergency Plan Implementing Procedures and
to the Nuclear Emergency Information Plan
R. E. Ginna Nuclear Power Plant
Docket No. 50-244

Gentlemen:

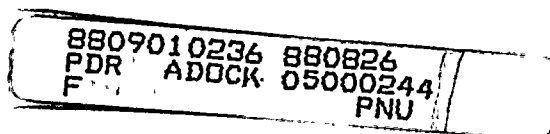
In accordance with 10 CFR 50.54, enclosed are revisions to
Ginna Station Emergency Plan Implementing Procedures and to the
Nuclear Emergency Information Plan.

Very truly yours,


Robert C. McCreedy
General Manager
Nuclear Production

Enclosures

xc: USNRC, Region I (2 copies)
Resident Inspector, Ginna Station



A045
1/1

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

GINNA STATION

UNIT #1

COMPLETED

DATE:-

TIME:-

PROCEDURE NO. SC-321

REV. NO. 0

MANAGEMENT OF EMERGENCY OFF-SITE RADIATION SURVEY TEAMS

TECHNICAL REVIEW

PORC REVIEW DATE

2-7-86

Sn Specter
PLANT SUPERINTENDENT

4-10-86
EFFECTIVE DATE

QA _____ NON-QA _____ CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 2 PAGES

Superseded page per
Revisions to EP1P
10/18/88
8809010236

Superseded page per
letter dated 8/26/88

60-244 GINNA

SC-321MANAGEMENT OF EMERGENCY OFF-SITE RADIATION SURVEY TEAMS1.0 PURPOSE:

- 1.1 The objective of the off-site radiation survey team director is to obtain meaningful plume information in a timely manner. This procedure provides guidance for the survey team director to efficiently manage the survey teams in the collection of plume information.

2.0 REFERENCES:

- 2.1 SC-323, Emergency Off-Site Radiation Survey Teams
2.2 SC-420, Estimating Off-Site Doses
2.3 SC-442, Monitoring Site Radiation Level by TLD

3.0 INSTRUCTIONS:

- 3.1 Directing teams prior to release.
- 3.1.1 Direct teams to complete primary survey routes. This will allow the teams to check out equipment and put out additional TLDs at locations as described in procedure SC-442, Table III, or other locations as desired.
- 3.1.2 Position teams downwind at three different distances from the plant. This might be at one, three and five miles. Have teams survey back and forth across the area where the plume would be expected if a release occurred.
- 3.1.3 Inform teams of the projected location of the centerline of the plume and the wind speed and direction.
- 3.1.4 Obtain names of team members and obtain exposure history for the current calendar quarter.
- 3.2 Directing teams during a release.
- 3.2.1 Inform teams when release begins and their location in relation of the plume centerline. Tell what the projected dose rates are at the plume centerline.



- 3.2.2 Inform teams as to need for respiratory protection and use of KI.
- 3.2.3 Position teams downwind at three different distances from the plant. This might be at one, two and five miles.
- 3.2.4 Direct teams to do a profile of the plume after it arrives. They should be directed to drive across the plume to determine the width and the maximum reading (centerline), recording dose rates every 1/10 miles. More profiles of the plume are made as necessary to put the plume location on the map.
- 3.2.5 Direct teams to take an air sample (10 minutes) at the plume centerline.
- 3.2.6 Maintain record of dose to survey team members.
- 3.2.7 If teams need relief for meals, etc., relieve one team at a time on a rotating basis.
- 3.2.8 Teams on standby should be located in low background areas.



ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

GINNA STATION
UNIT #1
COMPLETED

DATE:-

TIME:-

PROCEDURE NO. SC-410

REV. NO. 26

INSPECTION OF EMERGENCY EQUIPMENT

TECHNICAL REVIEW

PORC REVIEW DATE

6-15-88

SmSpecta
PLANT SUPERINTENDENT

6-24-88
EFFECTIVE DATE

QA X NON-QA _____ CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 15 PAGES

SC-410INSPECTION OF EMERGENCY EQUIPMENT1.0 PURPOSE:

- 1.1 The equipment required by the emergency plan and the means of assuring it is available is outlined in this procedure. Inspection will be made monthly as required by Technical Specifications and after each drill or use by the Health Physics Section.

2.0 REFERENCES:

- 2.1 Nuclear Emergency Response Plan
- 2.2 Tech. Specs, Table 4.1-1

3.0 INSTRUCTIONS:

- 3.1 Inspect each location using attached appendices. Indicate number of items present in blank space on appendix.
- 3.1.1 Emergency Survey Center - Appendix A
- 3.1.2 Control Room - Appendix B
- 3.1.3 Health Physics Office, Auxiliary Building, Operational Support Center, Butler Building Warehouse - Appendix C
- 3.1.4 Technical Support Center - Appendix D
- 3.1.5 Monthly Inspection Log - Appendix E
- 3.2 If any discrepancies are found make note on the Monthly Inspection Log (Appendix E). If there are no discrepancies, enter NONE on Log Sheet.
- 3.2.1 Discrepancies are to be corrected (or a trouble card submitted) as soon as possible and so noted on the log sheet and filed per A-1701.
- 3.3 Notify Control Room and Dave Burke (71-8022) prior to initiating Survey Center and TSC Communication checks.
- 3.4 Send a copy of completed Appendix "E" Emergency Equipment Monthly Inspection Log to Dave Burke at 49 East Ave., 5th floor.



APPENDIX "A"
EMERGENCY EQUIPMENT IN SURVEY CENTER

1. Assignment tag board - all tags in place _____
 2. Survey team maps - Red, Green, Orange, Blue, Yellow 15 _____
 3. Survey team boxes - Red, Green, Orange, Blue, Yellow, White - If seal is unbroken assume equipment is intact. Inventory boxes and change batteries in January and July. 6 _____
- NOTE: Each January update Source Check Data Card _____
4. Low range survey instruments, RM-14 with HP-190 probe battery check. Source check per HP-7.31, and log on Attachment III. 5 _____
 5. Mid range survey instruments RO2 (1 mR/hr to 5 R/hr) battery check, source check per HP-7.31, and check calibration date. Log on Attachment I HP-7.31. 6 _____
 6. High level dose rate meters - battery check, calibration check, source check per HP-7.31. Xetex 305 series instruments (0.1 mR/hr to 99.9 R/hr) Xetex 302 series instruments may be substituted. 5 _____
 (24) spare AA batteries for replacement. Log on Attachment I HP-7.31. 24 _____
 7. Extendable high level survey meter - battery check, source check, calibration check. Xetex 302 series instruments (0.01 R/hr to 999 R/hr) or equivalent. Log on Attachment I HP-7.31. 1 _____
 8. BC-4 scaler or equivalent, source check, efficiency calibration annually. 1 _____
 9. Radiation monitor RM-3C or equivalent, with HP-260 probe or equivalent, source check, calibration check. 1 _____
 10. Area radiation monitor, stationary - change chart paper, operational check. Mark date on chart and submit to Central Records. 1 _____
 11. Dosimeter charger battery charger. 2 _____
 line operated. 1 _____



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APPENDIX "A" (con't)

12. Dosimeter (High Range) - check calibration	
O-5R	8 _____
O-10R	8 _____
13. Dosimeter (0-500mr) - check calibration	12 _____
Dosimeter (0-1500mr) - check calibration	75 _____
14. Thermal luminescent dosimeters (TLD)	100 _____
15. Packages of (6) environmental TLD badges (off-site only)	3 _____
16. Battery operated, low volume air samplers - calibration check. Run air sampler several minutes to check operation.	6 _____
17. Battery charger - operation check, disconnect	1 _____
18. RADECO H 809 B2 air sampler - run 90 minutes. Check that AG ZEO cartridge is in place. Replace particulate filter at end of run.	2 _____
19. RADECO H 809 C air sampler - run 1 minute	4 _____
20. Filters for air samplers - particulate	100 _____
21. Filters for air samplers - silver zeolite	50 _____
22. Envelopes for air samples - particulate	100 _____
23. Envelopes for air samples - iodine	100 _____
24. Envelopes for smear papers	100 _____
25. Smear papers	1000 _____
26. Decontamination kit (NMC - 3 piece)	1 _____
NOTE: PRECEDE ALL COMMUNICATION WITH "THIS IS A TEST"	
27. Radios, Handi-Talkie - radio check with security. Check that charge status lights are illuminated - these are part of circuitry.	5 _____
28. Radios, Porta-mobile II - radio check with Security	5 _____

APPENDIX "A" (con't)

29. Magnetic car mount antenna	3_____
30. Radio, stationary - radio check with security	2_____
31. Full face respirator inspect mask, mark bag with inspection date and initials.	22_____
32. Charcoal Respirator Filters - check expiration date	22_____
33. Voice emitters for respirators - operational check	13_____
34. Contaminated clothing & waste containers, 55 gal drum	2_____
35. Anti - contamination clothing, sets	25_____
36. Step off pads	10_____
37. Masking tape rolls (replace January)	1 box_____
38. Plastic Bags, poultry	1 box_____
39. Plastic bags, clean, large	20_____
40. Radioactive material bags, yellow, large	1 roll_____
41. Radiation rope	1 roll_____
42. Radiation hazard signs with inserts, 10 each. (high radiation area) (radiation area) (surface contamination area) (radioactive material)	10_____
43. Thyroid block tablets, bottles - check expiration date	25_____
44. Pens and pencils	10_____
45. Batteries, D size	10_____
46. Batteries, 9V	10_____
47. Extension cord	3_____
48. NMC CAM - Check flow CAM test (60 ~), & check switch positions.	1_____



APPENDIX "A" (con't)

NOTE: PRECEDE ALL COMMUNICATION CHECKS WITH "THIS IS A TEST"

49. Intercom "A" - communication check with Control Room. Call Control Room on GAI page, have them plug in Intercom A and contact survey center. 1_____
50. NRC Red telephone - lift receiver, tell party "This is a Ginna Station Survey Center Communications Check." 1_____
51. New York State Red telephone - Push button, lift receiver, wait 10 seconds, state "This is Ginna Station Emergency Survey Center Communications Check, this is a test." Then say "All Stations Standby for Roll Call", then ask one at a time if New York State, Monroe County, Wayne County and the Control Room are listening. 1_____
52. Telephone Books - Rochester 1, Wayne County 1 1_____
53. Wayne County (946-5663) 1_____
54. Monroe County (9-716-473-0710) 1_____
55. New York State (9-518-457-2200) or (9-518-457-681) 1_____
56. National Weather Service, Rochester (9-716-328-7633) 1_____
57. National Weather Service, Buffalo (9-716-632-2223) 1_____
58. From Health Physics Network phone - call Control Room at 524-4984 and request they call you back at 524-0040
59. From 524-6711 call Control Room at 524-4984 and TSC at 524-4973 1_____
60. From extension 331 call TSC at 474 1_____
61. From extension 207 call TSC at 507 1_____
62. Scissors 1_____
63. Disposable shaving razors 5_____



APPENDIX "A" (con't)

64. Shaving cream

1 _____

Initials _____ Date _____



APPENDIX "A" (con't)

EMERGENCY EQUIPMENT PER SURVEY BOX

If box is sealed inventory not required. Boxes shall be opened in January and July for battery change and inventory.

- | | |
|---|---------|
| 1. Coveralls, disposable | 2_____ |
| 2. Hoods, disposable | 2_____ |
| 3. Gloves, pair | 2_____ |
| 4. Booties, pair | 2_____ |
| 5. Hats, Surgeon | 2_____ |
| 6. Hoods, Rain | 2_____ |
| 7. Coats, Rain | 2_____ |
| 8. Boots, Rain, pair | 2_____ |
| 9. Flashlight with Batteries | 1_____ |
| 10. Plastic Bags | 2_____ |
| 11. Masking Tape, rolls (replace January) | 2_____ |
| 12. Pencils | 2_____ |
| 13. Pencil Sharpener | 1_____ |
| 14. Tablet, writing | 1_____ |
| 15. Survey Route Maps | 2_____ |
| 16. Air Sampler Filters - Particulate | 5_____ |
| 17. Air Sampler Filters - Silver Zeolite GY-130 | 5_____ |
| 18. Air Sample Envelopes (Iodine) | 10_____ |
| 19. Air Sample Envelopes (Environmental) | 10_____ |
| 20. Clipboard | 1_____ |
| 21. Appropriate procedure for team (Remove survey route instructions in Appendix III that do not apply to that survey team) | _____ |

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APPENDIX "A" (con't)

22. Procedure SC-452, Sampling Snow, Grass, Soil and Vegetation.	_____
23. Thyroid Block Tablets (bottle)	3_____
24. Suits, cold weather (carhart) (on-site team only)	2_____
25. Equipment Belts with Bags (on-site team only)	2_____
26. First Aid Room key (onsite team only)	1_____
27. Backpacks - 2 (on-site teams only)	2_____
28. Respirator hip pouches (on-site only)	2_____
29. Quarters for Telephones (Off-site team only)	10_____
30. Hammer and 10 nails (off-site only)	1_____
31. HP-190 window clamp (off-site teams only)	1_____
32. Garden Trowel	1_____
33. Tags with wire tie	10_____
34. Ruler, Scale inches	1_____
35. Scissors	1_____
36. Packet of screwdrivers	1_____

Initials_____ Date_____

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APPENDIX "B"EMERGENCY EQUIPMENT IN CONTROL ROOM

1. Scott Air Pack (SCBA) - monthly inspection 2 _____
2. Dosimeters 0-5R or 0-10R - check calibration 10 _____
3. Dosimeters 0-500 mRem - check calibration 15 _____
4. Dosimeter charger with battery - operability check 1 _____
5. High range dose rate meter - battery check, source check per HP-7.31 and calibration check (RO2A) 1 _____
6. Plant radiation survey maps (sets) 3 _____
7. Smear papers 100 _____
8. Envelopes for smear papers 10 _____
9. Thyroid block tablets (bottle) - check expiration date 10 _____
10. Air sampler, low volume - operability check, calibration check 1 _____
11. Air sampler filters - particulate 3 _____
12. Air sampler filters - silver zeolite 3 _____
13. Radiation monitor RM-14 or equivalent with HP-190 probe, battery check, source check, calibration check 1 _____
14. Masking tape, roll (replace January) 1 _____
15. Anti-contamination clothing (sets) 6 _____
16. Continuous Air Monitor Eberline AMS-3 check operation of unit and pump. Check calibration - due annually. 1 _____
17. Head set, control box and minimum 15 feet of cord (for continuous communication with TSC) 1 _____
18. AA Batteries 4 _____

Initial _____ Date _____

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APPENDIX "C"EMERGENCY EQUIPMENT

OPERATIONAL SUPPORT CENTER

1. Full face respirators - inspect mask and then seal in a bag with inspection date and initials	6	_____
2. Respirator charcoal filters - expiration date	6	_____
3. Anti-contamination clothing (sets)	6	_____
4. Flood lights, portable - operational check	2	_____
5. Thyroid block tablets (bottles) - check expiration date	15	_____
6. Dosimeters 0-500 mRem - check calibration	20	_____
7. Dosimeters 0-10R - check calibration	10	_____
8. Dosimeter charger with battery - operational check	1	_____
9. Daily exposure record sheets	5	_____
10. Pens	5	_____
11. Rolls masking tape (replace January)	2	_____
12. Battery operated low volume air samplers - calibration check. Run air sampler several minutes to check operation.	4	_____
13. Filters for air samplers - particulate	50	_____
14. Filters for air samplers - silver zeolite	10	_____
15. Envelopes for air samples - iodine	50	_____
16. Envelopes for air samples - particulate	50	_____
17. Clipboards with pens	4	_____

INTERMEDIATE BUILDING

1. Scott air pack (SCBA) - monthly inspection	1	_____
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APPENDIX "C" (con't)

HEALTH PHYSICS OFFICE

1. Scott air pack (SCBA) - monthly inspection 2 _____
2. High range dosimeter - calibration check 20 _____
3. Anti-contamination clothing (sets) 20 _____
4. High range dose rate meter - battery check, source check per HP-7.31 and check calibration (RO2A, Radector III, Xetec 305 series or Eberline Teletector) 5 _____

BUTLER BUILDING WAREHOUSE

1. As per SC-3.16.15 and SC-3.16.15.1, the moisture detector (located in the rear of the breathing air compressor in-line with the filter cartridges) is normally a light blue color. If color is found to be pink, DO NOT OPERATE THE COMPRESSOR. Turn in a Trouble Card and notify the Health Physicist responsible for respiratory protection. 1 _____
2. For the three - 300 cubic foot breathing air bottles as part of the cascade system, at least one should have a pressure of at least 2200 psi. If none of the three have this minimum pressure reading, turn in Trouble Card and notify Health Physicist responsible for respiratory protection. 1 _____

Initials _____ Date _____

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APPENDIX "D"EMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

1. Radiation monitor RM-14 or equivalent with HP-190 probe battery check, source check, check calibration	2_____
2. Area radiation monitor - battery check, source check, check calibration	1_____
3. Full face respirator - inspect mask mark bag with inspection date and initials	10_____
4. Respirator charcoal filter - check expiration date	10_____
5. Thyroid block tablets (bottles) check expiration date	25_____
6. Dosimeter, 500mr - check calibration	40_____
7. Dosimeter, high range - check calibration	20_____
8. Dosimeter charger with battery - operability check	2_____
9. RADECO H-809 B2 air sampler - run 120 minutes	1_____
10. Air sample filters - particulate	4_____
11. Air sample filters - silver zeolite	4_____
12. Anti-contamination clothing (sets)	25_____
13. Step Off Pads	10_____
14. Daily exposure records sheets	5_____
15. Radioactive materials bags (yellow)	5_____
16. Masking tape, rolls (replace January)	5_____
17. Smear papers	100_____
18. Envelopes for smears	10_____
19. Envelopes for particulate air sample	10_____
20. Envelopes for iodine air samples	10_____

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APPENDIX "D" (con't)

21. Pens and pencils 5 ea. _____

NOTE: PRECEDE ALL COMMUNICATION CHECKS WITH
"THIS IS A TEST"

22. Radio, Portable - radio check with security 4 _____

23. Radio, Stationary - radio check with security
book entry 1 _____

24. NRC Red telephone - lift receiver, tell party
"This is a Ginna Station TSC Communication
Check." Request the return call to Ginna Station 1 _____

25. Answer NRC Red telephone on call back to
verify check _____

26. New York State Red Telephone - push button,
lift receiver, wait 10 seconds, ask if New York
State, Wayne County, Monroe County, Control are listening?
Tell them "This is Ginna Station TSC Communication
Check." 1 _____

27. EOF Direct line (63PL5187) Telephone 1 _____

28. From Health Physic Network phone - call Control
Room at 524-4984 and request they call you back
at 524-0040 1 _____

29. Battery operated, low volume air sampler check
calibration run for several minutes to check
operation. 1 _____

30. NMC CAM-check flow, CAM test (60 ~), and check
switch positions.

31. Head set, control box, and minimum 15 feet
of cord (for continuous communication with
Control Room) 1 _____

32. AA Batteries 4 _____

33. Extension Cords 2 _____

Initials _____ Date _____

APPENDIX "E"EMERGENCY EQUIPMENT MONTHLY INSPECTION LOGDISCREPANCIES NOTED
CORRECTEDDISCREPANCIESSurvey Center Date_____Initials_____

Date_____Initials_____

Control Room Date_____Initials_____

Date_____Initials_____

HP Office Date_____Initials_____

Date_____Initials_____

Auxiliary Bldg. Date_____Initials_____

Date_____Initials_____

APPENDIX "E" (con't)

Butler Bldg.
Warehouse

Date_____Initials_____

Date_____Initials_____

Technical
Support Center

Date_____Initials_____

Date_____Initials_____

Operational
Support Center

Date_____Initials_____

Date_____Initials_____

REVIEWED BY:_____

One copy of the completed Appendix "E" Emergency Equipment
Monthly Inspection Log provided to Dave Burke (49/5)

Copy sent _____

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