

JAFP-17-0122

Enclosure

EAP-1.1, Revision 76

JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

OFFSITE NOTIFICATIONS
EAP-1.1
REVISION 76

EFFECTIVE DATE: Nov. 16, 2017

*****	*****
*	*
* INFORMATIONAL USE *	* QUALITY RELATED *
*	*
*****	*****

*	*
* ADMINISTRATIVE *	
*	*

PERIODIC REVIEW DUE DATE: November 2022

REVISION SUMMARY SHEET

REV. NO. FULL REVISION

76

Step 4.2.2.A	Revised actions to initiate a RECS call	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Step 4.3.4.D	Revised actions to initiate a RECS call	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 8	Revised "Instructions for Reporting RECS Problems.	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 11	Revised actions to initiate a RECS call in the attachment "Control Room Notification Flowchart"	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 12	Revised actions to initiate a RECS call in the attachment "Control Room Notification Flowchart For Use in Control Room Evacuation Per AOP-43".	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 13	Revised actions to initiate a RECS call in the attachment "Control Room Notification Flowchart For Security Related Events".	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.

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1.0 PURPOSE

The purpose of this procedure is to provide detailed instructions for the prompt notification of offsite authorities, offsite emergency response agencies and onsite personnel.

2.0 REFERENCES

2.1 Performance References

- 2.1.1 IAP-1, EMERGENCY PLAN IMPLEMENTATION CHECKLIST
- 2.1.2 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS
- 2.1.3 EAP-17, EMERGENCY ORGANIZATION STAFFING
- 2.1.4 EAP-42, OBTAINING METEOROLOGICAL DATA
- 2.1.5 OP-63, INTRA-PLANT COMMUNICATIONS SYSTEM (Announcements contained herein also contained in OP-63.

2.2 Developmental References

- 2.2.1 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS
- 2.2.2 EAP-42, OBTAINING METEOROLOGICAL DATA
- 2.2.3 SAP-3, EMERGENCY COMMUNICATIONS TESTING
- 2.2.4 I&E Information Notice No. 85-78: "Event Notification"
- 2.2.5 NRC Bulletin 2005-02 EMERGENCY PREPAREDNESS AND RESPONSE ACTIONS FOR SECURITY-BASED EVENTS
- 2.2.6 ANI Information Bulletin 11-01
- 2.2.7 GE SIL No.324 Rev.7 BWR Nuclear Emergency Support Program

2.3 Commitments

- 2.3.1 ENOC-05-004 Dated August 17, 2005, Response to NRCB-2005-02

3.0 INITIATING EVENTS

The Emergency Director has declared an emergency condition at the JAFNPP in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS.

4.0 PROCEDURE

NOTE: The Emergency Director or designee shall implement this procedure.

The Shift Manager or Emergency Director (EOF) are the only individuals authorized to declare an emergency or recommend protective actions to offsite agencies. A designated individual may, however, relay this information.

4.1 Responsibilities

4.1.1 Shift Manager

- A. Assumes the role of Emergency Director, until properly relieved by the Emergency Director (EOF).
- B. Initiates the classification and reclassification of emergency conditions based on available information (IAP-2).
- C. Designates a Control Room Communications Aide to initiate and maintain communications with offsite authorities until the EOF is staffed.
- D. Designates an individual to make plant announcements.
- E. Normally, the Shift Manager contacts plant personnel in accordance with EAP-17, EMERGENCY ORGANIZATION STAFFING by activation of the Emergency Response Organization Notification System (ERONS). ERO notification devices should be activated at the UE and once again at the ALERT or higher classification if escalation from the UE occurs.
- F. Approves emergency notification forms until relieved of the Emergency Director's role.

4.1.2 Control Room Communications Aide (as assigned by Shift Manager)

- A. As directed by SM, initiates and maintains communications with offsite authorities until responsibility is transferred to the EOF.
- B. Continues to maintain communications with the EOF following its activation.

4.1.3 Emergency Director (EOF)

- A. Relieves Shift Manager of overall responsibility

for plant emergencies.

- B. Initiates or verifies classification and reclassification of emergency conditions.
- C. Initiates or continues communications with offsite authorities through the EOF Offsite Communicator.
- D. Directs re-activation of ERONS if necessary, if the emergency escalates from an UE to an Alert or higher classification. This is to ensure all facilities are activated.
 - 1. ERONS activation codes are maintained in the locked KI storage case in the EOF.
- E. Ensures/makes announcements as necessary.
- F. Recommends protective actions to offsite agencies.
- G. Approves emergency notification forms.
- H. When appropriate the Control Room Emergency Director shall formally turn over the Emergency Director function to a qualified Emergency Director located in the EOF. The turn over may be verbal, and will include the status of the plant.
- I. Ensures that all forms generated during an actual emergency are maintained and shall be added to the plant records system because these forms are considered "Quality Records". (This includes Part 1, 2 and 3 forms and the NRC Event Notification Worksheet detailed in this procedure. Other forms or data will be determined to be plant records by Emergency Preparedness Manager's review.) Therefore, all forms, calculations, etc. shall be directed to the Emergency Preparedness Manager for review after an actual event.

4.1.4 EOF Manager

- A. Initiates or maintains communications with offsite agencies via the Offsite Communicator (EOF).
- B. Acts as prime interface for information dissemination to and from offsite authorities and other groups as required.

4.2 CONTROL ROOM PROCEDURE

4.2.1 Notifications and emergency facility activations.

NOTE: Any security Emergency Action Levels (EAL's) that are met should also be noted on the Part 1 Notification Fact Sheet, even if non-security EAL's have resulted in a higher classification of the event.

↓**COM 2.3.1**

IF the event is security related (i.e., meets a section H.4 EAL), **THEN** an accelerated verbal NRC notification via the ENS phone or commercial phone is required within approximately 15 minutes of the recognition of the security based emergency.

The NRC expects to be provided with the following information:

1. Site name: James A. FitzPatrick
2. Emergency classification: (If determined yet.)
3. Brief description of the nature of the threat (if known) including:
 - a) Type of attack (e.g., armed assault by land, water.)
 - b) Attack status (i.e., imminent, in progress, or repelled.)

NOTE: An "open communication line" with the NRC operations center is not expected once this information has been provided. NRC Headquarters Operation Center commercial phone 301-816-5100 or 301-951-0550.

For all events:

Transmittal of NRC Event Notification Worksheet (Attachment 6) is required immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency or reclassification of an emergency.

The Shift Manager/Emergency Director shall:

- A. Designate an NPO to serve as Control Room Communication Aide.

NOTE: At the discretion of the Shift Manager/Emergency Director, ERO notification devices may not be

activated if doing so could jeopardize the safety of ERO personnel responding to Emergency Response Facilities.

- B. Contact plant Emergency Response Organization personnel using EAP-17.

NOTE: ERONS should be activated at the UE, and once again at the ALERT or higher classification if escalation from the UE occurs.

The following information is required to activate ERO:

1. Emergency Classification: (circle)

None UE Alert SAE GE

2. Was the Emergency declared based on a Security EAL?

YES / NO

3. What action should be taken: (select only one)

- ☐ ACTIVATE ALL EMERGENCY RESPONSE FACILITIES
- ☐ ACTIVATE TSC/OSC ONLY
- ☐ ALTERNATE REPORTING LOCATION
- ☐ NO ACTION/INFORMATION ONLY
- ☐ SECURITY EVENT

REQUESTED BY (SM ED OTHER) _____

(NAME)

(DATE/TIME)

FACILITY ACTIVATION REQUIREMENTS

NOTE: IF potential routing hazards exist for facility activation, **THEN** include the routing hazards in an announcement.

Facility	Unusual Event	Alert	Site Area Emergency	General Emergency
TSC	ED Decides	X	X	X
OSC	ED Decides	X	X	X
EOF	ED Decides	X	X	X
JIC	ED Decides	X	X	X

(Facility activation may be modified by the Emergency Director if the safety of incoming personnel may be jeopardized by a security event or other event hazardous to incoming personnel.)

- A. Designate an individual to sound the Station Alarm and make applicable announcement, based on event(s) in progress. Sound alarm and perform announcement twice. (Refer to Attachment 13)
- B. Determine and make Protective Action Recommendations (PARs) to offsite authorities using procedure EAP-4C, PROTECTIVE ACTION RECOMMENDATIONS.
- C. Review and approve Part 1 Notification Fact Sheet prior to transmittal to offsite authorities. This is not required during AOP-43 when the NPO has already been directed to make the notification.
- D. Review NRC Event Notification Worksheet prior to transmittal to NRC. During AOP-43, this may mean contacting the NPO.
- E. Review IAP-1 checklist upon classification and reclassification of an emergency.
- F. Designate an individual to maintain communications with the TSC, OSC, EOF and Incident Command Post (ICP for Hostile Action Based events) using the 4-way hotline, or by conference call, if appropriate, when any of those facilities are staffed. Telephone numbers are found in the Emergency Telephone Directory.

4.2.2 The Control Room Communications Aide shall initiate notifications as directed by the Emergency Director using the following (or by using Attachment 11, Control Room Notification Flowchart or Attachment 12, Control Room Notification Flowchart For Use in Control Room Evacuation per AOP-43 or Plant Fire per AOP-28 or Attachment 13, Control Room Notification Flowchart for security related events. (Attachment 12 should only be used when a Control Room evacuation has been ordered or an AOP-28 Fire is in progress. Attachment 13 is only for use when a security related emergency is in progress):

- A. State and County notifications using Part 1 Notification Fact Sheet via the RECS phone:
 - 1. Prepare Part 1 Notification Fact Sheet:
 - a. Obtain meteorological data. (Guidance may be obtained using procedure EAP-42, OBTAINING METEOROLOGICAL DATA.)
 - b. Complete Part 1 Notification Fact Sheet.
 - c. Obtain Emergency Director signature.
 - d. Transmit Part 1 Notification Fact Sheet
 - 2. To activate Radiological Emergency Communication System (RECS) phone:
 - a. Pick up handset.
 - b. Press "NMP/JAF Notify" to initiate the call.
 - c. Select "Yes" when asked "Call NMP/JAF Notify?"
 - d. Wait approximately 10 seconds before starting to transmit. This will allow time for other parties to pick up their phones.
 - e. Press the push-to-talk button on underside of handset to talk.
 - f. Read Part 1 Notification Fact Sheet introductory announcement and roll call.
 - g. When roll call is completed read the "General Information" portion of the form. Fill out Line 1 at this time.
 - h. Perform final roll call as indicated at bottom of Part 1 Notification Fact Sheet.

- i. Sign off by stating: "James A. FitzPatrick Nuclear Power Plant out at (date, time)."
- j. Select "Hang Up" to end the call.

NOTE: **IF** the RECS line is out of service, **THEN**, using backup methods, notify the County first followed by the State, then Nine Mile Point.

- k. **IF** the RECS telephone is inoperable, OR any parties did not respond to roll call, **THEN** contact these agencies using a regular telephone. Refer to Attachment 5, RECS/NRC BACKUP COMMUNICATIONS CHECKLIST, for phone numbers.

IF regular telephone service is not available, **THEN** use the cellular phone extension (labeled cellular phone) in the Shift Manager's office TSC, or Shift Security Supervisor (SSS) office. This phone is operated in the same manner as any phone not connected to the plant switchboard.

(**DO NOT** dial "9" for an outside line.)

The radio may be used as a back-up communication path to contact Oswego County. Request that the Oswego County E-911 relay the information to the State and Nine Mile Point using RECS or other means if RECS is not available from E-911. Refer to Attachment 7, OPERATION OF RADIO FOR BACKUP COMMUNICATIONS AND BACKUP PHONE INFORMATION for instructions regarding contacting Oswego County via radio.

- B. NRC notification using Event Notification Worksheet and ENS phone:
 - 1. Prepare Event Notification Worksheet
 - a. Request assistance from Control Room staff.
 - b. Ensure that SM/ED reviews completed Event Notification Worksheet prior to transmittal.
- C. Transmit Event Notification Worksheet immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency.

Instruct the ENS communicator to transmit the Event Notification Worksheet (Attachment 6), or Attachment 12 for AOP-43, over the ENS telephone in accordance with this section, as follows:

1. Dial the first telephone number found on the colored sticker on the Emergency Notification System (ENS) phone.
2. Read information from the Event Notification Worksheet and answer any questions.
3. Record the Log Number given by the NRC Headquarters phone talker on the top of the form.
4. Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC. A log should be maintained to provide continuity of data. The log should include questions asked by the NRC and the answers provided. This log should be transferred from the Control Room.
5. Attempt to complete and transmit the Event Notification Worksheet on an hourly basis unless questions from the NRC prevent this.
 - a. **IF** ENS phone is not operable, **THEN** use a commercial phone and dial the numbers on the colored sticker on the ENS telephone **OR** Event Notification Worksheet.

D. Notification of NRC Resident Inspector:

1. Dial appropriate phone number from Emergency Telephone Directory, using a regular telephone.
2. Report information using Part 1 Notification Fact Sheet and other sources as requested.

E. Complete the Control Room Notification Checklist (Attachment 4).

F. Transfer completed forms and checklists to the TSC when requested.

- 4.2.3 Continue to perform offsite notifications (State and County) until relieved of that function by the EOF.

4.3 EMERGENCY OPERATIONS FACILITY PROCEDURE

NOTE: See Attachment 10 for Management Expectations Associated With Offsite Notifications.

NOTE: Dose assessment model information may be provided to Oswego County and New York State.

4.3.1 When the EOF has assumed Command and Control, the Emergency Director normally delegates communications responsibilities to the EOF Manager.

4.3.2 The Emergency Director shall review and approve all Part 1, 2 and 3 Notification forms (Attachments 1, 2 and 3 or 14 if EPIC is not available) prior to transmittal from the EOF.

4.3.3 **IF** the emergency escalates from an UE to an Alert or higher classification, **THEN** the Emergency Director should direct reactivation of the ERO notification devices. This is to ensure all facilities are activated.

A. ERONS activation codes are maintained in the locked KI storage case in the EOF.

4.3.4 The EOF Manager shall:

NOTE: See Attachment 10 For Management Expectations Associated With Offsite Notifications.

A. Ensure the offsite communicator prepares and transmits Part 1 Notification Fact Sheet to offsite agencies.

CAUTION

Verify that the Emergency Director has approved all Part 1 NOTIFICATION FACT SHEET(S) prior to transmittal.

B. Perform an initial RECS line test in accordance with the desktop aide at the RECS phone.

C. **IF** at any time the RECS telephone is inoperable **THEN** the EOF Manager should ensure that the problem is reported to Verizon in accordance with Attachment 8.

NOTE: **IF** at any time, releases go below ODCM, **THEN** the next Part 1 Notification Fact Sheet should reflect this change.

D. Instruct the designated communicator to transmit Part 1 Notification Fact Sheet using the RECS phone.

1. Pick up RECS handset.
2. Press "NMP/JAF Notify" to initiate the call.
3. Select "Yes" when asked "Call NMP/JAF Notify?"
4. Wait approximately 10 seconds. This will allow time for other parties to pick up their phones.
5. Press the Push-to-Talk button on the handset to talk.
6. Read Part 1 Notification Fact Sheet introductory announcement and roll call.
7. When roll call is completed:
 - a. Read "General Information" portion of form. Fill out Line 1 at this time.
8. Perform final roll call as indicated at bottom of Part 1 Notification Fact Sheet.
9. Sign off by stating "James A. FitzPatrick Nuclear Power Plant out at (date, time)."
10. Select "Hang Up" to end the call.

NOTE: **IF** the RECS line is out of service, **THEN**, using backup methods, notify the County first followed by the State, then Nine Mile Point.

11. **IF** the RECS telephone is inoperable or if any parties did not respond to roll call, **THEN** contact these agencies using a regular telephone. Refer to Attachment 5, RECS/NRC Backup Communications Checklist, for phone numbers. (Oswego County may be contacted using the EOF radio as a backup if the phone systems are inoperative.)
12. **Perform** notification updates as required by this procedure.

NOTE: **Consider** providing a Part 2 form to alleviate off-site organization concerns regarding

radiological issues during abnormal releases below Federally Approved Limits (ODCM).

- E. **IF** a release greater than the ODCM has occurred, **THEN** perform the following:
1. Instruct the Radiological Assessment Coordinator to complete a Part 2 form (Attachment 2). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30-minute updates are not necessary.
 - a. Continue to update Part 2 form at approximately 30 minute intervals, even if releases go below ODCM until release rates are at pre-event levels or agreement is reached with the state and county to stop updating Part 2 forms.
 2. Instruct the Radiological Assessment Coordinator to provide Oswego County and New York State with the actual URI input forms and results via fax as soon as they have been verified.
 3. **IF** requested by the NRC, **THEN** instruct the Radiological Assessment Coordinator to designate an individual to transmit information via the Health Physics Network (HPN) phone.
- F. Instruct the Technical Advisor to complete a Part 3 form (Attachment 3 or 14 if EPIC is not available). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30-minute updates are not necessary.
1. Part 3 form, Attachment 14 should be used in situations where EPIC is not available to provide the information.

CAUTION

Verify that the Emergency Director has approved all Part 1, 2 and 3 Notification forms prior to transmittal.

- G. Ensure the EOF Log keeper faxes completed Part 1, 2 and 3 Notification forms to New York State and

Oswego County plus the JIC and the WPO Corporate Support Center (when staffed), as required.

- H. **IF** WebEOC is available **AND** an ALERT or higher has been declared, **THEN** ensure the EOF Communicator or Offsite Communicator is updating WebEOC with RECS Part 1 Notification form information, **AND** the EOF LogKeeper is updating WebEOC with the county implemented protective actions for the public.
1. **IF** the County's Nuclear Facility Liaison Officer is present in the EOF, **THEN** request that individual to provide information to you regarding any county implemented Protective Actions as soon as practical following the county's decision to implement a protective action.
 2. **IF** the County's representative is not present in the EOF, **THEN** contact the Oswego County Emergency Operations Center at 591-9150, or through the Entergy representative at the County Emergency Operations Center, **AND** request that the county provide information to you regarding any county implemented protective actions as soon as practical following the county's decision to implement a protective action.

NOTE: See Attachment 10 for Management Expectations Associated With Offsite Notifications.

- I. **IF** it is determined that monitoring of the ENS phone is necessary, **THEN** ensure the ENS Communicator in the TSC establishes a JAF/EOF ENS phone link Attachment 6 (NRC Event Notification Worksheet) may be used to record data. (**IF** the NRC cannot be contacted via the ENS phone, **THEN** establish a conference call using the alternate commercial phone number listed in Attachment 5.
- J. Ensure EOF status boards are updated to reflect the most current information. Displayed information should be consistent with other Emergency Response Facilities. The communicators on the 4-way hotline should assure this. (The 4-way hotline communicators should be Licensed SROs, if possible.)

- 4.3.5 Announcements over the EOF public address system should be made reflecting plant status. To access the EOF paging system, dial "5899" using any EOF phone.
- 4.3.6 The Lead Offsite Liaison shall explain and discuss Part 1, 2 and 3 Notification forms with the New York State and Oswego County representatives in the EOF. This information should be available from the EOF. (The Lead Offsite Liaison will provide this information through all phases of an emergency.)
- 4.3.7 No information shall be provided to outside individuals or organizations except as designated by this procedure. Any such callers should be referred to the Joint Information Center at 315-592-3700, as appropriate.
- A. Dose Assessment Staff may directly provide dose assessment information (e.g. field survey results, dose model inputs/outputs, coordination of field survey teams, etc.) to New York State and Oswego County representatives through direct contact, telephone or electronic means (such as FAX, email, etc.).
- 4.3.8 Instruct EOF Communicator to implement Attachment 15, ADDITIONAL NOTIFICATION CHECKLIST.

5.0 ATTACHMENTS

1. PART 1 NOTIFICATION FACT SHEET GENERAL INFORMATION
2. PART 2 RADIOLOGICAL ASSESSMENT DATA
3. PART 3 PLANT PARAMETERS
4. CONTROL ROOM NOTIFICATION CHECKLIST
5. RECS/NRC BACKUP COMMUNICATIONS CHECKLIST
6. NRC EVENT NOTIFICATION WORKSHEET
7. OPERATION OF RADIO FOR BACKUP COMMUNICATIONS
8. INSTRUCTIONS FOR REPORTING RECS PROBLEMS
9. AOP-43/AOP-28 PARTIALLY COMPLETED RECS AND NRC FORMS
10. MANAGEMENT EXPECTATION ASSOCIATED WITH STATE/COUNTY AND NRC NOTIFICATION FROM TSC/EOF
11. CONTROL ROOM NOTIFICATION FLOWCHART
12. CONTROL ROOM NOTIFICATION FLOWCHART FOR USE IN CONTROL ROOM EVACUATION PER AOP-43
13. CONTROL ROOM NOTIFICATION FLOWCHART (SECURITY RELATED EVENT)
14. PART 3 PLANT PARAMETERS WHEN EPIC/SPDS IS NOT AVAILABLE
15. ADDITONAL NOTIFICATION CHECKLIST

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM

Part 1 Notification Fact Sheet from J. A. Fitzpatrick Notification # _____

JAF Emergency Director Approval: _____

"This is to report an incident at the FitzPatrick Nuclear Power Plant. Standby for roll call." (Conduct roll call to include the following stations:) ☐ New York State ☐ Oswego County ☐ Nine Mile Point Unit 1 ☐ Nine Mile Point Unit 2

Note: When ☐ is checked indicates change in status, NOT for place keeping. Do NOT transmit text in italics. Use 24 hour clock for times.

1.	Message transmitted on: (date) _____ at (time) _____ (24 Hour Clock) Via: A. RECS B. Other (below)	
<input type="checkbox"/> 2.	This is: A. An Actual Emergency B. An Exercise	
<input type="checkbox"/> 3.	The Emergency Classification is: A. Unusual Event B. Alert C. Site Area Emergency D. General Emergency E. Emergency Terminated F. Other _____	
<input type="checkbox"/> 4.	This Emergency Classification declared on: (date) _____ at (time) _____	
<input type="checkbox"/> 5.	Release of Radioactive Materials due to the classified event: A. No Release B. Release <u>BELOW</u> federal limits C. Release <u>ABOVE</u> federal limits D. Unmonitored release requiring evaluation <input type="checkbox"/> To Atmosphere <input type="checkbox"/> To Water <input type="checkbox"/> To Atmosphere <input type="checkbox"/> To Water	
<input type="checkbox"/> 6.	The following Protective Actions are recommended to be implemented as soon as practicable: A. No need for protective actions outside the site boundary B. EVACUATE and implement the KI plan for the following ERPAs, and all remaining ERPAs monitor the Emergency Alert System 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 C. SHELTER-IN-PLACE and implement the KI plan for the following ERPAs, and all remaining ERPAs monitor the Emergency Alert System 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	
<input type="checkbox"/> 7.	EAL # _____ Brief Event Description and Other Significant Information (Include applicable Security-based EALs) _____ _____	
<input type="checkbox"/> 8.	Reactor Status: <input checked="" type="checkbox"/> A. Operational B. Shutdown (date) _____ (time) _____	
<input type="checkbox"/> 9.	A. Wind Speed - ELEVATED _____ Miles/Hour	B. Wind Speed - GROUND _____ Miles/Hour
<input type="checkbox"/> 10.	A. Wind Direction - ELEVATED (From) _____ Degrees	B. Wind Direction - GROUND (From) _____ Degrees
<input type="checkbox"/> 11.	A. Stability Class ELEVATED: A B C D E F G	B. Stability Class GROUND: A B C D E F G
<input type="checkbox"/> 12.	Reported By - Communicator's name: _____ Telephone # (315) _____	

(Name of agency) Do you have any questions: ☐ Oswego County ☐ New York State ☐ Nine Mile Point Unit 1 ☐ Nine Mile Point Unit 2
James A. FitzPatrick Nuclear Power Plant out at (date and time) _____ / _____

JAFNPP

■ Outgoing from FitzPatrick

Sequence Number _____ Emergency Director Approval: _____

New York State PART 2 Form RADIOLOGICAL FACT SHEET
Radiological Assessment Data (Use 24 hour clock for times)

13. Message transmitted at (Date) _____ (Time) _____

Facility Transmitted From: FitzPatrick at location _____

14. General Release Information:

A. Release > Tech Specs started: Date _____ Time _____

B. Release > Tech Specs expected to end: Date _____ Time _____ or unknown Intermittent

C. Release > Tech Specs ended: Date _____ Time _____

D. Reactor Shutdown: N/A or Date _____ Time _____

E. Wind Speed Elevated: _____ Miles/Hour Wind Speed Ground: _____ Miles/Hour

F. Wind Direction Elevated (From): _____ Degrees Wind Direction Ground (From): _____ Degrees

G. Stability Class (Pasquil): elevated A B C D E F G ground A B C D E F G

15. Atmospheric Release Information

A. Release from: ☐ Ground ☐ Elevated D. Noble Gas Release Rate _____ Ci/sec

B. Iodine/Noble Gas Ratio _____ E. Iodine Release Rate _____ Ci/sec

C. Total Release Rate _____ Ci/sec F. Particulate Release Rate _____ Ci/sec

16. Waterborne Release Information

A. Volume of Release _____ gallons or liters C. Radionuclides in Release _____ (or attach)

B. Total Concentration _____ $\mu\text{Ci/ml}$ D. Total Activity Released _____

17. Dose Calculations (based on an assumed release duration of _____ hours)

Calculation based on (circle one)

A. Inplant Measurements B. Field Measurements C. Assumed Source Term

Table below applies to (circle one) A. Atmospheric Release B. Waterborne Release

DISTANCE	DOSE	
	TEDE (rem)	CDE - Child Thyroid (rem)
Site Boundary		
2 Miles		
5 Miles		
10 Miles		
_____ Miles		

18. Field Measurements at Dose Rates or Surface Contamination/Deposition

Mile/Sector OR Mile/Degrees	Location OR Sampling Point	Time at Reading	Dose Rate OR Contamination (include Units)

JAFNPP

■ Outgoing from FitzPatrick

Sequence Number _____ Emergency Director Approval: _____

New York State **PART 3** Form **PLANT PARAMETERS**

APRM REACTOR POWER	_____	%
IRM REACTOR POWER	_____	%
SRM REACTOR POWER	_____	CPS
RPV LEVEL	_____	Inch TAF
RPV PRESS	_____	PSIG
FEEDWATER FLOW	_____	MLB/HR
HPCI PUMP FLOW	_____	GPM
RCIC PUMP FLOW	_____	GPM
LPCI A FLOW	_____	GPM
LPCI B FLOW	_____	GPM
"A" CORESPRAY FLOW	_____	GPM
"B" CORESPRAY FLOW	_____	GPM
DRYWELL PRESSURE	_____	PSIG
DRYWELL TEMPERATURE	_____	Deg F
PRIMARY CONTAINMENT LEVEL	_____	Feet
DRYWELL H ₂ CONC	_____	%
DRYWELL O ₂ CONC	_____	%
TORUS WATER AVG TMP	_____	Deg F
TORUS WATER LEVEL	_____	Feet
CST LEVEL	_____	Inch
STACK GAS RAD	_____	μCi/s
STACK HI RANGE RAD	_____	Ci/s
RX BLDG VENT RAD	_____	μCi/s
REFUEL FLR VENT RAD	_____	μCi/s
DRYWELL RAD Monitor	_____	R/Hr
HIGHEST MSL RAD MON	_____	mR/Hr
TB BLDG VENT RAD	_____	μCi/s
TB BLD HI RANGE RAD	_____	Ci/s
RW BLDG VENT RAD	_____	μCi/s
RW BLD HI RANGE RAD	_____	Ci/s
OFFGAS RAD	_____	mR/Hr
SERVICE WATER RAD	_____	μCi/m

CONTROL ROOM NOTIFICATION CHECKLIST

Page 1 of 1

Verify that the following notifications have been made:

- | | | |
|--------------------------------|------------------------------------|---|
| 1. Oswego County | <input type="checkbox"/> RECS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 2. New York State | <input type="checkbox"/> RECS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 3. Nine Mile Point Unit #1 | <input type="checkbox"/> RECS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 4. Nine Mile Point Unit #2 | <input type="checkbox"/> RECS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 5. NRC Operations Center | <input type="checkbox"/> ENS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 6. NRC Resident Inspector | <input type="checkbox"/> Phone | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 7. Security Call-outs of Plant | <input type="checkbox"/> Completed | <input type="checkbox"/> Not Required |

Staff using procedure EAP-17 - EMERGENCY ORGANIZATION STAFFING, if call-outs are required.

Time _____

Communicator

Signature _____

Date _____

1)

(Name of Person Contacted)/(Notification Time)

Oswego County

(Oswego County Emergency Management Office)

Normal Duty Hours

(0830 - 1630) Mon - Fri

315/591-9189 (RECS backup phone)

or 315/591-9150

or

(Oswego County E-911)

Non-Duty Hours

911

2)

(Name of Person Contacted)/(Notification Time)

New York State

(Office of Emergency Management)

518/292-2200 or 2201

3)

(Name of Person Contacted)/(Notification Time)

Nine Mile Point Nuclear Power Station, Control Room

NMPNPS Unit #1 CR

315-349-5201

NOTE: Manned 24 hours a day.

(Name of Person Contacted)/(Notification Time)

NMPNPS Unit #2 CR

315-349-5202

* NOTE: Manned 24 hours a day. *

4)

(Name of Person Contacted)/(Notification Time)

NRC Operations Center

primary: 301-816-5100

backup: 301-951-0550

backup: 301-415-0550

backup: 301-415-0553

NOTE: Manned 24 hours a day.

Time _____

Communicator

Signature _____

Date _____

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NRC FORM 301 (12-2000)

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NRC EVENT NOTIFICATION WORKSHEET

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ADDITIONAL INFORMATION

PAGE 2 OF 2

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T. S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED			*State release path in description	
	Release Rate (Ci/sec)	% T. S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T. S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						
	PLANT STACK	CONDENSER/AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER	
RAD MONITOR READINGS						
ALARM SETPOINTS						
% T. S. LIMIT (if applicable)						
RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)						
LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.)						
LEAK RATE	UNITS: gpm/gpd	T. S. LIMITS	SUDDEN OR LONG-TERM DEVELOPMENT			
LEAK START DATE	TIME	COOLANT ACTIVITY AND UNITS:	PRIMARY	SECONDARY		
LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL						
EVENT DESCRIPTION (Continued from front)						

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ATTACHMENT 6

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Instructions for Contacting Oswego County Using CR or TSC VHF Radio

1. Locate Motorola VHF radio and verify power is on.
2. In the TSC ONLY: Verify VHF is selected by observing that the top green LED is lighted.
3. IF NOT lighted, THEN select VHF by depressing the top green button.
4. Select 911 using up and down arrows as needed until "911" is displayed in window.
5. Rotate volume knob to approximately the halfway point (12 o'clock).
6. Lift the handset and depress handset button to transmit. Release button to receive.

NOTE: Phone numbers are found in the Emergency Telephone Directory

1. Initiate an IT service ticket.

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PART 1

Notification #

FROM: (CR, EOF, OTHER) ED Approval: _____

✓ 1. Message transmitted on: (Date) _____ at (Time) _____ 24 Hour Clock Via: A. RECS B. Other

<input type="checkbox"/>	NY State : 518-292-2200 <u>or</u> 2201
<input type="checkbox"/>	Oswego Co.: 315-591-9150 <u>or</u> 911
<input type="checkbox"/>	NMP # 1: 315-349-5201 <u>or</u> Control Room Hotline
<input type="checkbox"/>	NMP # 2: 315-349-5202 <u>or</u> Control Room Hotline

O2.	This is :	A. An Actual Emergency	B. An Exercise
-----	-----------	------------------------	----------------

03. The Emergency Classification is:

A. UNUSUAL EVENT	C. SITE AREA EMERGENCY	E. EMERGENCY TERMINATED
B. ALERT	D. GENERAL EMERGENCY	F. Other _____

○4. This Emergency Classification declared on: _____ at _____
(date) (time-24 hr clock)

Q5 Release of Radioactive Materials due to the classified event:

A. ☒ **No Release**

B. Release **BELOW** federal limits Technical Specification
☐ To Atmosphere ☐ To Water

C. Release **ABOVE** federal limits Technical Specification
☐ To Atmosphere ☐ To Water

D. Unmonitored release requiring evaluation

Q6	The following Protective Actions are recommended to be implemented as soon as practicable:
----	--

A. NO NEED for PROTECTIVE ACTIONS outside the site boundary

B. EVACUATE and IMPLEMENT the KI PLAN for the following ERPAs and
All remaining ERPAs **MONITOR the EMERGENCY ALERT SYSTEM**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

NOTE: OFFSITE AUTHORITIES SHOULD CONSIDER SHELTER-IN-PLACE + TAKE KI IF EVACUATION IS NOT FEASIBLE

C. SHELTER-IN-PLACE and IMPLEMENT the KI PLAN for the following ERPAs and All remaining ERPAs MONITOR the EMERGENCY ALERT SYSTEM

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

07. EAL# HA5.1

Brief Event	Control Room evacuation per AOP-43, "Shutdown from outside the Control Room."
-------------	---

Description &

Other Significant

Information

○8. Reactor Status: A. **Operational** B. Shutdown _____ at _____
(date) (time 24 hr clock)

○9. Wind Speed: A. _____ Miles/Hour at elevation _____ Feet (Elevated)
B. _____ Miles/Hour at elevation _____ Feet (Ground)

○ 10. Wind Direction: A. (From) _____ Degrees at elevation _____ Feet (Elevated)
B. (From) _____ Degrees at elevation _____ Feet (Ground)

○11.	Stability Class Elevated:	Unstable -	A	B	C	Neutral -	D	Stable -	E	F	G
------	---------------------------	------------	---	---	---	-----------	---	----------	---	---	---

○12. Reported By - Communicator's name: Telephone # (315)

"(Name of Agency), Do you have any questions?"

☐ New York State ☐ Oswego County ☐ Nine Mile Point Unit #1 ☐ Nine Mile Point Unit #2

"James A. FitzPatrick Nuclear Power Plant out at (date, time)"

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AOP-28 PLANT FIRE

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NEW YORK STATE UPSTATE RADIOLOGICAL EMERGENCY DATA FORM PART 1

Notification # _____

"This is to report an incident at the James A. FitzPatrick Power Plant. Standby for confirmation." (Conduct roll call to include the following stations:) ☐ New York State ☐ Oswego County ☐ Nine Mile Point Unit #1 ☐ Nine Mile Point Unit #2

FROM: (CR, EOF, OTHER) ED Approval: _____

GENERAL INFORMATION (Note: ☐ When checked indicates change in status, NOT for place keeping)

☒ 1. Message transmitted on: (Date) _____ at (Time) _____ 24 Hour Clock Via: A. RECS B. Other

- ☐ NY State : 518-292-2200 or 2201
☐ Oswego Co.: 315-591-9150 or 911
☐ NMP # 1: 315-349-5201 or Control Room Hotline
☐ NMP # 2: 315-349-5202 or Control Room Hotline

02. This is : A. An Actual Emergency B. An Exercise

03. The Emergency Classification is:
A. UNUSUAL EVENT C. SITE AREA EMERGENCY E. EMERGENCY TERMINATED
B. ALERT D. GENERAL EMERGENCY F. Other _____

04. This Emergency Classification declared on: _____ at _____
 (date) (time-24 hr clock)

05. Release of Radioactive Materials due to the classified event:
 A. No Release
 B. Release **BELOW** federal limits Technical Specification
 ☐ To Atmosphere ☐ To Water
 C. Release **ABOVE** federal limits Technical Specification
 ☐ To Atmosphere ☐ To Water
 D. Unmonitored release requiring evaluation

06. The following Protective Actions are recommended to be implemented as soon as practicable:
A. NO NEED for PROTECTIVE ACTIONS outside the site boundary
 B. **EVACUATE** and **IMPLEMENT the KI PLAN** for the following ERPA's and
 All remaining ERPA's **MONITOR the EMERGENCY ALERT SYSTEM**
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
NOTE: OFFSITE AUTHORITIES SHOULD CONSIDER SHELTER-IN-PLACE + TAKE KI IF EVACUATION IS NOT FEASIBLE
 C. **SHELTER-IN-PLACE** and **IMPLEMENT the KI PLAN** for the following ERPA's and
 All remaining ERPA's **MONITOR the EMERGENCY ALERT SYSTEM**
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

07. EAL # HA2.1
 Brief Event Fire or explosion resulting in visible damage to any Table H-1 area containing safety systems or components OR
 Description & Control Room indication of degraded performance of those safe shutdown systems.
 Other Significant Information _____

08. Reactor Status: A. Operational B. Shutdown _____ at _____
 (date) (time 24 hr clock)

09. Wind Speed: A. _____ Miles/Hour at elevation _____ Feet (Elevated)
 B. _____ Miles/Hour at elevation _____ Feet (Ground)

10. Wind Direction: A. (From) _____ Degrees at elevation _____ Feet (Elevated)
 B. (From) _____ Degrees at elevation _____ Feet (Ground)

11. Stability Class Elevated: Unstable - A B C Neutral - D Stable - E F G

12. Reported By - Communicator's name: _____ Telephone # (315)

"(Name of Agency), Do you have any questions?"

☐ New York State ☐ Oswego County ☐ Nine Mile Point Unit #1 ☐ Nine Mile Point Unit #2

"James A. FitzPatrick Nuclear Power Plant out at (date, time)"

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AOP-43 CONTROL ROOM EVACUATION

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NRC FORM 361 (12-2000)		U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER		
REACTOR PLANT EVENT NOTIFICATION WORKSHEET				
EN # [REDACTED] (Get this from NRC)				
NRC OPERATION TELEPHONE NUMBER: PRIMARY - 301-816-5100 or 800-532-3469*, BACKUPS - [1st] 301-951-0550 or 800-449-3694*, [2nd] 301-415-0550 and [3rd] 301-415-0553 *Licensees who maintain their own ETS are provided these telephone numbers.				
NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #
[REDACTED]	James A. FitzPatrick	1	[REDACTED]	[REDACTED]
EVENT TIME & ZONE	EVENT DATE	POWERMODE BEFORE	POWERMODE AFTER	
[REDACTED] Eastern	[REDACTED]	[REDACTED]	[REDACTED]	
EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)		
GENERAL EMERGENCY	GEN/AEC	TS Deviation ADEV		
SITE AREA EMERGENCY	SIT/AEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		
X ALERT	ALC/AEC	(i) TS Required S/D	ASHU	(v)(A) Safe S/D Capability AINA
UNUSUAL EVENT	UNU/AEC	(v)(A) ECCS Discharge to RCS	ACCS	(v)(B) RHR Capability AINB
50.72 NON-EMERGENCY (see next columns)		(v)(B) RPS Actuation (scram)	ARPS	(v)(C) Control of Rad Release AINC
PHYSICAL SECURITY (73.71)	DDDD	(v) Offsite Notification	APRE	(v)(D) Accident Mitigation AIND
MATERIAL/EXPOSURE	B???	60-Day Optional 10 CFR 50.73(a)(1)		
FITNESS FOR DUTY	HFT	Invalid Specified System Actuation AINV		
OTHER UNSPECIFIED REQMT. (see last column)		(ii)(A) Degraded Condition	ADEG	Other Unspecified Requirement (Identify)
INFORMATION ONLY	NINF	(ii)(B) Unanalyzed Condition	AUNA	
		(iv)(A) Specified System Actuation	AESF	NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)

The control room is being evacuated. The reactor is being shut down from outside the control room per AOP-43.
ALERT declared per EAL-HA5.1

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above)	<input type="checkbox"/> NO	[SM]
NRC RESIDENT			X				
STATE(s)	X			DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)	[SM]
LOCAL	X						
OTHER GOV AGENCIES		X		MODE OF OPERATION UNTIL CORRECTED:	4	ESTIMATED RESTART DATE:	N/A
MEDIA/PRESS RELEASE			X	ADDITIONAL INFO ON BACK		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

NRC FORM 361 (12-2000)

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AOP-28 PLANT FIRE

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NRC FORM 361 (12-2000)		U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER			
REACTOR PLANT EVENT NOTIFICATION WORKSHEET				EN #	(Get this from NRC)
NRC OPERATION TELEPHONE NUMBER: PRIMARY - 301-816-5100 or 800-532-3469*, BACKUPS - [1st] 301-951-0550 or 800-449-3694*, [2nd] 301-415-0550 and [3rd] 301-415-0553 *Licensees who maintain their own ETS are provided these telephone numbers.					
NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #	
	James A. FitzPatrick	1			
EVENT TIME & ZONE	EVENT DATE	POWERMODE BEFORE	POWERMODE AFTER		
Eastern					
EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)		(v)(A) Safe S/D Capability AINA	
GENERAL EMERGENCY	GEN/AEC	TS Deviation ADEV		(v)(B) RHR Capability AINB	
SITE AREA EMERGENCY	SIT/AEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		(v)(C) Control of Rad Release AINC	
X ALERT	AL/AEC	(i) TS Required S/D ASHU		(v)(D) Accident Mitigation AIND	
UNUSUAL EVENT	UNU/AEC	(iv)(A) ECCS Discharge to RCS ACCS		(vii) Offsite Medical AMED	
50.72 NON-EMERGENCY (see next columns)		(iv)(B) RPS Actuation (scram) ARPS		(viii) Loss Comm/Asmt/Resp ACOM	
PHYSICAL SECURITY (73.71)	DDDD	(vi) Offsite Notification APRE		60-Day Optional 10 CFR 50.73(a)(1)	
MATERIAL/EXPOSURE	B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		Invalid Specified System Actuation ANV	
FITNESS FOR DUTY	HFTT	(ii)(A) Degraded Condition ADEG		Other Unspecified Requirement (Identify)	
OTHER UNSPECIFIED RECMT. (see last column)		(ii)(B) Unanalyzed Condition ALNA		NONR	
INFORMATION ONLY	NINF	(iv)(A) Specified System Actuation AESF		NONR	
DESCRIPTION					
Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)					
There is a fire which has resulted in damage to plant equipment needed for safe plant operation - the onsite fire brigade is fighting the fire.					
An Alert has been declared in accordance with EAL-HA2.1					
NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	[SM]
NRC RESIDENT			X	<input type="checkbox"/> YES (Explain above) <input type="checkbox"/> NO	
STATE(s)	X			DID ALL SYSTEMS FUNCTION AS REQUIRED?	[SM]
LOCAL	X			<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain above)	
OTHER GOV AGENCIES		X		MODE OF OPERATION UNTIL CORRECTED: 4	ESTIMATED RESTART DATE: N/A
MEDIA/PRESS RELEASE			X	ADDITIONAL INFO ON BACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

NRC FORM 361 (12-2000)

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MANAGEMENT EXPECTATIONS ASSOCIATED WITH STATE/COUNTY FROM THE EOF
AND NRC NOTIFICATIONS FROM TSC

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NOTE: The following information does not create any additional NRC Key Performance Indicator opportunities. The information is intended to clarify management expectations which are above and beyond those required by regulatory guidance associated with making offsite notifications during declared emergencies.

1. Expectations for notifications to BOTH New York State/Oswego County and the NRC:

- a. The Emergency Director has ultimate responsibility for ensuring that the notifications are made accurately in a timely manner as described with in this procedure.
- b. The Emergency Director may delegate any individual to complete the notification process.

2. New York State/Oswego County notification expectations:

- a. Transmittal of the RECS Part 1, Notification Fact Sheet (Attachment 1) up to and including the Emergency Classification Level, to New York State and Oswego County is required within 15 minutes of emergency declaration, reclassification, initial PARs or PAR changes.
 1. From the EOF, staff is expected to initiate the RECS call within 10 minutes of the above listed conditions.
- b. Updates to the RECS Part 1 Notification Fact Sheet are required approximately every 30 minutes unless an agreement is reached with NYS and Oswego County that 30-minute updates are not necessary.
 1. **IF** updates are suspended, **THEN** a part 1 Notification Fact Sheet transmittal will be made upon reclassification, PAR changes, significant plant condition changes and/or event termination.
- c. **IF** any of the following conditions occur, **THEN** New York State/Oswego County are to be notified within 15 minutes of the ED becoming aware of the changes. Notification should be conducted through RECS however, this notification may be made by directly contacting local government representatives:
 1. Status of release changes
 2. Significant change occurs in plant status
- d. For Part 1 Notification Fact Sheet Item 2, circle "**A. An Actual Emergency**" only if an actual emergency has been declared. Otherwise circle "**B. An Exercise**" for drills, exercises, or simulator training scenarios.

3. NRC notification expectations:

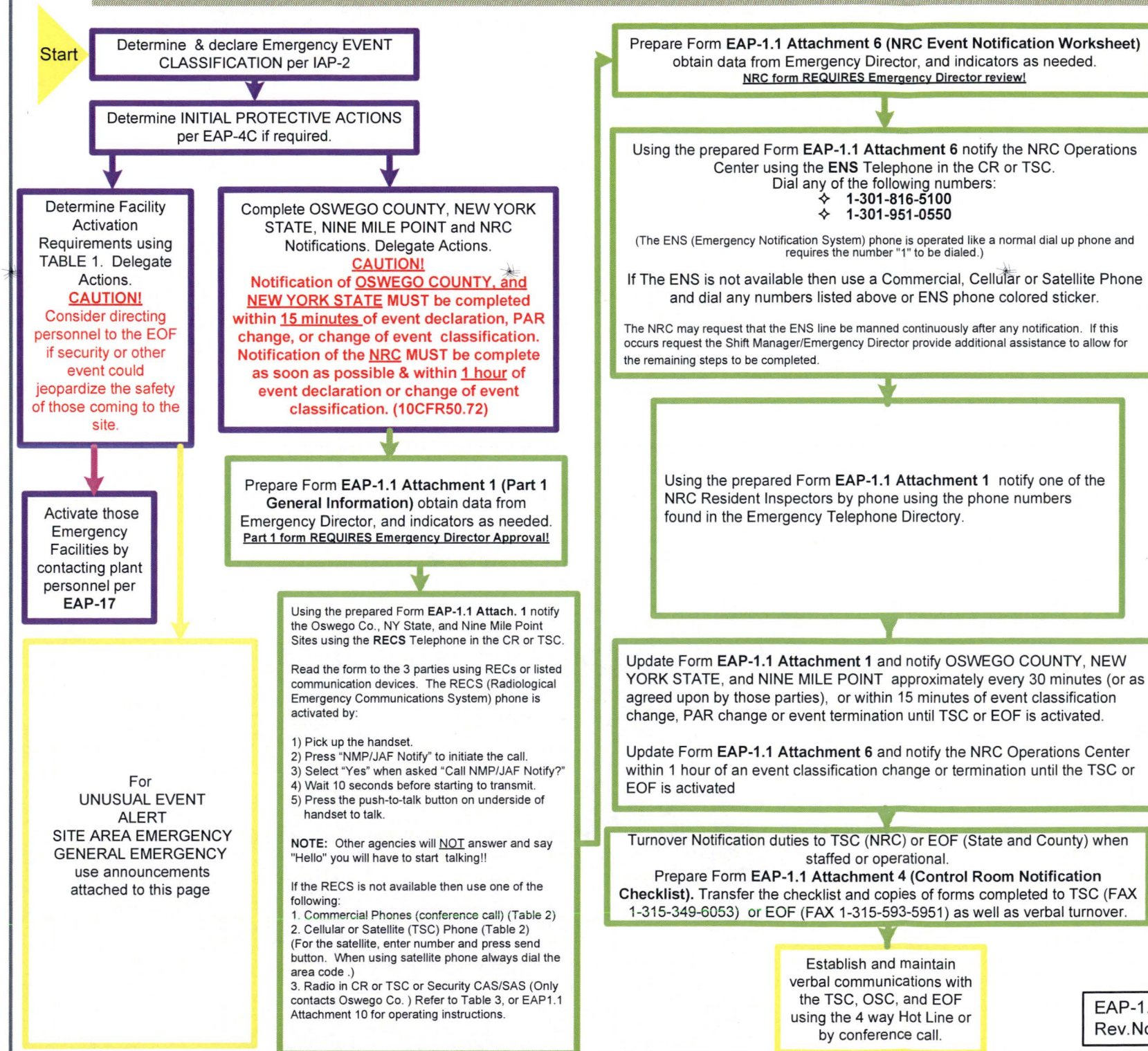
- a. An accelerated modification to the NRC is expected within 15 minutes of discovery of a security based emergency. This notification is to provide:
 1. **Site name**
 2. **Emergency classification**
 3. A **brief** description of the nature of the threat, including type of attack and attack status.
Continuous contact with the NRC (open line) is not expected once this information has been provided.
- b. Notification to the NRC must be made immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency.
 1. From the TSC/EOF plant staff is expected to initiate the NRC notification via the ENS line within 15-30 minutes of emergency declaration, reclassification, initial PARs or PAR changes.
 2. Updates to the NRC Notification Fact Sheet are expected to be performed hourly at a minimum.

4. Changes in plant condition while a notification is in process:

- a. **IF** any of the following plant conditions change while in the process of developing and/or communicating a notification to New York State/Oswego County or the NRC, **THEN** the notification forms should be changed if time permits:
 1. **Plant status**
 2. **Meteorological data**
 3. **Release status**
 4. **Protective action recommendations**
 5. **IF** time does not permit changing the form, **THEN** the notification should continue, **AND** an updated notification should occur AS SOON AS POSSIBLE and within 15 minutes of the information change. This could result in two notification forms being in different stages of development at the same time due to a change in information.

CONTROL ROOM NOTIFICATION FLOWCHART

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RESPONSIBILITY MATRIX (Typical)

Color surrounding step indicates responsible individual

	Shift Manager/Emergency Director
	Control Room Communications Aide
	Operator

TABLE 1 FACILITY ACTIVATION REQUIREMENTS

Facility	Unusual Event	Alert	Site Area Emergency	General Emergency
TSC	ED Decides	X	X	X
OSC	ED Decides	X	X	X
EOF	ED Decides	X	X	X
JIC	ED Decides	X	X	X

[1] TSC and OSC may be activated at the Unusual Event classification, if the ED determines help is needed.

TABLE 2 AGENCY PHONE NUMBERS

	New York State	Oswego County	Nine Mile Point Sites
08:30 to 16:30 M - F	NY State Office of Emergency Management @ 518-292-2200	Emergency Mgmt. Office @ 315-591-9189 or 315-591-9150	Unit 1 @ 315-349-5201
Off Hours	Alt 518-292-2201	E911 Center @ 911 or 315-343-1313	Unit 2 @ 315-349-5202

Conference call instructions: 1. Place first call 2. Press switch hook (or flash button) 3. Get dial tone 4. Place 2nd call 5. Press switch hook

TABLE 3 OPERATION OF RADIO

USE OF MOTOROLA RADIO (FOR CONTACTING OSWEGO COUNTY)

1. Locate Motorola VHF radio and verify power is on.
2. In the TSC ONLY: Verify VHF is selected by observing that the top green LED is lighted. IF NOT lighted, THEN select VHF by depressing the top green button.
3. Select 911 using up and down arrows as needed until "911" is displayed in window.
4. Rotate volume knob to approximately the halfway point (12 o'clock).
5. Lift the handset and depress handset button to transmit. Release button to receive.

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OFFSITE NOTIFICATIONS

ATTACHMENT 11
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CONTROL ROOM OPERATOR ANNOUNCEMENTS

1. Sound one of the following alarms:

- Station Alarm (if no evacuation is directed)
- Evacuation alarm

2. Attention, Attention all personnel, a(n) _____ has been declared due to _____

- Unusual Event
- Alert
- Site Area Emergency
- General Emergency

- Activate _____ facilities. (OSC, TSC, EOF, JIC)

- All
- The following

- Potassium Iodide is authorized for use. (GE only)

- **No evacuation**

All personnel shall _____

- Proceed to designated assembly area and sign in for accountability.
- Return to work (state any restrictions).

- **Protected area evacuation**

A protected area evacuation is required. All personnel with emergency assignments shall _____

- Proceed to designated assembly area and sign in for accountability.
- Proceed to designated assembly area.

- All non-essential personnel evacuate the protected area via _____ and proceed to _____
 - Normal access
 - The training building auditorium
 - The main warehouse
 - Specify alternate assembly area

- **Site evacuation**

A site evacuation is required. All personnel with emergency assignments shall _____

- Proceed to designated area and sign in for accountability
- Proceed to designated area

All non-essential personnel evacuate the site via _____

- Normal access
- The main warehouse

Turn in your:

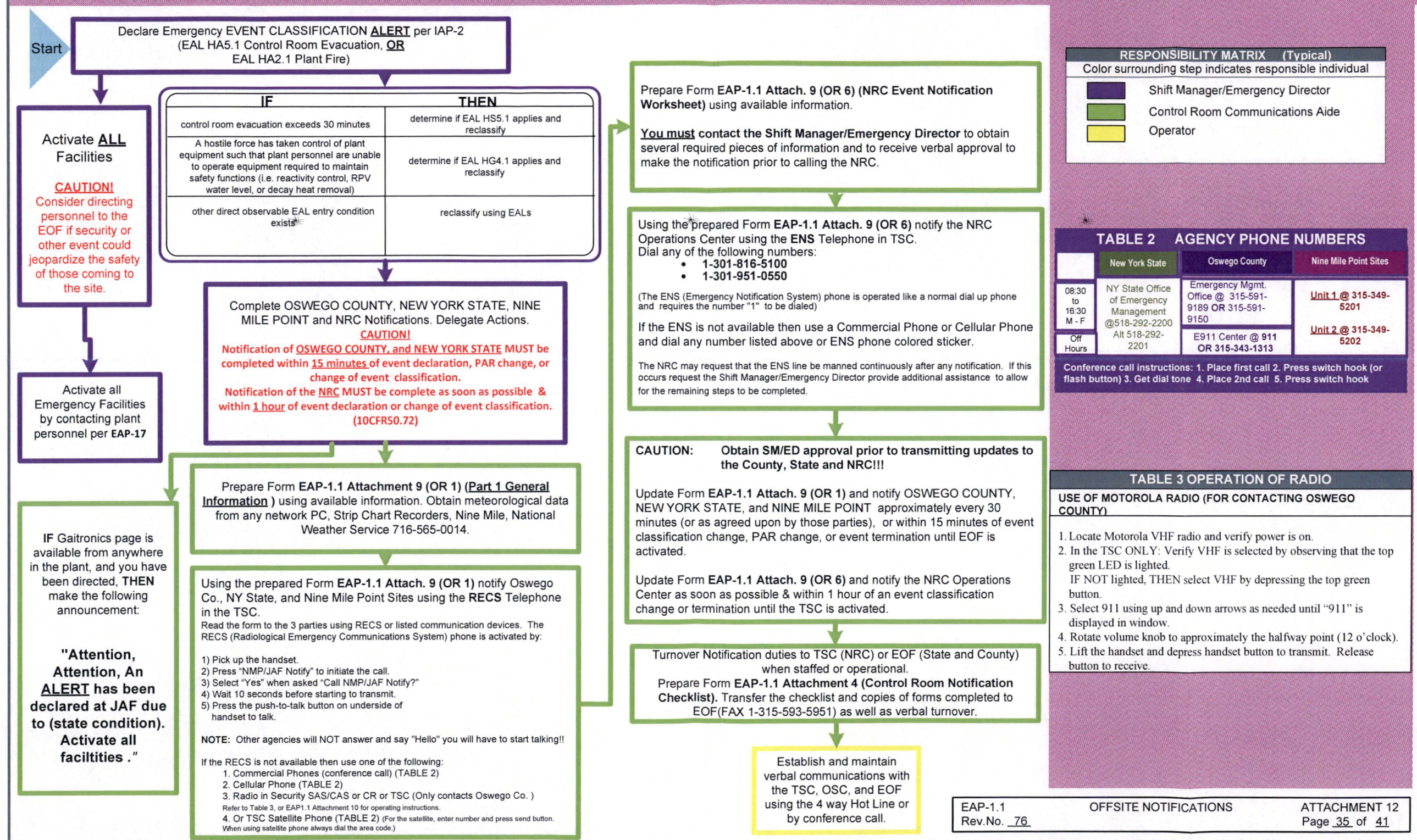
_____ and proceed _____

- Security badge and dosimetry
- Security badge only
- home
- to the remote assembly area

3. Repeat the alarm and the announcement.

CONTROL ROOM NOTIFICATION FLOWCHART FOR USE IN CONTROL ROOM EVACUATIONS PER AOP-43 or PLANT FIRE PER AOP-28

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CONTROL ROOM NOTIFICATION FLOWCHART FOR
USE IN CONTROL ROOM EVACUATION PER AOP-43

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Designate an individual to sound the Station Alarm and make applicable announcement, based on event(s) in progress. Sound alarm and perform announcement twice.

CONTROL ROOM OPERATOR ANNOUNCEMENTS

EMERGENCY ANNOUNCEMENT

1. Sound one of the following alarms:

- Station Alarm (if no evacuation is directed)
- Evacuation alarm

2. Attention, Attention all personnel, a(n) _____ has been declared due to _____

- Unusual Event
- Alert
- Site Area Emergency
- General Emergency

- Activate _____ facilities. (OSC, TSC, EOF, JIC)

- All
- The following

- Potassium Iodide is authorized for use. (GE only)

- **No evacuation**

All personnel shall _____

- Proceed to designated assembly area and sign in for accountability.
- Return to work (state any restrictions).

- **Protected area evacuation**

A protected area evacuation is required. All personnel with emergency assignments shall _____

- Proceed to designated assembly area and sign in for accountability.
- Proceed to designated assembly area.

All non-essential personnel evacuate the protected area via _____ and proceed to _____

- Normal access
- The training building auditorium
- The main warehouse
- Specify alternate assembly area

- **Site evacuation**

A site evacuation is required. All personnel with emergency assignments shall _____

- Proceed to designated area and sign in for accountability
- Proceed to designated area

All non-essential personnel evacuate the site via _____

- Normal access
- The main warehouse

Turn in your:

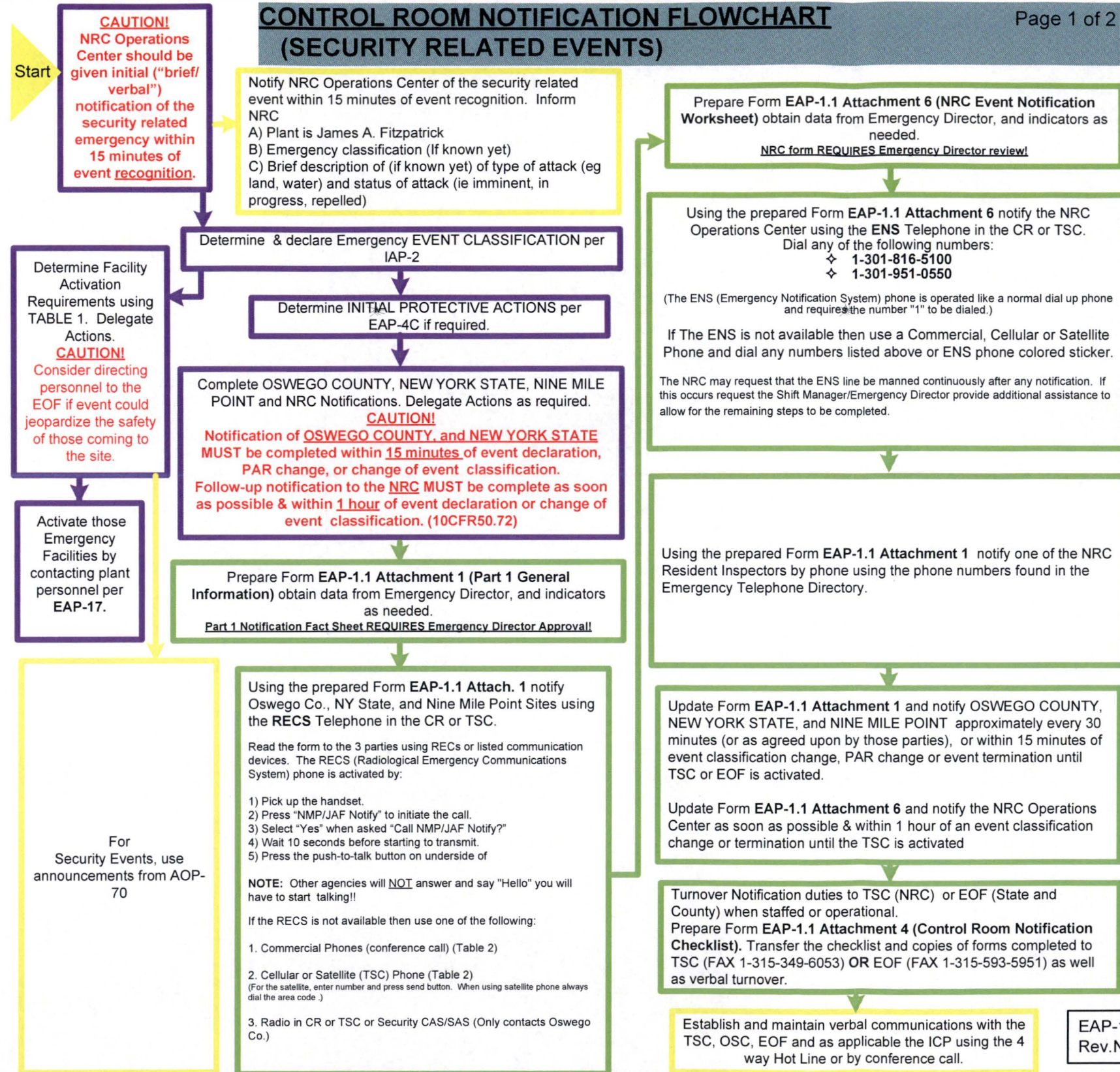
_____ and proceed _____

- Security badge and dosimetry
- Security badge only
- home
- to the remote assembly area

3. Repeat the alarm and the announcement.

CONTROL ROOM NOTIFICATION FLOWCHART (SECURITY RELATED EVENTS)

Page 1 of 2



RESPONSIBILITY MATRIX (Typical)

Color surrounding step indicates responsible individual

	Shift Manager/Emergency Director
	Control Room Communications Aide
	Operator

TABLE 1 FACILITY ACTIVATION REQUIREMENTS

Facility	Unusual Event	Alert	Site Area Emergency	General Emergency
TSC	ED Decides	X	X	X
OSC	ED Decides	X	X	X
EOF	ED Decides	X	X	X
JIC	ED Decides	X	X	X

[1] TSC and OSC may be activated at the Unusual Event classification, If the ED determines help is needed.

TABLE 2 AGENCY PHONE NUMBERS

	New York State	Oswego County	Nine Mile Point Sites
08:30 to 16:30 M - F	NY State Office of Emergency Management @518-292-2200 Alt 518-292-2201	Emergency Mgmt. Office @ 315-591-9189 or 315-591-9150	Unit 1 @ 315-349-5201 Unit 2 @ 315-349-5202
Off Hours		E911 Center @ 911 or 315-343-1313	

Conference call instructions: 1. Place first call 2. Press switch hook (or flash button) 3. Get dial tone 4. Place 2nd call 5. Press switch hook

TABLE 3 OPERATION OF RADIO

USE OF MOTOROLA RADIO (FOR CONTACTING OSWEGO COUNTY)

1. Locate Motorola VHF radio and verify power is on.
2. In the TSC ONLY: Verify VHF is selected by observing that the top green LED is lighted.
IF NOT lighted, THEN select VHF by depressing the top green button.
3. Select 911 using up and down arrows as needed until "911" is displayed in window.
4. Rotate volume knob to approximately the halfway point (12 o'clock).
5. Lift the handset and depress handset button to transmit. Release button to receive.

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OFFSITE NOTIFICATIONS

ATTACHMENT 13
Page 37 of 41

CONTROL ROOM NOTIFICATION FLOWCHART FOR SECURITY RELATED EVENT

Page 2 of 2

Designate an individual to sound the Station Alarm and make applicable announcement, based on event(s) in progress.
Sound alarm and perform announcement twice.

CONTROL ROOM OPERATOR ANNOUNCEMENTS

EMERGENCY ANNOUNCEMENT

1. Sound one of the following alarms:

- Station Alarm (if no evacuation is directed)
- Evacuation alarm

2. Attention, Attention all personnel, a(n) _____ has been declared due to _____

- Unusual Event
- Alert
- Site Area Emergency
- General Emergency

- Activate _____ facilities. (OSC, TSC, EOF, JIC)

- All
- The following

- Potassium Iodide is authorized for use. (GE only)

- **No evacuation**

All personnel shall _____

- Proceed to designated assembly area and sign in for accountability.
- Return to work (state any restrictions).

- **Protected area evacuation**

A protected area evacuation is required. All personnel with emergency assignments shall _____

- Proceed to designated assembly area and sign in for accountability.
- Proceed to designated assembly area.

All non-essential personnel evacuate the protected area via _____ and proceed to _____

- Normal access
- The training building auditorium
- The main warehouse
- Specify alternate assembly area

- **Site evacuation**

A site evacuation is required. All personnel with emergency assignments shall _____

- Proceed to designated area and sign in for accountability
- Proceed to designated area

All non-essential personnel evacuate the site via _____

- Normal access
- The main warehouse

Turn in your:

_____ and proceed _____

- Security badge and dosimetry
- Security badge only
- home
- to the remote assembly area

3. Repeat the alarm and the announcement.

JAFNPP ■ Outgoing from FitzPatrick

Sequence Number _____ Emergency Director Approval: _____

New York State **PART 3** Form
PLANT PARAMETERS WHEN EPIC/SPDS IS NOT AVAILABLE

PARAMETER	READING	LOCATION
APRM REACTOR POWER	%	CR/09-5/07PR-46-(A-D)
IRM REACTOR POWER	% RANGE	CR/09-5/07PR-46(A-N)
SRM REACTOR POWER	CPS	CR/09-5/07PR-45(A-D)
RPV LEVEL	Inch TAF	CR/09-5/06LI-94(A-C)
RPV PRESS	PSIG	CR-09-5/06PI-90(A-C)
FEEDWATER FLOW	MLB/HR	CR/09-5/06FI-89(A-B)
HPCI PUMP FLOW	GPM	CR/09-3/23FI-108-1
RCIC PUMP FLOW	GPM	CR/09-4/13FI-91
LPCI A FLOW	GPM	CR/09-3/10FI-133A
LPCI B FLOW	GPM	CR/09-3/10FI-133B
"A" CORESPRAY FLOW	GPM	CR/09-3/14FI-50A
"B" CORESPRAY FLOW	GPM	CR/09-3/14FI-50B
DRYWELL PRESSURE	PSIG	CR/09-3/27PR-115A1,A2,B1,B2
DRYWELL TEMPERATURE	Deg. F	CR/09-3/16-1TR-108 or 107
PRIMARY CONTAINMENT LEVEL	Feet	CR/09-3/23LI-203A
DRYWELL H2 CONC	%	RR/27PCX-101A or B
DRYWELL O2 CONC	%	RR/27PCX-101A or B
TORUS WATER AVG TEMP	Deg. F	CR/09-3/16-1TR-131A or B
TORUS WATER LEVEL	Feet	CR/09-3/23LT-202A or B
CST LEVEL	Inch	CR/09-6/33LI-101A
STACK GAS RAD	CPS	CR/09-10/17RM-50A or B
STACK HI RANGE RAD	mR/Hr	CR/09-2/17RM-53A or B
RX BLDG VENT RAD	CPM	CR/09-12/17RM-452A(B)
REFUEL FLR VENT RAD	CPM	RB/HV-3A(3B)/17RM-456A(B)
DRYWELL RAD MONITOR	R/Hr	CR/09-10/27RM-104A or B
HIGHEST MSL RAD MONITOR	mR/Hr	CR/09-12/17RM-251(A-D)
TB BLDG VENT RAD	CPM	TB/HV-1/17RM-431 or 432
TB BLDG HI RANGE RAD	mR/Hr	CR/09-2/17RM-434A or B
RW BLDG VENT RAD	CPM	SW/HV-12/17RIS-458A or B
RW BLDG HI RANGE RAD	mR/Hr	CR/09-2/17RM-463A or B
OFF GAS RAD	mR/Hr	CR/09-10/17RM-150A or B
SERVICE WATER RAD	CPS	CR/09-10/17RM-351

ADDITIONAL NOTIFICATION CHECKLIST

Page 1 of 3

- 1) Oswego County, New York State and Nine Mile Point have been contacted in accordance with this procedure. (Check with CR or EOF Offsite Communicator)
☐ Complete ☐ Not complete or required

- 2) NRC has been contacted in accordance with this procedure. (Check with ENS Communicator in the ETD) ☐ Complete ☐ Not complete or required

- 3) **NOTE:** ERON Activation Codes are maintained in the locked KI cabinet in the TSC and EOF. During off-hours, contact Operations Shift Manager to verify that the notifications have been made.

Contact Shift Manager and verify that call-outs of the ERO have been completed. If additional notifications are required, perform in accordance with EAP-17, EMERGENCY ORGANIZATION STAFFING.

☐ Completed ☐ Not Required

- 4) ☐ Notify Corporate Nuclear Duty Officer (630)657-2202
☐ Completed

- 5) ☐ Notify Marcy Energy Control Center (ECC) (315)797-8271 **OR** (315) 792-8225.
☐ Completed

- 6) **NOTE:** NOTIFY INPO DUTY MANAGER AS SOON AS PRACTICAL, BUT WITHIN 1 HOUR FOR AN ALERT, SAE, OR GE OR ANY EVENT EXPECTED TO REQUIRE SIGNIFICANT INDUSTRY SUPPORT.

☐ Notify INPO (Institute of Nuclear Power Operations) Emergency Response Duty Manager: (800) 321-0614 or 1-770-644-8091

-----/-----
 (Name of Person Contacted)/(Notification Time)

- 7) **NOTE:** DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE EMERGENCY PLANT MANAGER

Message: Give details as presented on initial and follow-up notification forms. Request assistance if needed and directed by Emergency Plant Manager.

☐ Notify U.S. Department of Energy Radiation Emergency Assistance Center/Training Site (REAC/TS) (865) 576-1005

-----/----- (Name of Person Contacted)/(Notification Time)

ADDITIONAL NOTIFICATION CHECKLIST

Page 2 of 3

- 8) **MESSAGE:** THIS IS THE JAFNPP. WE ARE IN A _____ (STATE CLASS OF EMERGENCY). PLEASE ASSIGN DEPUTIES TO BLOCK OFF THE SITE AT THE EAST AND WEST BOUNDARIES ON LAKE ROAD TO KEEP ALL UNAUTHORIZED PERSONNEL OUT.

☐ Notify Oswego County Sheriff (315) 343-1313 or 911

-----/
(Name of Person Contacted)/(Notification Time)

- 9) **NOTE: DO NOT** NOTIFY UNLESS DIRECTED TO DO SO BY THE EMERGENCY DIRECTOR

☐ Notify General Electric BWR Emergency Support Program (910) 819-6446

Message: This is the JAFNPP. We are in a _____ (state emergency classification level). This is _____ (name), at phone number 315 _____.
Give a summary of the situation and request assistance, if necessary.

IF onsite assistance is being requested, THEN provide GE with the following information to support arrival of the BWR Emergency Response Team:

- Provide instructions for site access during an actual emergency including expected conduct of GE personnel while at the site.
- Provide the GE TSC in Wilmington, NC with the name and phone number of a JAF person assigned to coordinate arrival.
- IF arriving by chartered jet aircraft, identify the landing location (normally Oswego County Airport or Syracuse Hancock Airport).
- Provide local transportation and escort for the team.
- Provide administrative support and physical facilities at the site.

-----/
(Name of Person Contacted)/(Notification Time)

ADDITIONAL NOTIFICATION CHECKLIST

Page 3 of 3

- 10) **NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE EMERGENCY DIRECTOR.**

☐ Notify American Nuclear Insurers (877) 680-2644

You will be prompted to press "1" for an actual emergency or "2" for a drill.

Provide the following information per the prompts:

Name: _____ Callback number: (315) _____

Facility: James A. FitzPatrick Nuclear Power Plant

Event Date / Time: _____

Extent of damage: _____

Event description: _____

Follow-up contact person name: _____

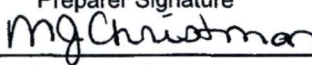
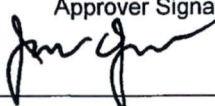
Position / title: _____ Phone number: _____

-----/----- (Name of Person Contacted)/ (Notification Time)

Procedure/Document Number: EAP-1.1		Revision: 76
Equipment/Facility/Other: JAF		
Title: OFFSITE NOTIFICATIONS		
Part I. Description of Activity Being Reviewed (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):		
Step 4.2.2.A	Revised actions to initiate a RECS call	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Step 4.3.4.D	Revised actions to initiate a RECS call	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 8	Revised "Instructions for Reporting RECS Problems.	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 11	Revised actions to initiate a RECS call in the attachment "Control Room Notification Flowchart"	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 12	Revised actions to initiate a RECS call in the attachment "Control Room Notification Flowchart For Use in Control Room Evacuation Per AOP-43".	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 13	Revised actions to initiate a RECS call in the attachment "Control Room Notification Flowchart For Security Related Events".	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.

ATTACHMENT 9.1 SHEET 2 OF 4		10CFR50.54(q) SCREENING	
Procedure/Document Number: EAP-1.1		Revision: 76	
Equipment/Facility/Other: JAF			
Title: OFFSITE NOTIFICATIONS			
Part II. Activity Previously Reviewed? Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report? If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below:		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
Justification: <input type="checkbox"/> Bounding document attached (optional)			
Part III. Applicability of Other Regulatory Change Control Processes Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100) NOTE: For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are NOT to be included in this 50.54(q)(3) Screening.			
APPLICABILITY CONCLUSION <input checked="" type="checkbox"/> If there are no controlling change processes, continue the 50.54(q)(3) Screening. <input type="checkbox"/> One or more controlling change processes are selected, however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below. <input type="checkbox"/> One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.			
CONTROLLING CHANGE PROCESSES 10CFR50.54 (q)			
Part IV. Editorial Change Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? Justification:		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part

Procedure/Document Number: EAP-1.1		Revision: 76	
Equipment/Facility/Other: JAF			
Title: OFFSITE NOTIFICATIONS			
Part V. Emergency Planning Element/Function Screen (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?			
1. Responsibility for emergency response is assigned. [1]			<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]			<input type="checkbox"/>
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]			<input type="checkbox"/>
4. The process for timely augmentation of onshift staff is established and maintained. [2]			<input type="checkbox"/>
5. Arrangements for requesting and using off site assistance have been made. [3]			<input type="checkbox"/>
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]			<input type="checkbox"/>
7. A standard scheme of emergency classification and action levels is in use. [4]			<input type="checkbox"/>
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]			<input type="checkbox"/>
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]			<input type="checkbox"/>
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]			<input type="checkbox"/>
11. Systems are established for prompt communication among principal emergency response organizations. [6]			<input type="checkbox"/>
12. Systems are established for prompt communication to emergency response personnel. [6]			<input type="checkbox"/>
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]			<input type="checkbox"/>
14. Coordinated dissemination of public information during emergencies is established. [7]			<input type="checkbox"/>
15. Adequate facilities are maintained to support emergency response. [8]			<input type="checkbox"/>
16. Adequate equipment is maintained to support emergency response. [8]			<input type="checkbox"/>
17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]			<input type="checkbox"/>
18. A range of public PARs is available for implementation during emergencies. [10]			<input type="checkbox"/>
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]			<input type="checkbox"/>
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.[10]			<input type="checkbox"/>

Procedure/Document Number: EAP-1.1		Revision: 76
Equipment/Facility/Other: JAF		
Title: OFFSITE NOTIFICATIONS		
21. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>	
22. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>	
23. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>	
24. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>	
25. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify weaknesses. [14]	<input type="checkbox"/>	
26. Identified weaknesses are corrected. [14]	<input type="checkbox"/>	
27. Training is provided to emergency responders. [15]	<input type="checkbox"/>	
28. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>	
29. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>	
APPLICABILITY CONCLUSION		
<input checked="" type="checkbox"/> If no Part V criteria are checked, a 50.54(q)(3) Evaluation is <u>NOT</u> required; document the basis for conclusion below and complete Part VI.		
<input type="checkbox"/> If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.		
BASIS FOR CONCLUSION		
<p>For all proposed changes: JAF revised actions and instructions to initiate a RECS call. The RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system. There aren't any planning standards related to hardware changes. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.</p>		
Part VI. Signatures:		
Preparer Name (Print) Mellonie Christman	Preparer Signature 	Date: 11/01/2017
(Optional) Reviewer Name (Print)	Reviewer Signature N/A	Date:
Reviewer Name (Print) Nuclear EP Project Manager	Reviewer Signature N/A	Date:
Approver Name (Print) JD Jones EP manager or designee	Approver Signature 	Date: 11-1-2017

JAFP-17-0122

Enclosure

SAP-3, Revision 92

JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY COMMUNICATIONS TESTING
SAP-3
REVISION 92

EFFECTIVE DATE: Nov. 16, 2017

*****	*****
*	*
* REFERENCE USE *	* QUALITY RELATED *
*	*
*****	*****

*	*
* ADMINISTRATIVE *	
*	*

PERIODIC REVIEW DUE DATE: Nov 2022

REVISION SUMMARY SHEET

REV.NO. CHANGE AND REASON FOR CHANGE

92 Full Revision

Attachment 1 Step 2	Revised actions to initiate a RECS call	RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system.
Attachment 2	Remove "with any TSC phone"	The hand held sat phones can be tested with any phone.

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2. <u>QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST</u>	15
3. <u>EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS</u>	24

1.0 PURPOSE

The purpose of this procedure is to provide instructions for testing emergency communications systems and checking and updating the telephone number list. This procedure also provides a mechanism for determining if an organization has changed key personnel.

2.0 REFERENCES**2.1 Performance References**

- 2.1.1 EAP-1.1 - OFFSITE NOTIFICATIONS
- 2.1.2 AP-02.04 - CONTROL OF PROCEDURES

2.2 Developmental References

- 2.2.1 EN-AD-103 - DOCUMENT CONTROL AND RECORDS MANAGEMENT PROGRAMS
- 2.2.2 EN-PL-147 - PERSONNEL EXPECTATIONS RELATED TO EMERGENCY RESPONSE AT ENTERGY NUCLEAR SITES
- 2.2.3 SAP-20 - EMERGENCY PLAN ASSIGNMENTS
- 2.2.4 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.
- 2.2.5 EN-EP-310, Emergency Response Organization Notification System
- 2.2.6 NEI 12-06 Rev 4, DIVERSE AND FLEXIBLE COPING STRATEGIES (FLEX) IMPEMENTATION GUIDE
- 2.2.7 NEI 12-01, Guideline for Assessing Beyond Design Basis Accident Response Staffing and Communications Capabilities, Table 3.1
- 2.2.8 EC-9000053903, FLEX Emergency Plan (EP) Communications Modification to Support NEI 12-01
- 2.2.9 James A. FitzPatrick N.P.P. Fukushima Project Phase 2 Communication Assessment

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

4.1 Communication checks shall be performed by individuals assigned by the Radiation Protection Manager, except for the following:

4.1.1 The B.5.b Extreme Damage Scenario radio checks (Attachment 2) will be performed by EP.

4.1.2 Operations will be responsible for the following deployable satellite phones in Attachment 2 "Beyond Design Basis External Event (BDBEE) EP Comms Equipment Checks":

- FSS Office & Hallway
- OSC
- TSC

4.2 Communications checks shall be performed using the appropriate checklist(s) at the frequencies shown below:

4.2.1 Monthly checks are performed using Attachment 1, MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST.

4.2.2 Quarterly checks are performed using Attachment 2, QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST.

4.3 The Quarterly Communication Check shall include the following:

4.3.1 For each agency contacted, verify personnel names and phone numbers are current. Note any changes on the checklist and ensure a Procedure Change Request (PCR) is initiated per AP-02.04 for this procedure and for EAP-1.1, as applicable.

4.3.2 ERO members verify contact information quarterly consistent with EN-EP-310 Quarterly Member Profile Update Review.

4.4 **IF** a discrepancy or UNSAT condition is discovered, **THEN:**

4.4.1 The person who discovered the problem shall:

- a. Consider repeating the portion of the surveillance that failed
- b. Document the results, including details that will help understand the problem
- c. Contact EP and inform them of the failure
- d. Initiate a Condition Report

4.4.2 EP shall:

- a. Determine and implement compensatory actions, as required.
- b. Initiate corrective actions as follows:
 1. Telephone (except NRC ETS) issues: Initiate WR with I&C
 2. RECS system issues: Reference EAP 1.1 Attachment 11
 3. NRC ETS issues: Reference EAP 1.1 Attachment 9
 4. Dedicated line issues: Initiate WR with I&C
 5. Radio issues: Initiate WR with I&C
 6. Satellite phone issues: Initiate WR with I&C
 7. Radio issues: Initiate WR with I&C

NOTE: EAP-1.1 - OFFSITE NOTIFICATIONS, provides guidance for the use of communications systems.

- 4.5 Forward the completed checklists to the Emergency Preparedness Manager, or designee, who shall take appropriate action.
- 4.6 The Emergency Preparedness Manager, or designee, will review completed checklists for completeness, accuracy, and any discrepant or unsatisfactory conditions.
 - 4.6.1 **IF** unsatisfactory conditions are not immediately corrected, **THEN** initiate the appropriate tracking

item for resolution, such as INDUS, help desk ticket, or Condition Report.

4.6.2 **IF** telephone number changes are identified, **THEN** initiate a Procedure Change Request (PCR).

4.6.3 Notify the Emergency Preparedness Manager or designee, and appropriate RP supervision, of unsatisfactory surveillance items.

5.0 **ATTACHMENTS**

1. MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST
2. QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST
3. EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

1. Land-Line Communications

	Location	Telephone #	SAT/UNSAT	Verified by Initial / Date
a.	Oswego County E-911 Center	911		
b.	NYS Watch Center	1-518-292-2200		
c.	Alt. NYS Watch Center (NY State Police)	1-518-457-6811		
d.	JAF Control Room	1-315-349-6666		
e.	Security (SAS)	1-315-349-3456		
f.	OSC	1-315-349-6837		
g.	TSC Back-up - Training Bldg, 2 nd floor	1-315-349-6396		
h.	TSC Back-up - Training Bldg, 2 nd floor	1-315-349-6398		
i.	OSC Back-up - Mech. Trng. Classroom	1-315-349-6240		
j.	Everbridge	1-877-220-4911		
k.	Everbridge-alt.	1-866-515-4852		

2. NYS Radiological Emergency Communication System (RECS) Hotline

For EOF only, check the area used: (test different drop periodically)

Main Area Communicator _____ County Rm and State _____ Communications Rm _____

CR DATE	TSC DATE	EOF DATE	SEQUENCE OF RECS ROLL CALL FOR JAFNPP	Verified by Initial / Date
			Nine Mile Point Unit 1 Control Room	
			Nine Mile Point Unit 2 Control Room	
			Oswego County Warning Point	
			Oswego County EOC	
			NYS Watch Center (State Office of Emergency Management)	

MESSAGE CONTENT FOR RECS LINE TEST INITIATED BY JAF

1. Press "NMP/JAF Notify" to initiate the call
2. Select "Yes" when asked "Call NMP/JAF Notify?" Wait approximately 10 seconds before starting to transmit. This will allow time for other parties to pick up their phones.
3. Press the push-to-talk button on the handset to talk.
4. "This is a Test. This is a test. This is the James A. FitzPatrick Nuclear Power Plant _____ (state location - Control Room, Technical Support Center, Emergency Operations Facility). Standby for Roll Call. This is a Test"
5. (Call Roll in Accordance with 2 above)
6. Upon hearing their station name called during roll call, stations will confirm by answering.

7. After completing roll call, recall all stations not answering by saying "JAF (State Location) recalling (Name of Station Not Answering)".
8. Select "Hang Up" to end the call.
9. Sign off by saying "This has been a test from the James A. FitzPatrick (State Location), (Time), and (Date)".

3. NRC Emergency Telecommunications System (ETS)

(Note: See Attachment 3 for ETS Testing Guidance)

Control Room

Phone	Phone No.	Location	Outgoing SAT/UNSAT	Incoming SAT/UNSAT	Verified by Initial / Date
ENS ¹	1-700-371-532	SM Office			

¹ This phone must be checked at the same time as the TSC ENS phone.TSC

Phone	Phone No.	Location	Outgoing SAT/UNSAT	Incoming SAT/UNSAT	Verified by Initial / Date
ENS ²	1-700-371-5321	NRC Comm. Desk			
HPN	1-700-371-6773	RC Desk			
HPN	1-700-371-6773	NRC Office			
RSCL	1-700-371-5319	NRC Office			
PMCL	1-700-371-5322	NRC Office			

² This phone must be checked at the same time as the CR ENS phone.EOF

Phone	Phone No.	Location	Outgoing SAT/UNSAT	Incoming SAT/UNSAT	Verified by Initial / Date
ENS	1-700-371-0064	Main Area - Communicator Desk			
ENS	1-700-371-0064	Comm. Room			
HPN	1-700-371-6299	Dose Assessment Room - Communicator			
RSCL	1-700-371-0063	NRC Office Area			
PMCL	1-700-371-0062	NRC Office Area			
PMCL	1-700-371-0062	ENTERGY Plant Assessment Room			
RSCL	1-700-371-0063	ENTERGY Plant Assessment Room			
SPARE	1-700-371-0065	Communications Room			
PMCL	1-700-371-0062	Main Area - Protective Measures Coordinator			
MC	1-700-371-0060	NRC Office Area			
MCL	1-700-371-0060	Main Area - Protective Measures Coordinator			
LAN	1-700-371-0061	Entergy Plant Assessment Room			
RSCL	1-700-371-0063	Main Room - Reactor Safety Coordinator			

4. Dedicated Lines (Hotlines)

	Communications Link Utilized	SAT/UNSAT	Verified by Initial / Date
a.	4-way Talker Conference Bridge (See Emergency Telephone Directory for bridge numbers)		
b.	TSC-OSC #63 PL-18382		
c.	TSC-AOSC #63 PL-16960		
d.	TSC-EOF #63 PLNA-28775		

5. Radio Communications (Refer to Attachment 3 - Notify Security Coordinator 6422 before and after radio tests)

TSC RADIO SYSTEM - VHF (Motorola MC2500)

Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From EOF Dose Assessment Room		
To/From Control Room		
To/From EP-1		
To/From EP-2		

911 Channel	SAT/UNSAT	Verified by Initial/date
To/From Oswego County 911		

Security VHF Channel	SAT/UNSAT	Verified by Initial/date
To/From Security		

TSC RADIO SYSTEM - UHF (Motorola MC 1000 radios)

Station 1/Frequency 1	SAT/UNSAT	Verified by Initial/date
To/From EOF		

Station 1/Frequency 2	SAT/UNSAT	Verified by Initial/date
To/From EOF		

CONTROL ROOM RADIO SYSTEM - VHF (Motorola MC2000)

Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From EOF Dose Assessment Room		
To/From EP-1		
To/From EP-2		

911 Channel	SAT/UNSAT	Verified by Initial/date
To/From Oswego County 911		

Security VHF Channel	SAT/UNSAT	Verified by Initial/date
To/From Security		

CONTROL ROOM RADIO SYSTEM - UHF (Motorola MC 1000 radio)

Station 1/Frequency 1	SAT/UNSAT	Verified by Initial/date
To/From EOF		

Station 1/Frequency 2	SAT/UNSAT	Verified by Initial/date
To/From EOF		

EOF RADIO SYSTEM - VHF (Motorola MC1000) in Dose Assessment Room

Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From RES-3		

Security VHF Channel	SAT/UNSAT	Verified by Initial/date
To/From JAF Security		

EOF RADIO SYSTEM - UHF (Motorola MC 1000 radios)

Tested/Recorded per TSC and Control Room Sections - No data entry required here.

EOF HAND-HELD RADIOS (4) - VHF (Motorola) in EOF storage room near roll-up door

Security Channel 1	SAT/UNSAT	Verified by Initial/date
To/From each EOF hand-held		
Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From each EOF hand-held		

OSC HAND-HELD RADIOS (5) - VHF (Motorola) on table in OSC main area

Security Channel 1	SAT/UNSAT	Verified by Initial/date
To/From each OSC hand-held		
Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From each OSC hand-held		

M-1 Radio - (For Backup DWST vehicle) in OSC

Security Channel 1	SAT/UNSAT	Verified by Initial/date
To/From Radio		
Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From Radio		

CELLULAR AND SATELLITE TELEPHONES

	Location	Telephone #	SAT/UNSAT	Verified by Initial/Date
a.	EP-1 (Cell)	315-591-2165		
b.	EP-2 (Cell)	315-591-2173		
c.	RES-3 (Cell)	315-593-5005		
d.	M-1 Onsite Survey Vehicle (Cell Phone in OSC)	315-593-5027		
e.	Control Room (Cell)	315-591-0482		
f.	TSC (Cells)	315-591-0473		
		315-591-0476		
		315-591-0479		
g.	OSC (Cell)	315-593-4757		
h.	Security Shift Supervisor (Cell)	315-593-9539		
i.	NRC - Simulator (In-plant Cell)	315-349-6203		
j.	4 -way Comm. Simulator (In-plant Cell)	315-349-6550		
k.	NRC - Control Room (In- plant Cell)	315-349-6527		
l.	4 way Comm. Control Rm (In-plant Cell)	315-349-6538		

REMARKS: _____

Condition report number (if needed): _____

Performed by: _____

Initials	Print Name	Signature	Date

 Emergency Preparedness Manager / Designee

Date _____

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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Agency/Individual	Phone #	SAT/UNSAT	Verified By Init/Date
Coast Guard-Buffalo Search & Rescue	(716) 843-9500		
Operations Center	(716) 843-9525		
Coast Guard-Oswego Officer in Charge	(315) 343-1551		
ECC Marcy	(315) 792-8228		
INPO Emergency Response	(404) 290-3980 (404) 290-3977		
NMPNS #1 Control Room	(315) 349-5201		
NMPNS #2 Control Room	(315) 349-5202		
NRC Emergency Operations Center	(301) 816-5100		
	(301) 951-0550		
	(301) 415-0550		
	(301) 415-0553		
NRC Resident Office	(315) 342-4907		
	(315) 349-6667		
Beth Siene1 (cell) (home)	(315) 944-8259		
	(315) 638-0524		
NY State Office of Emergency Management	(518) 292-2200		
	(518) 369-4914		
Oswego County EOC	(315) 591-9150		
NYS Bureau of Environmental Radiation Control - Director	(518) 402-7550		
General Electric BWR Emergency Support	(910) 819-6446		
US Dept. Of Energy RAP/IRAP, Police Headquarters for Brookhaven National Labs	(631) 344-2200		
US Dept. Of Energy REAC/TS	(865) 576-1005		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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Agency/Individual	Phone #	SAT/UNSAT	Verified By Init/Date
OSWEGO HOSPITAL Administration	(315) 349-5520		
Oswego Hospital Emergency Room	(315) 349-5522		
University Hospital Radiation Physics Off	(315) 464-6510		
University Hospital Emergency Room	(315) 464-5612		
American Nuclear Insurers	(860) 682-1341		
National Earthquake Information Center Web http://earthquake.usgs.gov	(303) 273-8500		
TSC NRC Cell Phone / headset	(315) 326-2135		
Test 4 GETS Cards in TSC	See Attachment 3 for guidance		
Test 4 GETS Cards in EOF	See Attachment 3 for guidance		
American Nuclear Insurers (ANI) Emergency Contact	(877) 680-2644		

B.5.B EXTREME DAMAGE SCENARIO RADIO CHECK (TSG-12)

THIS SECTION MAY BE PERFORMED BY EMERGENCY PLANNING DEPT. PERSONNEL			
QTY	ITEM TO BE TESTED	SAT/UNSAT	Verified by Initial/Date
(6)	Test each of (6) hand held B.5.B radios in B&G garage with a hand held radio at the Training Center		
(6)	Test each of (6) hand held radios in the Training Center with a hand held B.5.B radio at the B&G garage.		
(4)	Test each of (4) county radios with 911 center or OCEMO		

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(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)

Set up Deployable satellite phones as follows:

1. Locate tripod, reel of cable and hard phone case (components are labeled 1, 2 and 3).
2. Locate all three items and bring them outside away from the building.
3. Fully spread tripod, remove antenna from satellite phone case AND secure to tripod.
4. Remove the analog phone handset from the case.
5. Connect the antenna cable (short cable) to the TNC-type connector on the front of the phone case and to the antenna.
6. Connect the analog handset cable (long cable) to the RJ11 jack on the front of the case.
7. Run the analog handset cable to the desired location AND connect to analog handset.
8. Turn on the power to the docking station. Close and latch the satellite phone Pelican case.
9. Calls can now be made using the analog handset: (1+Area Code+ phone number for domestic calls).
10. Using any working number test the ability of the satellite phone to send and receive calls.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful and all the equipment was in place (3 labeled pieces).

QTY	ITEM TO BE TESTED	LOCATION	FACILITY & PHONE NUMBER	SAT/ UNSAT	Verified by Initial & Date
1	Deployable satellite phone -Labeled EOF 1	EOF STORAGE ROOM	EOF 8816-414-22005		
1	Deployable satellite phone -Labeled EOF 2	EOF STORAGE ROOM	EOF 8816-414-22026		
1	Deployable satellite phone -Labeled EOF 3	EOF STORAGE ROOM	EOF 8816-414-22025		
1	Deployable satellite phone -Labeled EOF 4	EOF STORAGE ROOM	EOF 8816-414-22040		
1	Deployable satellite phone -Labeled EOF 5	EOF STORAGE ROOM	EOF 8816-414-22039		

(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)

Set up Deployable satellite phones as follows:

1. Locate tripod, reel of cable and hard phone case (components are labeled 1, 2 and 3).
2. Locate all three items and bring them outside away from the building.
3. Fully spread tripod, remove antenna from satellite phone case AND secure to tripod.
4. Remove the analog phone handset from the case.
5. Connect the antenna cable (short cable) to the TNC-type connector on the front of the phone case and to the antenna.
6. Connect the analog handset cable (long cable) to the RJ11 jack on the front of the case.
7. Run the analog handset cable to the desired location AND connect to analog handset.
8. Turn on the power to the docking station. Close and latch the satellite phone Pelican case.
9. Calls can now be made using the analog handset: (1+Area Code+ phone number for domestic calls).
10. Using any working number test the ability of the satellite phone to send and receive calls.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful and all the equipment was in place (3 labeled pieces).

1	Deployable satellite phone -Labeled JIC-1 (For use at the JIC)	EOF STORAGE ROOM	JIC 8816-414-22008		
1	Deployable satellite phone -Labeled CR-1 (Tripod and reel of cable in hallway)	CABINET 1	FSS OFFICE 8816-414-22034		
1	Deployable satellite phone -Labeled CR-2	CABINET 1	FSS OFFICE 8816-414-22024		
1	Deployable satellite phone -Labeled OSC	Room #7 Cabinet 1	OSC 8816-414-22023		
1	Deployable satellite phone -Labeled TSC-1	TSC LIBRARY CABINET 1&2	TSC 8816-414-22042		
1	Deployable satellite phone -Labeled TSC-2	TSC LIBRARY CABINET 1&2	TSC 8816-414-22041		
1	Deployable satellite phone -Labeled TSC-3	TSC LIBRARY CABINET 1&2	TSC 8816-414-22022		
1	Deployable satellite phone -Labeled TSC-4	TSC LIBRARY CABINET 1&2	TSC 8816-414-22038		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)

Set up Hand-held Satellite phones as follows:

NOTE: Phone must be used outside with antenna raised and in vertical position.

1. Turn phone ON.
2. Wait for display to indicate service is available prior to dialing.
3. Using any working number, check the ability of the phone to make and receive calls (refer to EP aid for dialing instructions).
4. Turn phone off and reconnect charger.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful and all the equipment was in place

QTY	ITEM TO BE TESTED	LOCATION	FACILITY & PHONE NUMBER	SAT/ UNSAT	Verified by Initial & Date
1	Hand-held satellite phone Labeled TSC-1	TSC LIBRARY CABINET 1	TSC 8816-414-94557		
1	Hand-held satellite phone Labeled TSC-2	TSC LIBRARY CABINET 1	TSC 8816-414-94561		
1	Hand-held satellite phone Labeled TSC-3	TSC LIBRARY CABINET 1	TSC 8816-414-94554		
1	Hand-held satellite phone Labeled TSC-4	TSC LIBRARY CABINET 1	TSC 8816-224-11819		
1	Hand-held satellite phone Labeled TSC-5	TSC LIBRARY CABINET 1	TSC 8816-414-22044		
1	Hand-held satellite phone Labeled OSC-1	ROOM #7 CABINET 1	OSC 8816-224-11820		
1	Hand-held satellite phone Labeled EOF-1	EOF STORAGE ROOM	EOF 8816-414-94559		
1	Hand-held satellite phone Labeled EOF-2	EOF STORAGE ROOM	EOF 8816-414-94565		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)

QTY	ITEM TO BE TESTED	LOCATION	FACILITY & PHONE NUMBER	SAT/ UNSAT	Verified by Initial & Date
1	Hand-held satellite phone Labeled EOF-3	EOF STORAGE ROOM	EOF 8816-414-94555		
1	Hand-held satellite phone Labeled EOF-4	EOF STORAGE ROOM	EOF 8816-414-94558		
1	Hand-held satellite phone Labeled EOF-5	EOF STORAGE ROOM	EOF 8816-414-94543		
1	Hand-held satellite phone Labeled ALT TSC-1	EOF STORAGE ROOM	EOF 8816-414-94549		
1	Hand-held satellite phone Labeled ALT OSC-1	EOF STORAGE ROOM	EOF 8816-414-22043		

Test installed satellite phones as follows:

1. Using any working number, check the ability of the phone to make and receive calls.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful.

1	Test installed satellite phone	CABINET 2	FSS OFFICE 877-622-7460		
---	--------------------------------	-----------	----------------------------	--	--

Test Security UHF Radio Console as follows:

1. Turn Radio to Security Channel 3 and test incoming and outgoing calls with Security personnel.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful.

1	Test the radio Console on the CRS desk with a security UHF channel radio	CRS DESK	CONTROL ROOM		
---	---	----------	--------------	--	--

Test Security UHF radios as follows:

1. Place 2 radios a few feet apart.

2. Turn on both radios, set to mid-volume and select Security Channel 3.

3. To test:

a. Transmit a short test message on first radio. You should hear it on the second radio.

b. Transmit a short test message on second radio. You should hear it on the first radio.

c. Turn radios off and return to charger.

NOTE: The above actions tests transmit and receive functions on both radios.

NOTE: SAT in this section indicates that the radio can transmit and receive.

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(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)

OSC ROOM #7 CABINET 1					
	SAT/UNSAT	INITIAL		SAT/UNSAT	INITIAL
RADIO 1			RADIO 6		
RADIO 2			RADIO 7		
RADIO 3			RADIO 8		
RADIO 4			RADIO 9		
RADIO 5			RADIO 10		
OSC ROOM #2 CABINET 2					
	SAT/UNSAT	INITIAL		SAT/UNSAT	INITIAL
RADIO 1			RADIO 10		
RADIO 2			RADIO 11		
RADIO 3			RADIO 12		
RADIO 4			RADIO 13		
RADIO 5			RADIO 14		
RADIO 6			RADIO 15		
RADIO 7			RADIO 16		
RADIO 8			RADIO 17		
RADIO 9					

(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)

Spare Batteries:

1. Verify required quantity.
2. Verify charger is plugged in by visualizing lights on charger.
3. For UHF radio batteries, in the first quarter of each year, condition the batteries by rapidly removing and inserting the batteries twice until yellow light comes on.

NOTE: SAT in this section indicates that the quantity is correct and the charger is plugged in.

FACILITY	REQUIRED QUANTITY	AS FOUND QUANTITY	SAT/UNSAT	INITIAL
Spare Satellite Batteries				
EOF	7			
TSC	5			
OSC	1			
Spare UHF Portable Radio Batteries				
OSC	54			

☐ Battery conditioning initiated for UHF radio batteries in first quarter of each year.

Condition report number (if needed): _____

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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Performed by:

Initials	Print Name	Signature	Date

Emergency Preparedness Manager / Designee

Date

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EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

NOTE 1: The UHF radio system has 2 stations and 2 frequencies available. The sending and receiving radio consoles must be set to the same station number and frequency in order to communicate.

NOTE 2: The station must be selected prior to selecting the frequency.

1. RADIO CHECK OPERATING GUIDANCE

A. UHF Radio Operation (TSC, EOF and Control Room)

1. Locate Motorola MC1000 UHF Link radio (at Radio Dispatcher desk in TSC, Shift Manager's office in Control Room, and Communications Room at the EOF).
2. Verify power is ON.
Select Station 1(Green LED Off)
 - **IF** Station 1 is already displayed, **THEN** you must "toggle" stations by first selecting Station 2, then re-select Station 1.
 - The UHF radio you want to communicate with must be set to the same station number in the same manner as the previous step.
3. Select Frequency 1 (F1). IF F1 is already displayed, THEN you must "toggle" frequencies by first selecting F2, then re-select F1. The UHF radio you want to communicate with must be set to the same frequency number, in the same manner.
4. Rotate the volume knob to about the halfway point (12 o'clock).
5. Lift handset and depress handset button to transmit. Release button to receive.
6. **IF** communication using a different station frequency number is needed:
 - **THEN** the sending and receiving radios must be set to the same station AND frequency.

ATTACHMENT 3

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EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

- **FIRST** select the desired station number
- **THEN** select the desired frequency using the associated push buttons and observing the adjacent LED.

B. VHF RADIO (TSC)

NOTE: Make sure the volume on the desk set is turned up as it controls both the hands-free speaker and the handset speaker.

1. Locate Motorola MC2500 VHF radio at Radio Dispatcher desk.
2. Verify power is ON.
3. Verify VHF is selected by observing that the top green LED is lit.
 - IF NOT lit, THEN select VHF by depressing the top green button.
4. Select Radiological channel by using up and down arrows until "Radiological" is displayed in window. Select 911 or Security channels as needed using up and down arrows.
5. Rotate the volume knob to approximately the halfway point (12 o'clock).
6. Lift the handset and depress handset button to transmit. Release button to receive.

C. CONTROL ROOM VHF RADIO

1. Locate Motorola MC2000 VHF radio in the Shift Manager's office.
2. Verify the power is ON.
3. Select Radiological channel by using up and down arrows until "Radiological" is displayed in window. Select 911 or Security channels as needed using up and down arrows.
4. Rotate the volume knob to about the halfway point (12 o'clock).
5. Lift handset and depress handset button to transmit. Release button to receive.

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EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONSEMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

D. EOF VHF RADIO

1. Locate the Motorola MC1000 Radio at the Radio Operators' Desk in the Dose Assessment Room.
2. Verify power is ON. (If power is not ON, hit RESET button on power strip on floor.)
3. Verify toggle switch is in the "Radiological" (OP) position.
4. Select F1 for Radiological VHF channel.
5. Select F2 for Security VHF channel.
6. Adjust volume using volume dial, as needed.
7. Lift handset and depress handset button to transmit. Release button to receive.

E. EOF and OSC VHF Hand-Held Radios

NOTE: Testing shall be performed where the radios are ≥ 50 feet from each other.

1. Locate the Motorola VHF Hand-held Radios in the EOF Storage Room (roll-up door area)
2. Verify power is ON for all radios.
3. Select Frequency 1 on all radios.
4. Depress handset button to transmit.
5. Release button to receive.
6. Adjust volume using up and down arrows, as needed.
7. Repeat for Frequency 2.
8. Verify that the hand-held radios can send and receive between each other.
9. Turn radios off and return to chargers (verify yellow charge light is on).

ATTACHMENT 3

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EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS2. TEST PROCEDURES FOR THE NRC EMERGENCY TELECOMMUNICATIONS SYSTEM (ETS)

A. Description

The ETS is a separate and distinct system from the public switched network (NY Telephone, Alltel, etc.). It is part of the Federal Telecommunications System (FTS) 2001 network which provides a separate government network for all essential communications functions.

B. Requirements

Emergency Notification System (ENS) - The Control Room extension is tested daily by Operations personnel. However, a monthly test shall also be conducted from all locations (Control Room, TSC, EOF) in accordance with step D below.

Health Physics Network (HPN) - All bridged extensions shall be tested monthly in accordance with step D below.

Emergency Response Data System (ERDS) - This line is located in the TSC (Aux Computer Room) and shall be tested monthly in accordance with step D below.

Other ETS lines shall be tested monthly per step D below.

C. Instructions for operating ETS phones

Lift the receiver on the telephone instrument and listen for dial tone. After receiving dial tone, dial the desired eleven (11) digit number.

D. Instructions for monthly testing all ETS lines

All ETS lines and bridged extension shall be tested each month for both incoming and outgoing calls.

DO NOT call the NRC Operations Center when testing these phones. Each phone shall be tested by placing and receiving a call to/from any other on site ETS phone.

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS3. SATELLITE PHONE MAINTENANCE - VENDOR RECOMMENDATIONS

- A. If possible, keep all hand held satellite phones and spare batteries on continuous charge. Batteries will maintain approximately 95% of charge for 3 months, so rotate onto charge quarterly if continuous charge is not possible.
- B. Deployable kits should be left on continuous charge.
- C. Test phones installed in control rooms quarterly by calling the Iridium Platform at 1-480-752-5105.
- D. Verify functionality of portable phones by powering up quarterly
- E. Perform operability check of portable phones annually by calling the Iridium Platform at 1-480-752-5105.
- F. Test battery capability annually by powering up a fully charged phone and leaving it on standby for 6-8 hours; verify 50-75% charge remaining.
- G. Deployable phone large batteries should be replaced every 4-5 years.
- H. Small batteries should be replaced every 3-4 years.

4. GETS CARDS (GOVERNMENT EMERGENCY TELECOMMUNICATIONS SERVICE) TESTING

- A. Ask Emergency Planning how to obtain key to KI lock box where GETS cards are located
- B. Obtain 4 envelopes containing GETS cards and instructions
- C. Follow instructions on the back of each plastic card:
 - Dial the number on the back of the card
 - Enter PIN on the front of the card
 - When prompted, say the phone number that you want to call (usually a phone next to you)
 - When the phone next to you rings, answer it, you should hear your own voice; hang up, call is completed.

Procedure/Document Number: SAP-3		Revision: 92	
Equipment/Facility/Other: JAF			
Title: Emergency Communications Testing			
Part I. Description of Activity Being Reviewed (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan): 1. Attachment 1 Step 2 - Revised actions to initiate a RECS call because the RECS phone system has been replaced with different hardware (EMnet System). 2. Attachment 2 - Remove "with any TSC phone" because the hand held sat phones can be tested with any phone.			
Part II. Activity Previously Reviewed? Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report? If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below:		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
Justification: <input type="checkbox"/> Bounding document attached (optional)			
Part III. Applicability of Other Regulatory Change Control Processes Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100) NOTE: For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are NOT to be included in this 50.54(q)(3) Screening.			
APPLICABILITY CONCLUSION <input checked="" type="checkbox"/> If there are no controlling change processes, continue the 50.54(q)(3) Screening. <input type="checkbox"/> One or more controlling change processes are selected; however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below. <input type="checkbox"/> One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.			
CONTROLLING CHANGE PROCESSES 10CFR50.54(q)			

Procedure/Document Number: SAP-3		Revision: 92	
Equipment/Facility/Other: JAF			
Title: Emergency Communications Testing			
Part IV. Editorial Change Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? Justification:		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
Part V. Emergency Planning Element/Function Screen (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?			
1. Responsibility for emergency response is assigned. [1]			<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]			<input type="checkbox"/>
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]			<input type="checkbox"/>
4. The process for timely augmentation of onshift staff is established and maintained. [2]			<input type="checkbox"/>
5. Arrangements for requesting and using off site assistance have been made. [3]			<input type="checkbox"/>
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]			<input type="checkbox"/>
7. A standard scheme of emergency classification and action levels is in use. [4]			<input type="checkbox"/>
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]			<input type="checkbox"/>
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]			<input type="checkbox"/>
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]			<input type="checkbox"/>
11. Systems are established for prompt communication among principal emergency response organizations. [6]			<input type="checkbox"/>
12. Systems are established for prompt communication to emergency response personnel. [6]			<input type="checkbox"/>
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]			<input type="checkbox"/>
14. Coordinated dissemination of public information during emergencies is established. [7]			<input type="checkbox"/>
15. Adequate facilities are maintained to support emergency response. [8]			<input type="checkbox"/>
16. Adequate equipment is maintained to support emergency response. [8]			<input type="checkbox"/>

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17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]	<input type="checkbox"/>	
18. A range of public PARs is available for implementation during emergencies. [10]	<input type="checkbox"/>	
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]	<input type="checkbox"/>	
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.[10]	<input type="checkbox"/>	
21. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>	
22. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify weaknesses. [14]	<input type="checkbox"/>	
23. Identified weaknesses are corrected. [14]	<input type="checkbox"/>	
24. Training is provided to emergency responders. [15]	<input type="checkbox"/>	
25. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>	
26. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>	
APPLICABILITY CONCLUSION <input checked="" type="checkbox"/> If no Part V criteria are checked, a 50.54(q)(3) Evaluation is <u>NOT</u> required; document the basis for conclusion below and complete Part VI. <input type="checkbox"/> If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.		
BASIS FOR CONCLUSION <p>Attachment 1 Step 2 - Revised actions to initiate a RECS call. RECS phone system has been replaced with different hardware (EMnet System). This is still called the RECS system. The proposed change revises the surveillance and inventory information without affecting changes to the capabilities or equipment detailed in the emergency plan or procedure. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. The change does not require a change to the Emergency Plan. No further evaluation is required.</p> <p>Attachment 2 - Remove "with any TSC phone". The hand held sat phones can be tested with any phone, JAF does not need to be limited on which phone it uses for testing. The proposed change revises the surveillance and inventory information without affecting changes to the capabilities or equipment detailed in the emergency plan or procedure. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. The change does not require a change to the Emergency Plan. No further evaluation is required.</p>		

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Part VI. Signatures:

Preparer Name (Print) Mellonie Christman	Preparer Signature <i>mg Christman</i>	Date: <i>11-02-2016</i>
(Optional) Reviewer Name (Print)	Reviewer Signature <i>N/A</i>	Date:
Reviewer Name (Print) Nuclear EP Project Manager	Reviewer Signature <i>N/A</i>	Date:
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature <i>James D. Jones</i>	Date: <i>11-1-2017</i>