ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER _____

CONTROLLED COPY
COMPLETED
DATE :-
TIME :-

PROCEDURE NO. SC-411 REV. NO. 0

NEW YORK STATE WARNING POINT PHONE TEST

TECHNICAL REVIEW

PORC REVIEW DATE 9-15-82

QC REVIEW

PLANT SUPERINTENDENT

9-20-82
EFFECTIVE DATE

QA X NON-QA _____ CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 5 PAGES

8210150648 820930
PDR ADOCK 05000244
F PDR

SC-411

NEW YORK STATE

WARNING POINT PHONE TEST

1.0 PURPOSE:

1.1 The New York State Warning Point (NYSWP) will conduct a bi-weekly and random tests. The Control Room operator will respond per this procedure.

2.0 REFERENCES:

2.1 SC-1, Emergency Plan

2.2 Aug. 3, 1982 letter from NYS Department of Health

3.0 INSTRUCTIONS:

3.1 Respond to test per Attachment II Step 2, procedure from NYS Department of Health.

3.2 Log tests and response on Attachment I.

3.3 Report descrepancies per Attachment II, Step 7 to New York State Warning Point (519-457-2200).

3.4 Forward log to Central Records when filled.

ATTACHMENT I

NEW YORK STATE
RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM TEST LOG

1. Incoming Bell Ring Received
2. Voice Level is proper
3. Bee Hive Light working
4. Answer Roll Call "Ginna Control Room Test"
5. Report any discrepancies (518-457-2200)

YEAR _____

DATE	LOCAL TIME	FROM	TYPE OF CALL/MESSAGE SUMMARY	RECEIVED BY

REVIEWED BY: _____ CAT.: _____

FORWARD TO CENTRAL RECORDS

SC-411:3

STATE OF NEW YORK
DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH
TOWER BUILDING • THE GOVERNOR NELSON A. ROCKEFELLER EMPIRE STATE PLAZA • ALBANY, N.Y. 12237

DAVID AXELROD, M.D.
Commissioner

GLENN E. HAUGHIE, M.D.
Director

August 3, 1982

Mr. Edward L. DeMeritt
Ginna Station
Rochester Gas & Electric Corp.
89 East Avenue
Rochester, NY 14649

Re: RECS Testing

Dear Mr. DeMeritt:

Testing of the Radiological Emergency Communications System (RECS) Hotline is the responsibility of the New York State Office of Disaster Preparedness (ODP). That office is prepared to start testing of this system on August 3, 1982 which of course is today, and by the time you receive this letter the first test will have been run.

Enclosed you will find copies of the RECS test procedures for distribution to your people. Testing will take place every other Tuesday, starting August 3 and thereafter (August 17, August 31, September 14, etc.). All stations will be required to participate in these scheduled tests as one of the purposes of the test is to insure the equipment is operational at all locations. The Tuesday testing has nothing to do with unscheduled tests that the utility may initiate which also requires participation by all stations.

As a reminder: when, after hearing its name, a station operator answers the roll call by giving "(Name of Station) test", the operator is signifying that the incoming bell ring was received, that the voice level of speaker and handset is at a proper level and the beehive light is working properly. Any station not answering will be called via telephone by the Warning Point operator for reasons. Please insure all stations are manned with properly trained individuals at the appropriate time for each system's scheduled test (see schedule time listed on test procedure document). All tests will be logged by the State Warning Point.

If you have any questions concerning test procedures, please give me a call.

Sincerely,

Marvin I. Silverman

Marvin I. Silverman
Radiological Emergency
Preparedness Group

cc: Mr. DeVito
Mr. Cermano
Mr. Spagnuolo
Mr. Rowley

ATTACHMENT II

TEST PROCEDURES FOR NEW YORK STATE
RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM (RECS)

1) NYS Warning Point (NYSWP) will depress ring button and release.* After ten (10) seconds, NYSWP will pick up handset and announce: "THIS IS A TEST. REPEAT. THIS IS A TEST. This is NYS WARNING POINT calling all stations. Stand by for roll call."

(NYSWP WILL CALL ROLL ACCORDING TO SEQUENCE OF CALLS IN 10 BELOW)

2) After hearing ring (beehive light ON) all stations will lift up handset and answer roll call after hearing its station name over loudspeaker by saying, "(NAME OF STATION) TEST."**

3) After completing roll call, NYSWP will recall all stations not answering, saying, "NYS WARNING POINT recalling (NAME OF STATION NOT ANSWERING." (NAME OF STATION RECALLED) will answer using terminology in 2 above.

4) NYSWP will sign off by saying, "END OF TEST, NYS WARNING POINT out at (TIME) LOCAL and (DATE)."

5) All stations will log results (the Radiological Emergency Communications System Log enclosed may be used).

6) All stations not answering initial test will be called on commercial telephone by NYSWP for reasons. Problems will be reported immediately to the trouble number__ _____reporting Circuit_____failed.

(CIRCUIT FAILURES WILL BE RECORDED IN RED INK ON LOGS)

7) If circuit failures occur, station that has failure will call by commercial telephone, NYSWP and appropriate County Warning Point(s) and report outage and time when back in service.

8) TEST SCHEDULE - Tests will be conducted bi-weekly on Tuesdays preceding the bi-weeky NAWAS tests according to the following:

   a) Indian Point at 9:45 a.m.

   b) Nine Mile Point at 9:30 a.m.

   c) Ginna at 9:15 a.m.

9) Unannounced tests will be conducted as necessary.

*At present the Indian Point Unit 2 and Unit 3 and Ginna RECS has a manual ring capability. NMPNS/JAFNPP RECS has an automatic ring capability.

**By answering "(NAME OF STATION) TEST", operator is signifying that bell, beehive light and speaker are working properly and voice transmissions are at proper levels.

ATTACHMENT II (con't)

10) SEQUENCE OF ROLL CALL

a) INDIAN POINT - called in the following order:

Indian Point Unit #2 Control Room
Indian Point Unit #3 Control Room
Indian Point Emergency Operations Facility
Westchester County Warning Point
Westchester County Disaster and Emergency Services
Westchester County EOC
Peekskill City Warning Point
Peekskill City EOC
Rockland County Warning Point
Rockland County EOC
Orange County Warning Point
Orange County EOC
Putnam County Warning Point
Putnam County EOC
NYS ODP Southern District
NYS Department of Health (Radiological Health)
NYS Division of State Police (Alternate State Warning Point)
NYS ODP Radiological (State EOC)

b) NMP/JAF - called in the following order:

Nine Mile Point Control Room
Fitzpatrick Control Room
Oswego County Warning Point
Oswego County EOC
NYS ODP Central District
NYS Department of Health (Radiological Health)
NYS Division of State Police (Alternate State Warning Point)
NYS ODP Radiological (State EOC)

c) GINNA - called in the following order:

Ginna Control Room
Ginna Emergency Operations Facility
Wayne County Warning Point
Wayne County EOC
Monroe County Warning Point
Monroe County EOC
NYS ODP Lake District
NYS ODP Western District
NYS Department of Health (Radiological Health)
NYS Division of State Police (Alternate State Warning Point)
NYS ODP Radiological (State EOC)

(Other licensee operational areas having RECS phones will be tested by licensee)

GINNA STATION
UNIT #1
COMPLETED
DATE :-
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ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

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PROCEDURE NO. SC-410 REV. NO. 3

INSPECTION OF EMERGENCY EQUIPMENT

TECHNICAL REVIEW

PORC REVIEW DATE 9-15-82

QC REVIEW

PLANT SUPERINTENDENT

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QA X NON-QA _____ CATEGORY 1.0

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THIS PROCEDURE CONTAINS 12 PAGES

SC-410

INSPECTION OF EMERGENCY EQUIPMENT

1.0 PURPOSE:

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

2.0 REFERENCES:

2.1 SC-1, Emergency Plan

2.2 Tech. Specs., Table 4.1-1

3.0 INSTRUCTIONS:

3.1 Inspect each location using attached appendixes. Indicate number of items present in blank space on appendix.

3.1.1 Emergency Survey Center - Appendix A

3.1.2 Control Room - Appendix B

3.1.3 Health Physics Office, Auxiliary Building, Operational Support Center - Appendix C

3.1.4 Technical Support Center - Appendix D

3.1.5 Monthly Inspection Log - Appendix E

3.2 If any discrepancies are found make note on the Monthly Inspection Log (Appendix E). If there are no discrepencies, enter NONE on Log Sheet.

3.2.1 Discrepancies are to be corrected (or a trouble card submitted) as soon as possible and so noted on the log sheet and filed per A-1701.

3.3 Perform monthly operational check with check source on Emergency Plant Vent monitor (Radector III). Record discrepancies on Monthly Inspection Log - Appendix E and advise Health Physicist.

APPENDIX "A"

EMERGENCY EQUIPMENT IN SURVEY CENTER

1. Assignment tag board - all tags in place _____

2. Survey team maps - Red, Green, Orange, Blue, Yellow 15_____

3. Survey team boxes - Red, Green, Orange, Blue, Yellow, White - If seal is unbroken assume equipment is intact. Inventory boxes and change batteries in January and July. 6_____

4. Beta - Gamma survey instruments - battery check, source check. Assure calibration and efficiency calibrations are within a six month period. 5_____

5. High level dose rate meters - battery check, source check, calibration check. 6_____

6. Extendable high level survey meter - battery check, source check, calibration check. 1_____

7. Nucleus scaler with probe and count shelf-frequency check, source check, efficiency calibration semi-annually. 1_____

8. Radiation monitor RM-3C or equivalent, with HP-260 probe equivalent, battery check, source check, calibration check. 1_____

9. Area radiation monitor, stationary - change chart paper, operational check. 1_____

10. Dosimeter charger with battery 2_____

11. Dosimeter (High Range) - check calibration 0-5R 8_____

    0-10R 8_____

12. Dosimeter (0-500mr) - check calibration 12_____

13. Thermal luminesent dosimeters 10_____

14. Packages of (6) enviromental TLD badges (off-site only) 3_____

15. Battery operated, low volume air samplers - calibration check. Run air sampler several minutes to check operation, semi annually totally discharge and recharge samplers (February and August) 6_____

16. Battery charger - operation check, disconnect 1_____

APPENDIX "A" (cont.)

17.	RADECO H 809 B2 air sampler - run 120 minutes	2
18.	RADECO H 809 C air sampler - run 1 minute	4
19.	Filters for air samplers - particulate	
20.	Filters for air samplers - silver zeolite	
21.	Envelopes for air samples - particulate	100
22.	Envelopes for air samples - iodine	100
23.	Envelopes for smear papers	100
24.	Smear papers	1000
25.	Decontamination kit	1
26.	Radios, portable - radio check with security	6
27.	Magnetic car mount antenna	3
28.	Radio, stationary - radio check with security - log book entry.	1
29.	Full face respirator with charcoal filter - inspect mask, mark bag with inspection date and initials, check filter expiration date	22
30.	Voice emitters for respirators - operational check	13
31.	Contaminated clothing & waste containers, 55 gal drum	2
32.	Anti - contamination clothing, sets	25
33.	Step off pads	10
34.	Tape, rolls	1BOX
35.	Plastic bags, poultry	1BOX
36.	Plastic bags, clean, large	20
36.	Radioactive material bags, yellow, large	1 Roll
37.	Radiation rope	1 Roll
38.	Radiation hazard signs with inserts	10

39.	Thyroid block tablets, bottles	25_____
40.	Pens and pencils	10_____
41.	Batteries, D size	10_____
42.	Extension cord	3_____
43.	Intercom "A" - communication check with Control Room. Call Control Room on GAI page, have them plug in Intercom A and contact survey center	1_____
44.	NRC Red telephone - lift receiver, tell party "This is a Ginna Station Survey Center Communications Check".	1_____
45.	New York State Red telephone - Push button, lift receiver wait 10 seconds, ask if New York State, Wayne County, Monroe County are listening? Tell them "This is Ginna Station Survey Center Communications Check".	1_____
46.	Telephone books - Rochester 1, Wayne County 1	1_____
46.	Telephone communications link check - call	
47.	Wayne County (946-4878)	1_____
48.	Monroe County (71-9-473-0710)	1_____
49.	New York State (518-457-2200)	1_____
50.	National Weather Service, Rochester (716-328-7633)	1_____
51.	National Weather Service Buffalo (716-632-2223)	1_____
52.	From 524-6711 call Control Room at 524-4984 and TSC at 524-4973	1_____
53.	From extension 331 call TSC at 280	1_____
54.	From extension 332 call TSC at 281	1_____
55.	From extension 333 call ESC at 207	1_____

Initials_____ Date_____

APPENDIX "A" (continued)

EMERGENCY EQUIPMENT PER SURVEY BOX

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

1.	Coveralls	2_____
2.	Hoods, disposable	2_____
3.	Gloves, pair	2_____
4.	Booties, pair	2_____
5.	Hats, Surgeon	2_____
6.	Hoods, Rain	2_____
7.	Coats, Rain	2_____
8.	Boots, Rain, pair	2_____
9.	Suits, cold weather (carhart)	2_____
10.	Equipment Belts with Bags (On-Site team only)	2_____
11.	Flashlight with Batteries	1_____
12.	Plastic Bags	2_____
13.	Masking Tape, rolls	2_____
14.	Pencils	2_____
15.	Pencil Sharpener	1_____
16.	Tablet, writing	1_____
17.	Survey Route Maps	2_____
18.	Air Sampler Filters - Particulate	5_____
19.	Air Sampler Filters - Silver Zeolite GY-130	5_____
20.	Air Sample Envelopes (Iodine)	10_____
21.	Air Sample Envelopes (Environmental)	10_____

APPENDIX "A" cont.

22. Dimes for Telephones (Off-site team only) 10_____

23. Clipboard 1_____

24. Appropriate procedure for team (Remove survey route instructions in Appendix III that do not apply to that survey team) _____

25. Procedure SC-452, Sampling Snow, Grass, Soil, and Vegetation. _____

26. Hammer and 10 nails (off-site only) 1_____

27. Thyroid Block tablets (bottle) 3_____

28. HP-190 window clamp (off-site teams only) 1_____

29. First Aid Room key (on-site team only)

30. Backpacks - 2 (on-site teams only) _____

Initials_____Date_____

APPENDIX "B"

EMERGENCY EQUIPMENT IN CONTROL ROOM

1.	Scott Air Pack (SCBA) - monthly inspection	2	_____
2.	High range dosimeters - calibration check	10	_____
3.	Dosimeter charger with battery - operability check	1	_____
4.	High range dose rate meter - battery check, source check calibration check	1	_____
5.	Plant radiation survey maps (sets)	3	_____
6.	Smear papers	100	_____
7.	Envelopes for smear papers	10	_____
8.	Thyroid block tablets (bottle)	1	_____
9.	Air sampler, low volume - operability check, calibration check	1	_____
10.	Air sampler filters - particulate	3	_____
11.	Air sampler filters - silver zeolite	3	_____
12.	Radiation monitor RM-14 or equivalent with HP-190 probe	1	_____
13.	Tape, roll	1	_____
14.	Anti-contamination clothing (sets)	6	_____

Initial _____ Date _____

APPENDIX "C"

EMERGENCY EQUIPMENT

OPERATIONAL SUPPORT CENTER

1.	Fill face respirators - inspect mask and mask bag with inspection date and initials	6_____
2.	Respirator charcoal filters - expiration date	6_____
3.	Anti-contamination clothing (sets)	6_____
4.	Flood lights, portable - operational check	2_____
5.	Thyroid block tablets (bottles)	15_____
6.	Dosimeters 0-500 mRem - check calibration	10_____
7.	Dosimeters 0-10R - check calibration	10_____

AUXILIARY BUILDING

1.	Scott air pack (SCBA) - monthly inspection	1_____
2.	High range dose rate meter - battery check, source check, calibration check	1_____

HEALTH PHYSICS OFFICE

1.	Scott air pack (SCBA) - monthly inspection	5_____
2.	High range dosimeter - calibration check	20_____
3.	Anti-contamination clothing (sets)	20_____
4.	High range dose rate meter - battery check, source check, check calibration	5_____

Initials_____ Date_____

APPENDIX D

EMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

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

APPENDIX D cont.

21. Pens and pencils	5ea	_____
22. Radio, Portable - radio check with security	4	_____
23. Radio, Stationary - radio check with security - log book entry	1	_____
24. NRC Red telephone - lift receiver, tell party "This is a Ginna Station TSC Communication Check".		_____
25. New York State Red telephone - push button. lift receiver, wait 10 seconds, ask if New York State, Wayne County, Monroe County are listening? Tell them "This is Ginna Station TSC Communication Check".		_____
26. HPN telephone- dial selected station to confirm communication check	1	_____
27. EOF Direct line (63PL5187) Telephone	1	_____
28. Plant process computer and silent 700 operational check.	1	_____

Initials_____ Date_____

APPENDIX "E"

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

DISCREPANCIES NOTED		DISCREPANCIES CORRECTED
Survey Center	Date____Initials____	Date____Initials____
Control Room	Date____Initials____	Date____Initials____
HP Office	Date____Initials____	Date____Initials____
Auxiliary Building	Date____Initials____	Date____Initials____
Technical Support Center	Date____Initials____	Date____Initials____
Operational Support Center	Date____Initials____	Date____Initials____
Emergency Plant Vent Monitor	Date____Initials____	Date____Initials____

REVIEWED BY: _____

LIST DISCREPANCIES AND/OR CORRECTIONS:

GINNA STATION
UNIT #1
COMPLETED

DATE :-

TIME :-

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER _____

PROCEDURE NO. SC-322 REV. NO. 3

MANNING THE EMERGENCY SURVEY CENTER

TECHNICAL REVIEW

PORC REVIEW DATE 9-15-82

QC REVIEW

PLANT SUPERINTENDENT

9-20-82
EFFECTIVE DATE

QA X NON-QA _____ CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 4 PAGES

SC-322

MANNING THE EMERGENCY SURVEY CENTER

1.0 PURPOSE:

1.1 The purpose of this procedure is to designate individuals who should report to the Emergency Survey Center for an Alert level or greater event. These personnel will assist the TSC and OSC with emergency functions.

2.0 REFERENCES:

2.1 SC-1 Radiation Emergency Plan

2.2 SC-200 Emergency Response Organization/Responsibilities

2.3 SC-230 Immediate Entry

2.4 SC-223 Accountability

2.5 SC-213 Site Evacuation

2.6 SC-302 Manning the Technical Support Center

2.7 SC-312 Manning the Operational Support Center

2.8 SC-323 Emergency Off Site Radiation Survey Teams

2.9 SC-324 Emergency On Site Radiation Survey Teams

3.0 INSTRUCTIONS:

3.1 During normal working hours (or if on site) the following persons report directly to the Emergency Survey Center upon announcement of an Alert level or greater

1. Quality Control Engineer or alternate

2. Designated Survey Team Members per SC-600

3.2 Upon Arrival at the Emergency Survey Center

3.2.1 Assure ESC is open

3.2.2 Obtain appropriate tag from Survey Center Tag Board and log name under tag. Tag instructions found in Attachment I.

3.2.3 Follow instruction on tag

3.3 During off duty hours individuals will be called to report to Ginna Station. You may report directly to the Emergency Survey Center and proceed with Step 3.2 above.

SURVEY CENTER MANAGER OR ASSISTANT

3.4 Check out high range survey instrument.

3.4.1 Survey basement, auditorium and areas exterior to the building.

3.4.2 If dose rate is greater than 50 mRem/hr advise emergency coordinator and make arrangements to relocate after survey teams are dispatched.

3.4.3 Take an air sample and determine activity. If unidentified activity is greater than 1×10^{-9} uci/cc advise emergency coordinator.

3.5 Assist survey teams to organize and maintain team positions on maps.

3.5.1 Obtain weather data from Control Room and advise survey teams of projected location of the plume.

3.5.2 Maintain a record of all survey team samples and insure samples are properly marked and stored.

3.6 Notify Security at SAS of TSC members (by name) who will need access to the site.

3.6.1 Advise those going to the TSC of dose rates in the area.

3.7 Obtain accountability of all plant personnel in ESC and Training Center.

ATTACHMENT I TO SC-322

TAG BOARD ASSIGNMENTS

Emergency Survey Center Manager

Log Name on Tag Board	REVERSE SIDE
Follow procedure SC-322	BLANK

Emergency Survey Center Communicator

Report to Survey Center Manager	REVERSE SIDE
	BLANK

On-Site Survey Team Blue

Obtain Blue foot locker	REVERSE SIDE
Follow procedure SC-324 found inside foot locker	BLANK

On-Site Survey Team Yellow

Obtain Yellow foot locker	REVERSE SIDE
Follow procedure SC-324 found inside foot locker	BLANK

Spare Survey Team White

Report to Survey Center Manager	REVERSE SIDE
	BLANK
Obtain a dosimeter	
Follow procedure SC-323 and 324 found inside foot locker	
Standby in E.C.S. Equipment Room	

Off-Site Survey Team Green

Obtain Green foot locker	REVERSE SIDE
Follow procedure SC-323 found inside foot locker	BLANK

Off-Site Survey Team Red

Obtain Red foot locker	REVERSE SIDE
Follow procedure SC- 323 found inside foot locker	BLANK

Off-Site Survey Team Orange

Obtain Orange foot locker	REVERSE SIDE
Follow procedure SC- 323 found inside foot locker	BLANK

GINNA STATION
UNIT #1
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PROCEDURE NO. SC-312 REV. NO. 1

MANNING THE OPERATIONAL SUPPORT CENTER

TECHNICAL REVIEW

PORC REVIEW DATE 9-15-82

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QA X NON-QA _____ CATEGORY 1.0

REVIEWED BY: _____

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SC-312

MANNING THE OPERATIONAL SUPPORT CENTER

1.0 PURPOSE:

1.1 The purpose of this procedure is to provide guidance for personnel who will staff the Operational Support Center (OSC). These personnel will assist the TSC and Control Room with emergency functions as requested.

2.0 REFERENCES:

2.1 SC-1 Radiation Emergency Plan

2.2 SC-200 Emergency Response Organization/Responsibilities

2.3 SC-230 Immediate Entry

2.4 SC-233 Search and Rescue

3.0 INSTRUCTIONS:

3.1 The Auxiliary Operators Office is designated as the Operations Support Center. TSC procedures and equipment storage room may be used as an alternate OSC.

3.2 During normal working hours (or if on site) the following persons will report directly to the OSC upon announcement of an Alert level or greater.

1. Pipefitter Foreman
2. Machinist Foreman
3. I & C Foreman
4. Electrician Foreman
5. Maintenance Foreman
6. Health Physic Foreman

3.2.1 Additional personnel as requested will be obtained from the shops or Emergency Survey Center.

3.3 Personnel at the Training Center Auditorium will be under the direction of the Survey Center Manager until they have been specifically assigned to the OSC or another designated function.

3.3.1 Personnel assigned to the OSC will be under the direction of the Plant Maintenance Assesment Manager.

3.4 Upon arrival at OSC:'

3.4.1 Assure your name is posted on TSC magnetic organization chart.

3.4.2 Perform responbilities as described in SC-200.

3.4.3 Health Physics Foreman or designee will check radiation levels and airborne activity in OSC. Report results to Plant Maintenance Assessment Manager with recommendations. Relocate to TSC Technical Library if radiation levels are > 50 mr/hr. or airborne radioactivity is > occupational limits.

3.5 During off duty hours individuals will be called to report to Ginna Station.

3.5.1 They may be directed to report to the OSC using normal entrance procedure, or they may be directed to the Emergency Survey Center where they shall:

3.5.1.1 Obtain Film Badge

3.5.1.2 Obtain appropriate tag from survey center tag board and log name under tag.

3.5.1.3 Follow instructions on tag.

3.5.1.4 Refer to SC-230 Immediate Entry for additional guidance.

3.6 Tag assignments found in attachment I.

ATTACHMENT I to SC-312

TAG BOARD ASSIGNMENTS

Pipefitter Foreman

Proceed to O.S.C.	REVERSE SIDE
Use protective guidance of Health Physicist at T.S.C. or actions on reverse side.	Obtain and Use Film Badge Dosimeter Dose Rate Meter Protective Clothing Full Face Mask with Filter
Report to Plant Maintenance Assessment Manager.	

Machinist Foreman

Proceed to O.S.C.	REVERSE SIDE
Use protective guidance of Health Physicist at T.S.C. or actions on reverse side.	Obtain and Use Film Badge Dosimeter Dose Rate Meter Protective Clothing Full Face Mask with Filter
Report to Plant Maintenance Assesment Manager.	

Instrument and Control Foreman

Proceed to O.S.C.	REVERSE SIDE
Use protective guidance of Health Physicist at T.S.C. or actions on reverse side.	Obtain and Use Film Badge Dosimeter Dose Rate Meter Protective Clothing Full Face Mask with Filter
Report to Plant Maintenance Assessment Manager.	

Electrical Foreman

Proceed to O.S.C.	REVERSE SIDE
Use protective guidance of Health Physicist at T.S.C. or actions on reverse side.	Obtain and Use Film Badge Dosimeter Dose Rate Meter Protective Clothing Full Face Mask with Filter
Report to Plant Maintenance Assessment Manager	

ATTACHMENT I to SC-312

TAG BOARD ASSIGNMENTS (CON'T)

Maintenance Foreman

Proceed to O.S.C.

Use protective guidance of Health Physicist at T.S.C. or actions on reverse side.

Report to Plant Maintenance Assessment Manager.

REVERSE SIDE

Obtain and Use

Film Badge
Dosimeter
Dose Rate Meter
Protective Clothing
Full Face Mask with Filter

Health Physics Foreman

Proceed to O.S.C.

Use protective guidance of Health Physicist at T.S.C. or actions on reverse side.

Report to Plant Maintenance Assesment Manager.

REVERSE SIDE

Obtain and Use

Film Badge
Dosimeter
Dose Rate Meter
Protective Clothing
Full Face Mask with Filter

GINNA STATION
UNIT #1
COMPLETED
DATE:-
TIME:-

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER _____

PROCEDURE NO. SC-100 Crutchfield REV. NO. 2

GINNA STATION) CLASSIFICATION

TECHNICAL REVIEW

PORC REVIEW DATE 9-15-82

QC REVIEW

PLANT SUPERINTENDENT

9-20-82
EFFECTIVE DATE

QA X NON-QA _____ CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 4 PAGES

SC-100

GINNA STATION EVENT EVALUATION AND CLASSIFICATION

1.0 PURPOSE:

1.1 The purpose of this procedure is to provide guidance to personnel in evaluating situations which may require activation of the SC-1 Emergency Plan and direct them to appropriate implementing procedures. Prompt recognition and classification is necessary to ensure the timely activation of support functions and notification of OFF-SITE organizations.

2.0 REFERENCES:

2.1 10CFR50 Appendix E

2.2 NUREG-0654

2.3 NUREG-0696

2.4 SC-1

3.0 INSTRUCTIONS:

3.1 In the event of an abnormal condition the Control Room Personnel will:

3.1.1 Perform the immediate responses defined in the appropriate plant procedures.

3.1.2 Classify the situation using the guidelines of Appendix I.

3.1.3 Implement applicable Emergency Plan procedures based on Appendix I guidelines.

3.1.3.1	UNUSUAL EVENT	SC-201
3.1.3.2	ALERT	SC-202
3.1.3.3	SITE EMERGENCY	SC-203
3.1.3.4	GENERAL EMERGENCY	SC-204

INITIATING CONDITION	UNUSUAL EVENT PARAMETER GO TO SC-201	ALERT PARAMETER GO TO SC-202	SITE EMERGENCY PARAMETERS GO TO SC-203	GENERAL EMERGENCY PARAMETER GO TO SC-204
REACTOR COOLANT LEAKAGE	a. Safety Injection Initiated and flow on FI-924 or FI-925 b. Unidentified leakage > 1 gpm c. Identified leakage > 10 gpm d. S/G leakage > .1 gpm R-15/19 alarm e. Pipe, vessel, or valve body leak.	a. Unexplained charging pump flow > 50 gpm, FI-128 b. Safety injection flow > 50 gpm FI-924,925	a. Depressurization with accumulator discharge. LI-934, 938 PR-420	
FUEL CLADDING DEGRADATION	a. Sampling indicates coolant activity > 84/E b. R-9 increase of 500 mr/hr in 30 minutes.	a. Coolant activity I 131> 300 uCi/cc b. R-9 increase of 4000 mr/hr or reading 10,000 mr/hr. c. Fuel damage accident with release of activity.	a. Technical staff evaluation of reactor conditions indicates a degraded core with loss of cooling.	
SECONDARY SYSTEM	a. Rapid depressurization of Steam or Feedwater system indicated on PT-468, 469 or 484	a. Steam line break with primary to secondary leakage greater than T.S. b. Steam Generator Tube leakage > 100 gpm, flow > 120 gpm on FI-128, with loss of offsite power.	a. Steam line break with primary to secondary leakage > 50 gpm and R-9 > 500 mr/hr. b. S/G Tube leak greater than 1000 gpm.	a. Multiple S/G Tube rupture with unisolable secondary relief valve failed open.
CONTAINMENT SYSTEM	a. Loss of containment integrity, as indicated by report of malfunctioning valves, hatches or other equipment.	a. 1R/hr on containment area monitors, R-2 or R-7, except during flux mapping.	a. 10,000 R/hr on containment area monitor. b. Containment monitor reading 100 R/hr with containment pressure > 28 psig.	a. Loss of 2 of 3 fission barriers with potential loss of third: 1. Fuel Cladding 2. Reactor coolant System 3. Containment
EFFLUENT RELEASE	a. Exceeding Tech Spec. limit for liquid or gaseous release. (TS-3.9) R-11 > 5.0×10^4 cpm. R-12 > 4.0×10^4 cpm. R-13 > 2.0×10^4 cpm. R-14 > 1.1×10^4 cpm. b. R-18 > 6.0×10^5 cpm.	a. Greater than 10 times Tech. Spec limit for liquid or gaseous release. b. R-11 > 5.0×10^5 cpm. R-12 > 4.0×10^5 cpm. R-13 > 2.0×10^5 cpm. R-14 > 1.1×10^5 cpm. R-18 > 6.0×10^6 cpm.	a. Offsite teams report > 50 mR/hr whole body for 1/2 hr. or 2 hr. thyroid dose > 500 mrem b. R-11,12,13,14 18 off scale.	a. Offsite Survey Teams report 1 R/hr whole body or 2 hr thyroid dose > 5 rem.

APPENDIX I GUIDELINES

INITIATING CONDITION	UNUSUAL EVENT PARAMETER GO TO SC-201	ALERT PARAMETER GO TO SC-202	SITE EMERGENCY PARAMETERS GO TO SC-203	GENERAL EMERGENCY PARAMETER GO TO SC-204
LOSS OF POWER	a. Loss of Offsite Power. b. Loss of both diesel generators	a. Loss of Offsite Power and loss of both diesel generators. b. Loss of both batteries.	a. Loss of Offsite Power and loss of 1A & 1B Diesel Generators for 15 minutes. b. Loss of both sta. batteries for 15 min.	
OTHER CONDITIONS	a. Shift Super/Emerg. Coord. discretion. Plant conditions that warrant increased awareness on the part of the state and counties.	a. Shift Super/Emerg. Coord. discretion. Plant condition that warrant activation of TSC, EOF, or ESC.	a. Shift Super/Emerg. Coord. discretion. Plant conditions that warrant activation of emergency Centers & precautionary public notification	a. Shift Super/ Emerg. Coord. discretion. Plant condition that could lead to large radio-. logical release.
LOSS OF INDICATORS ANNUNCIA-TORS, OR ALARMS	a. Loss of Indication Alarms requiring a plant shutdown.	a. Most annunciators lost.	a. Most or ALL Annunciators and indicators lost during unplanned transient.	
CONTROL ROOM EVACUATION		a. Control Room Evacuation	a. Control Room Evacuation with local shutdown stations not established within 15 minutes.	
LOSS OF ENGINEERED SAFETY FEATURES	a. Exceeding a limiting condition for operation on a safety system requiring a plant shut-down. b. Safety injection system relief valve fails.	a. Inability to achieve cold shutdown.	a. Inability to achieve hot shut-down.	

INITIATING CONDITION	UNUSUAL EVENT PARAMETER GO TO SC-201	ALERT PARAMETER GO TO SC-202	SITE EMERGENCY PARAMETERS GO TO SC-203	GENERAL EMERGENCY PARAMETER GO TO SC-204
NATURAL PHENOMENON BEING EXPERIENCED	a. Earthquake felt in plant or detection on plant seismic instrumentation. b. Lake level above 252 ft. c. Lake level below 242 ft. d. Deer Creek flooding over entrance road bridge. e. Large wave(s) causing water to push over armor stone. f. Tornado on site/hurricane warnings.	a. Earthquake > .08 but <.2 as registered on plant accelograph White light comes on > 0.02. b. Lake level above 253 ft. c. Lake level below 241 ft. d. Flood or large wave(s) which bring water into the plant. e. Tornado striking plant building f. Hurricane winds > 70 mph. (steady)	Plant NOT in cold shutdown and: a. Earthquake >.2 as registered on plant accelograph. b. Winds or Flood or large wave(s) which threaten equipment required for cold shutdown.	
HAZARDS BEING EXPERIENCED OR PROJECTED	a. Aircraft crash on site b. Near or onsite explosion. c. Near or onsite toxic or flammable gas release. d. Turbine rotating component failure causing shutdown.	a. Aircraft crash into site building. b. Explosion affecting plant operation. c. Entry of uncontrolled toxic or flammable gas into building. d. Turbine failure causing casing penetration. e. Missile striking building.	Plant NOT in cold shutdown and: a. Aircraft crash into vital area. b. Explosion or missile damaging safety equipment.	
FIRE AND FIRE PROTECTION FEATURES	a. Fire lasting 10 minutes. b. Fire department called. c. Exceeding a limiting condition for operation on the fire sys. requiring a plant shutdown.	a. Fire potentially affecting safety systems.	a. Fire causing loss of a safety system	
CONTAMINATED INJURY	a. Transportation of contaminated patient to a hospital.			
SECURITY	a. Attempted entry to site b. Attempted sabotage c. Security threat (Pickets, Demonstration).	a. On-going Security compromise b. Continuing Security threat	a. Imminent loss of physical control of the plant	a. Loss of physical control of the plant
ABNORMAL COOLANT TEMP. AND/OR PRESS.	a. Exceeding a limiting condition for operation for heatup or cooldown. b. Exceeding a safety limit.			

GINNA STATION
UNIT #1
COMPLETED

DATE :-

TIME :-

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER _____

PROCEDURE NO. SC-607 REV. NO. 0

STATION CALL LIST

TECHNICAL REVIEW

PORC REVIEW DATE 9-15-82

QC REVIEW

PLANT SUPERINTENDENT

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QA X NON-QA _____ CATEGORY 1.0

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SC-607

STATION CALL LIST

1.0 PURPOSE:

1.1 To provide the Emergency Coordinator with a list of phone numbers for station personnel.

2.0 REFERENCES:

2.1 Radiation Emergency Plan SC-1.

3.0 INSTRUCTIONS:

3.1 If additional assistance during a Radiation Emergency is required, refer to attached listing for phone number of station personnel.