



Reference Use

MCGUIRE UNIT 0
TECHNICAL PROCEDURE (OPERATING)

RP/0/A/5700/003

**SITE AREA EMERGENCY SUPERSEDED BY
AD-EP-ALL-0111**

REVISION SUP

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| REVISION SUMMARY |
|---|
| PRR 02277801 DESCRIPTION |
| SUPERSEDED by AD-EP-ALL-0111; no other changes were made |
| PRR 02212543 DESCRIPTION |
| REV 37 1. PRR 02212543: Attachment 2 <ul style="list-style-type: none"> Step 9: Changed "Attachment 4.2" to "Attachment 2" Step 10: Changed "Attachment 4.3" to "Attachment 3" 2. PRR 02194897: Attachment 2 <ul style="list-style-type: none"> Deleted Statement in NOTE before Step 7 that said Emergency Response Data Systems (ERDS) is not activated during drills. 3. PRR 02223569 and 02199549: <ul style="list-style-type: none"> Removed references to activating ERDS from the procedure. Changed Step 7 to " <u>THEN</u> verify Changed new Step 8: If ERDS not activated..." |

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1.0 PURPOSE

The purpose of this procedure is to provide guidance in implementation of MNS Emergency Plan requirements.

2.0 SCOPE

Provide guidance and instruction for the Shift Manager (SM) to:

- Make plant pages if required during a Security Event or Hostile Action is in progress.
- Make plant pages during an Emergency Event to activate TSC and OSC.
- Notify On Shift Dose Assessor to perform Emergency Response Off Site Dose Assessment.
- Ensure Offsite Agencies and NRC notifications are performed as required.
- Conduct a Site Assembly if required.

Provide guidance and instruction for the Shift Technical Advisor (STA) to:

- Activate ERO as required.
- Notify NRC Resident Inspectors.
- Contact Duke Management.

Provide guidance and instruction for:

- Follow-up actions as required.
- Turnover process when the TSC OR EOF are activated.

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3.0 PRECAUTIONS AND LIMITATIONS

3.1 Precautions

None

3.2 Limitations

None

4.0 GENERAL INFORMATION

1. IF AT ANY TIME the EOF is activated,
THEN the following applies:.....
- Classification of events are performed by either the TSC OR
Control Room ☐
- Immediate communication to the EOF is required upon
upgrade of a classification of an event by either the TSC OR
Control Room ☐
- Notifications to Offsite Agencies are performed by the EOF ☐
- Protective Action Recommendations (PAR) are performed by
the EOF ☐

5.0 PREREQUISITES

None

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6.0 INSTRUCTIONS

6.1 Site Area Emergency Declaration Actions

NOTE

- The following actions have been separated into position specific attachments to enhance timely completion and consistent execution..... ☐
- Site Assembly is required to be completed within 30 minutes of the declaration of Alert, Site Area Emergency or General Emergency ☐

1. **Assign** the following actions:..... ☐
 - **Notify** the Offsite Agency Communicator to make initial notifications to the offsite agencies per RP/0/B/5700/029, Notifications to Offsite Agencies from the Control Room:..... ☐
 - SM **assign** a RO **OR** SRO to conduct a Site Assembly per RP/0/A/5700/011, Conducting a Site Assembly, Site Evacuation or Containment Evacuation. ☐
 - SM **assign** the STA to execute Attachment 2, STA Actions in a timely manner..... ☐
 - SM **execute** Attachment 1, SM Actions in a timely manner. ☐
2. **Ensure** completion of Attachment 3, Command and Control Turnover Briefing Form, prior to turnover of Emergency Coordinator responsibilities. ☐
3. **IF** a classification change is recognized during turnover, **THEN** the turnover should **NOT** be completed until after the Control Room declares **AND** transmits the notification to the offsite agencies... ☐

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6.1 Site Area Emergency Declaration Actions (continued)

| NOTE | |
|--|--------------------------|
| • An EOF Director preprogrammed fax button is available on the Control Room fax machine..... | <input type="checkbox"/> |
| • A TSC preprogrammed fax button is available on the Control Room fax machine..... | <input type="checkbox"/> |

4. **IF** the emergency situation prevents activating the TSC within 75 minutes of declaration **AND** EOF is available, **THEN** turn over responsibility for notification (state **AND** offsite agencies) to the EOF as follows
- **Fax** a completed copy of Attachment 3, Command and Control Turnover Briefing Form to the EOF Director ☐
 - **Contact** the EOF Director at 9-704-382-0760..... ☐
 - **Perform** a turnover to the EOF Director, using completed Attachment 3, Command and Control Turnover Briefing Form ☐
 - **Maintain** responsibility for emergency classification..... ☐
 - **Maintain** responsibility for NRC Event Notification until relieved by the NRC Communicator in the TSC..... ☐
 - **Maintain** responsibility for continuous phone communication to the NRC Operations Center until relieved by the NRC Communicator in the TSC..... ☐
5. **IF AT ANY TIME** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:.....
- **Deliver** turnover sheet, (Attachment 3), to the TSC Emergency Coordinator. ☐
- OR**
- **Fax** turnover sheet to the TSC..... ☐

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6.1 Site Area Emergency Declaration Actions (continued)

NOTE

In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident..... ☐

WARNING

Any movement of personnel on-site or to the site during Security Events or Hostile Actions shall be coordinated with Security PRIOR to personnel movement..... ☐

6. Protective Actions On-site..... ☐
 - a. **Consider** evacuation of non-essential site personnel..... ☐
 - (1) **Refer to** RP/0/A/5700/011, Conducting a Site Assembly, Site Evacuation or Containment Evacuation..... ☐
 - b. **IF** a situation which is immediately hazardous to life **OR** valuable property exists,
THEN evaluate potential dose rates by one of the following methods: ☐
 - (1) **Contact** RP Shift at Ext. 4282..... ☐
 - (2) **Assess** area monitors..... ☐
 - c. **Complete** Attachment 4, Request For Emergency Exposure, prior to dispatch of emergency workers if emergency situation precludes documentation..... ☐

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6.1 Site Area Emergency Declaration Actions (continued)

7. Termination Notifications ☐
- a. **Make** termination notification to State and County Authorities
as follows: ☐
- **IF** both the TSC and EOF are **NOT** activated,
THEN use RP/0/B/5700/029, Notifications to Offsite
Agencies From the Control Room.
 - OR**
 - **IF** TSC **OR** the EOF is activated
THEN use AD-EP-ALL-0304, STATE AND COUNTY
NOTIFICATIONS.....
- b. **IF** the Technical Support Center was **NOT** activated,
THEN notify the NRC Operations Center that the event has
been terminated, using the ENS.
- _____ / _____ / _____
 NRC Operations Officer Contacted Date Time
8. **Assign** an individual from the Emergency Planning Staff to follow
up with an LER **OR** written summary to the State **AND** County
authorities within 30 days.....
- Person assigned responsibility: _____

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7.0 RECORDS

Completed portions of this procedure are transmitted to Document Control and Records Management (Master File) for retention per QA Program requirements

8.0 REFERENCES

8.1 Commitments

None

8.2 Technical Specifications

None

8.3 Updated Final Safety Analysis Report

None

8.4 Drawings

None

8.5 Procedures

None

8.6 Vendor/Technical Manuals

None

8.7 Miscellaneous Documents

None

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ATTACHMENT 1
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<< SM Actions >>

1.0 SM ACTIONS

1. The Shift Manager **OR** SM designee shall announce the event over the PA by performing the following:

- a. **Turn ON** the outside page speakers..... ☐

NOTE

- During Drills announcements should start with "This is a drill. This is a drill". ☐
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call ☐

WARNING

Any movement of personnel on-site or to the site during Security Events or Hostile Actions shall be coordinated with Security prior to personnel movement ☐

- b. **IF** a Security event **OR** Hostile Action is in progress **AND** directed by Security that **NO** movement on site is desired, **THEN** dial 710, **pause**, dial 80, **AND** following the beep, **make** the following announcement:

"A Site Area Emergency has been declared due to
All personnel take cover for protection. A security event is in progress.
Do **NOT** move about the site. Remain at your current location until further notice."

- (1) **Repeat** the preceding announcement(s) one time. ☐

- (2) **Go to** Step 1.f..... ☐

- c. **IF** Emergency event,
THEN dial 710; **pause**, dial 80. following the beep,
announce:

"A Site Area Emergency has been declared due to
Activate the TSC, OSC, **AND** EOF."

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<< SM Actions >>

1.0 SM ACTIONS (continued)

| NOTE |
|--|
| Site Assembly is a required on-site protective action in response to an Alert or higher declaration. <input type="checkbox"/> |

- d. **Ensure** Site Assembly has been performed as follows:..... ☐
 - 10-second activation of the Site Assembly Alarm ☐
 - **Announce** via PA "Site Assembly is in progress" ☐
 - Another operator is performing RP/0/A/5700/011, Conducting a Site Assembly, Site Evacuation or Containment Evacuation..... ☐
- e. **Repeat** the preceding announcement(s) one time. ☐
- f. **Turn OFF** the outside page speakers. ☐
2. **IF** valid trip II alarm occurs on any one of the following,
THEN immediately **Notify** On Shift Dose Assessor to perform
Emergency Response Off Site Dose Assessment. ☐
 - 1 **OR** 2 EMF36(L)..... ☐
 - 1 EMF 24, 25, 26, 27..... ☐
 - 2 EMF 10, 11, 12, 13..... ☐
3. **IF** (IS OCCURRING) **OR** (HAS OCCURRED) on Line 5
(EMERGENCY RELEASE) of the Emergency Notification Form is
checked,
THEN **Notify** On Shift Dose Assessor to perform Emergency
Response Off Site Dose Assessment..... ☐
4. **IF AT ANY TIME** an upgrade in EAL classification occurs,
THEN **perform** the appropriate Response Procedure..... ☐
5. **Ensure** NRC Notification for Site Area Emergency has been
performed within 1 hour of event per RP/0/A/5700/010, NRC
Immediate Notification Requirements. ☐

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<< SM Actions >>

1.0 SM ACTIONS (continued)

WARNING

Any movement of personnel on-site or to the site during Security Events or Hostile Actions shall be coordinated with Security prior to personnel movement. ☐

6. **IF** Security event **AND** movement on site is allowed,
THEN perform the following:.....

a. **Turn ON** the outside page speakers. ☐

NOTE

- During Drills announcements should start with "This is a drill. This is a drill." ☐
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. ☐

b. **Dial 710, pause, dial 80,** and following the beep, **make** the following announcement "The Security Threat no longer exists, Activate the TSC, OSC and EOF following Security directions." ☐

c. **Repeat** the preceding announcement one time. ☐

d. **Turn OFF** the outside page speakers. ☐

NOTE

Site Assembly is a required on-site protective action in response to an Alert or higher declaration. ☐

7. **Augment** shift resources to assess **AND** respond to the emergency situation as needed. ☐

8. **Go to** Step 2 in the body of this procedure. ☐

End of Attachment

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ATTACHMENT 2

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<< STA Actions >>

1.0 STA ACTIONS

NOTE

- During Drills the Nuclear Callout System is not activated..... ☐
- AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS) provides additional instructions and messages if required. ☐
- Inadvertent cell phone activation messages may be retracted using ERONS by sending Template ID 100 "Notification Error". (notifies the entire ERO)..... ☐

1. **IF** the McGuire Emergency Response Organization (ERO) has been activated,
THEN go to Step 9.
2. **IF** the McGuire ERO needs to be activated **AND** Security is **NOT** available to perform the activation,
THEN go to Attachment 5, Activation Of ERO By Operations From Control Room.....
3. **IF** actual Security Emergency exists, **AND NO** movement on site is allowed,
THEN activate the McGuire ERO by contacting Security via the ring down phone to the CAS **AND** SAS, **OR** at Ext. 2688 **OR** 4900, **AND issue** the following message.
 - **Activate** McGuire ERO via ERONS by sending Template ID 230
"Emergency - Security Event - SAE - ERO Activation" ☐
 - AND**
 - **"Activate** the Nuclear Callout System". ☐

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ATTACHMENT 2

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<< STA Actions >>

1.0 STA ACTIONS (continued)

4. **IF AT ANY TIME** Security event is stabilized to the point the ERO can come on site,
THEN activate McGuire ERO via ERONS by contacting Security via ring down phone to the CAS **AND** SAS, **OR** at Ext. 2688 **OR** 4900
AND issue the following message:.....
 - **Activate** McGuire ERO via ERONS by sending
Template ID 233
"Emergency - Security Event - SAE - Post Attack" ☐

5. **IF** actual Emergency **AND** the Primary EOF is **NOT** available,
THEN activate the McGuire Emergency Response Organization by contacting Security via the ring down phone to the CAS **AND** SAS,
OR at Ext. 2688 **OR** 4900, **AND issue** the following message:.....
 - **Activate** McGuire ERO via ERONS by sending
Template ID 131
"Emergency - SAE - ERO Activation - EOF Unavailable" ☐

AND

 - **"Activate** the Nuclear Callout System". ☐

6. **IF** actual Emergency,
THEN activate the McGuire ERO by contacting Security via the ring down phone to the CAS **AND** SAS, **OR** at Ext. 2688 **OR** 4900, **AND issue** the following message:
 - **Activate** McGuire ERO via ERONS by sending
Template ID 130
"Emergency - SAE - ERO Activation" ☐

AND

 - **"Activate** the Nuclear Callout System". ☐

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ATTACHMENT 2
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<< STA Actions >>

1.0 STA ACTIONS (continued)

7. **IF** an Emergency **OR** Security Event,
THEN **verify** the ERDS is activated for the affected unit(s) within
1 hour after the emergency declaration.

NOTE

ERDS can only be activated or deactivated from designated computer terminals.
These are located in the STA's office, the Data Coordinators' room in the TSC, and
all computers within the Control Room horseshoe area. ☐

8. **IF** ERDS **NOT** activated,
THEN activate by performing the following
- a. **Double click** on the file (Desktop icon)
'ERDS_LinkControl_MNS.pdf' ☐
 - b. **Click** on 'CONNECT' (Activate). ☐
 - c. **Click** on 'YES'. ☐
 - d. **Record** the time **AND** date ERDS was activated. ☐

TIME/DATE _____ / _____ / _____

Eastern
mm
dd
yy
 - e. **Inform** the SM/EC that ERDS was activated. ☐
 - f. **IF** ERDS failed to activate after five attempts,
THEN **have** an Offsite Agency Communicator notify the NRC
via ENS **OR** other available means.

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<< STA Actions >>

1.0 STA ACTIONS (continued)

9. **Ensure** one of the NRC Resident Inspectors has been notified using RP/0/A/5700/014, Emergency Telephone Directory Attachment 2, NRC Telephone Numbers.....

Person contacted Date Time

10. **Ensure** Duke Management has been contacted using RP/0/A/5700/014, Emergency Telephone Directory Attachment 3, Duke Management Telephone Listing as soon as possible following event declaration.....

Person contacted Date Time

11. **Inform** the SM/EC when this enclosure has been completed reporting any deficiencies **OR** problems.

Person contacted Date Time

End of Attachment

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ATTACHMENT 3
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Command and Control Turnover Briefing Form

| | | | | | | | | | | | |
|---|-------------|--------------|---------------|---|-------------|--|---------------|---|-------------|--------------|---------------|
| Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP | | | | | | Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change | | | | | |
| Unit(s) Affected: (circle) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | | | | | | | | | | |
| Emergency Classification: Unusual Event Declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____ Site Area Emergency Declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____ | | | | | | | | | | | |
| Unit 1 | | | | Unit 2 | | | | Unit 3 | | | |
| Rx Power | Cont. Press | Rx Cool Temp | Rx Cool Press | Rx Power | Cont. Press | Rx Cool Temp | Rx Cool Press | Rx Power | Cont. Press | Rx Cool Temp | Rx Cool Press |
| | | | | | | | | | | | |
| Mode _____ Shutdown Date: _____ Time: _____ | | | | Mode _____ Shutdown Date: _____ Time: _____ | | | | Mode _____ Shutdown Date: _____ Time: _____ | | | |
| FPB Status (circle appropriate condition) Fuel Intact Potential Loss Loss RCS Intact Potential Loss Loss Cont Intact Potential Loss Loss | | | | FPB Status (circle appropriate condition) Fuel Intact Potential Loss Loss RCS Intact Potential Loss Loss Cont Intact Potential Loss Loss | | | | FPB Status (circle appropriate condition) Fuel Intact Potential Loss Loss RCS Intact Potential Loss Loss Cont Intact Potential Loss Loss | | | |
| Major Equipment Out of Service: Evolutions in Progress: | | | | Major Equipment Out of Service: Evolutions in Progress: | | | | Major Equipment Out of Service: Evolutions in Progress: | | | |
| ERDS Activated: Yes No N/A | | | | ERDS Activated: Yes No N/A | | | | ERDS Activated: Yes No N/A | | | |
| Response Procedures in Progress (optional): | | | | | | EOP/APs in Progress (optional): | | | | | |
| Station Priorities: | | | | | | | | | | | |

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ATTACHMENT 3

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Command and Control Turnover Briefing Form

| | |
|---|--|
| Site Assembly: YES NO TIME: _____ Site Evacuation: YES NO TIME: _____ Take Cover Order: YES NO TIME: _____ Rapid Evacuation: YES NO TIME: _____ Location/Comments: _____ | Other Agency Involvement: <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____ |
| Radiological: Emergency Worker dose limits approved: YES NO For whom: _____ Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____ Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____ Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____ KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO | |
| Off-Site Notifications: Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____ NRC Communication: Notified (time): _____ Continuous Communications with NRC Established: YES NO Have Communicators discussed Turnover with acquiring facility Communicators? YES NO | |
| Upon the transfer of Command and Control, the following will be performed by: Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF | |
| Name of Individual turning over Duties: _____ Turnover Complete: YES NO TSC / EOF Activated at: _____ (circle) (circle) Time Date Name individual assuming duties Additional Information: _____ | |

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ATTACHMENT 4

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<< Request For Emergency Exposure >>

Request For Emergency Exposure [Note 1]

| Activity | Total Effective Dose Equivalent (TEDE) | Lens of Eye | Other Organs [Note 2] |
|--|--|-------------|-----------------------|
| All | 5 rem | 15 rem | 50 rem |
| Protecting Valuable Property | 10 rem | 30 rem | 100 rem |
| Lifesaving or Protection of Large Populations | 25 rem | 75 rem | 250 rem |
| Lifesaving or Protection of Large Populations [Note 3] | > 25 rem | > 75 rem | > 250 rem |

Notes:

1. Excludes declared pregnant women.
2. Includes skin and body extremities.
3. Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

| RP Badge No. | Name | Age | Employer | Signature of Individual |
|--------------|------|-----|----------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

My signature indicates my acknowledgment that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

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ATTACHMENT 4

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<< Request For Emergency Exposure >>

1. Subsequent Radiation Protection Action:.....
 - **Determine** need of medical evaluation ☐
 - **Initiate** reporting requirements per 10CFR 20 ☐
 - **Copy** to Individual's Exposure History File..... ☐

End of Attachment

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ATTACHMENT 5

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<< Activation Of ERO By Operations From Control Room >>

1. **Contact** the Everbridge Live Operator by calling one of the following:
 - 9-1-877-220-4911 ☐
 - 9-1-818-230-9797 ☐
2. **Record** Date and Time ☐
Date _____ Time _____
3. **Provide** answers to the Operator when requested as follows: ☐
 - a. What is your Everbridge organization name?..... ☐
Answer: "McGuire Nuclear Station"
 - b. What is your user name? ☐
Answer: "MNS activation"
 - c. What is the city **OR** town of your birth? ☐
Answer: "Charlotte"
 - d. How may I help you today? ☐
Answer: "I want to send a priority notification using a Mass Notification template."
 - e. What is the title of the notification you wish to send? ☐
Answer: Template ID 230
"Emergency - Security Event - SAE - ERO Activation".
(**Request** the Live Operator repeat back the notification title to check accuracy.)
 - f. Do you want the broadcast ID number? ☐
Answer: "Yes"
 - g. **Record** Broadcast ID Number ☐

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<< Activation Of ERO By Operations From Control Room >>

- h. **Terminate** telephone call..... ☐
- i. **Check** transmission by responding to incoming ERO notification call to the Control Room at extension 704-875-6044..... ☐
- 4. **Activate** Nuclear Callout as follows:..... ☐
 - a. **Call** 9-1-866-515-0663 (The system will play the Voice REACH greeting.) ☐
 - b. **WHEN** prompted,
THEN perform the following:
 - (1) **Enter** 1721588# (User Number)..... ☐
 - (2) **Enter** 915866# (Password Number)..... ☐

NOTE

You will be prompted to "Wait while we verify your ID and Password" ☐

- (3) **Press** '1' to create a message..... ☐
- (4) **Press** '1' to enter a list distribution number. ☐
- (5) **WHEN** prompted,
THEN enter "1000". (This is the distribution list number).....
.....
- (6) **Enter** '1' to confirm that Distribution List Number 1000 is selected. ☐
- (7) **Enter** '2' to record a message ☐
- (8) **Press** '#' to play the same message for both live and answering machine recipients. ☐
- (9) **Press** '2' to specify a script number..... ☐
- (10) **Press** '1' to enter a script number..... ☐
- (11) **Press** "200" when prompted to select a script number..... ☐
- (12) **Press** '1' to confirm that script number 200 is selected. ☐

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(13) **Press** '1' for immediate delivery.

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| <p style="text-align: center;">NOTE</p> <p>Wait for system to provide job number..... <input type="checkbox"/></p> |
|---|

(14) **Record** job number. ☐

(15) **Press** '9' to end the call and send the voice message..... ☐

End of Attachment