



Reference Use

MCGUIRE UNIT 0
TECHNICAL PROCEDURE (RESPONSE)
NON-SAFETY RELATED

RP/0/B/5700/029

**NOTIFICATIONS TO OFFSITE AGENCIES FROM THE
CONTROL ROOM SUPERSEDED BY
AD-EP-ALL-0111**

REVISION SUP

NOTIFICATIONS TO OFFSITE AGENCIES FROM THE CONTROL ROOM SUPERSEDED BY AD-EP-ALL-0111	RP/0/B/5700/029
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REVISION SUMMARY
<p>PRR 02277804 DESCRIPTION</p> <p>Superseded by AD-EP-ALL-0111; no other changes were made</p>
<p>PRR 02253579 DESCRIPTION</p>
<p>Rev. 025</p> <ol style="list-style-type: none"> PRR 02253579 <ul style="list-style-type: none"> Added a Note before step 6.1.14 (page 11): Step 14 - Step 16 are to be performed concurrently with Step 16 completed within 15 minutes of event declaration. Added a Note before Attachment 1 step 25: Step 25 - Step 27 are to be performed concurrently. Placed NCR in Body (8.7.9) and cross referenced NCR within Note. Changed PRR to NCR in Body (8.7.1 - 8.7.8) PRR 02259205: Added new step 6.1.22, Attachment 1 step 33 and Attachment 2 step 21: WHEN notifications compete, THEN terminate the notification call. PRR 02271633: Corrected the Title of Attachment 2 in the Attachment section of the Table of Contents. PRR 02272555: <ul style="list-style-type: none"> Swapped columns 'RECEIVED ENF' and 'ON LINE' in step 6.1.15, Attachment 1 step 1.0.26 and Attachment 2 step 1.0.14. Changed 6.1.17, 6.1.21, Attachment 1 step 1.0.28 and 1.0.32 and Attachment 2 step 1.0.15 and 1.0.20 to Read: Record the following on back on ENF: Name Date Time PRR 02258952: Changed Note prior to Attachment 1 step 1 to as follows: Follow-up Notifications are required per the following: <ul style="list-style-type: none"> Every hour until the emergency is terminated. or If there is any significant change to the situation (make notification as soon as possible). or As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change. The interval for a NOUE shall not be greater than 4 hours to any agency. The interval for ALERT, SAE, and GE shall not be greater than 2 hours to any agency.

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1.0 PURPOSE

To provide guidance and instructions for completing Emergency Notification Form (ENF) when events are in progress or have occurred that require implementing the McGuire Emergency Plan and notification of offsite agencies. [8.7.1]

2.0 SCOPE

Procedure provides guidance and instructions for the following:

- Initial Notifications by the Control Room.
- Follow-up notifications as required.
- Event termination notification.

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 TSC **OR** Control Room. ☐
- Immediate communication to 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 EOF. ☐
- Protective Action Recommendations (PAR) are performed by EOF..... ☐

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4.0 GENERAL INFORMATION (continued)

2. Initial Notifications, [8.7.2]: ☐
 - a. Initial notifications to the State(s) **AND** counties must be made within 15 minutes of the event declaration using the ENF..... ☐
 - b. The following are designated as Initial Notifications:..... ☐
 - First declaration ☐
 - Any upgrade in classification ☐
 - Change in PAR..... ☐
 - c. For an upgrade in classification prior to **OR** while transmitting an initial message: ☐
 - (1) The notification for the lesser emergency classification must be made within 15 minutes of the lesser classification declaration time. ☐
 - (2) The agencies must be informed that an upgrade in classification will be coming..... ☐
 - (3) The upgraded classification message must be transmitted within 15 minutes of the upgraded classification declaration time. ☐
3. Follow-up notifications, Attachment 1, Completion And Transmission Of A Follow-Up Message. ☐
4. Event termination notifications, Attachment 2, Completion And Transmission Of A Termination Message. ☐
5. ORO is defined as Counties **AND** State Emergency Agencies..... ☐

5.0 PREREQUISITES

None

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6.0 INSTRUCTIONS

6.1 INITIAL NOTIFICATION

1. **Complete** ENF by using one of the following: ☐
 - Preprinted ENF. ☐

OR

 - Blank ENF. ☐

NOTE

Messages are sequentially numbered throughout the drill or event beginning with message number 1 and continues until termination of the drill or event. ☐

2. **Record** message number..... ☐
3. **Ensure** "(704) 875-6044" recorded as confirmation telephone number..... ☐
4. **Complete** Line 1 by checking 'DRILL' **OR** 'ACTUAL DECLARATION'..... ☐
5. **Complete** Line 2 by verifying that MCGUIRE is printed on the form ☐
6. **Complete** Line 3 by checking correct emergency classification. ☐
7. **Complete** Line 4 by recording the following: ☐
 - a. EAL #. ☐
 - b. Declaration Date and Time..... ☐
 - c. EAL DESCRIPTION..... ☐

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6.1 INITIAL NOTIFICATION (continued)

NOTE

The "Release to the Environment" being evaluated in Step 8 must be caused by the emergency..... ☐

8. **Complete** Line 5 as follows: ☐

a. **IF** any of the following exists,
THEN check 'IS OCCURRING' **OR** 'HAS OCCURRED' as
appropriate: [8.7.5]

• EMF 38, 39 or 40 readings indicate an increase **AND**
containment pressure greater than 0.3 psig ☐

• EMF 38, 39 or 40 readings indicate an increase **AND**
a known leak path exists from containment..... ☐

• EMF 35, 36 or 37 readings indicate an increase in
activity ☐

• EMF 33 or other alternate means indicate Steam
Generator tube leakage..... ☐

• A known release path exists ☐

b. Alternate methods of release determination are as follows ☐

• Greater than 0.3 psig containment pressure with a
LOCA..... ☐

• Positive field monitoring team results ☐

• Known Steam Generator Tube Rupture ☐

c. **IF NO** emergency release exists,
THEN check 'NONE'

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6.1 INITIAL NOTIFICATION (continued)

9. **Complete** Line 6 as follows: ☐
- a. **IF** Notification of Unusual Event, Alert, **OR** Site Area
Emergency,
THEN check 'NONE' ☐
- (1) **Go to** Step 10..... ☐
- b. **IF** General Emergency,
THEN perform the following: ☐
- (1) **Determine** PARs per AD-EP-ALL-0109 Offsite
Protective Action Recommendations, Attachment 4..... ☐
- (2) **IF** evacuation is required per AD-EP-ALL-0109 Offsite
Protective Action Recommendations, Attachment 4,
THEN perform the following: ☐
- (a) **Check** 'EVACUATE' ☐
- (b) **Record** affected zones for evacuation..... ☐
- (3) **IF** shelter in place is required per AD-EP-ALL-0109
Offsite Protective Action Recommendations,
Attachment 4,
THEN perform the following: ☐
- (a) **Check** 'SHELTER' ☐
- (b) **Record** affected zones for sheltering. ☐
- (4) **IF** notified by RP Dose Assessment that dose
projections **OR** field measurements indicate Thyroid
dose will be equal to **OR** greater than 5 Rem,
THEN check 'CONSIDER THE USE OF KI
(POTASSIUM IODIDE) IN ACCORDANCE WITH
ORO PLANS **AND** POLICY. [8.7.3]..... ☐
- (5) **IF** any other PAR recommended,
THEN perform the following: ☐
- (a) **Check** 'OTHER' ☐
- (b) **Record** information..... ☐

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6.1 INITIAL NOTIFICATION (continued)

10. **Complete** Line 12 by recording any additional 'REMARKS' as directed by the Emergency Coordinator..... ☐
11. **Complete** Line 13 by ensuring the Emergency Coordinator performs the following:..... ☐
 - (1) **Sign** 'APPROVED BY' ☐
 - (2) **Enter** 'TITLE' ☐
 - (3) **Record** date and time. ☐

NOTE

Line 15 on ENF (Received By and Date and Time) is for State and Counties use. ☐

12. **Complete** Line 14 by recording your name. ☐
13. **Transmit** the message to Offsite Agencies as follows..... ☐
 - a. **Fax** a copy (front page only) to the agencies as follows: ☐
 - (1) **Insert** the document face up in the fax machine. ☐
 - (2) **Press** the green Power Save button with half moon symbol. ☐
 - (3) **Select** 'FAX'. ☐
 - (4) **Press** the down arrow on touch screen..... ☐
 - (5) **Select** 'Device Address Book-Groups' on touch screen..... ☐
 - (6) **Select** '#1-Emerg. Notification 'FAX'. ☐
 - (7) **Select** 'OK' on touch Screen. ☐
 - (8) **Depress** the large green button with diamond symbol to send fax. ☐

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6.1 INITIAL NOTIFICATION (continued)

- b. **IF** required to send a fax to a single location dialing manually,
THEN perform the following:
- (1) **Insert** the document face up in the fax machine. ☐
 - (2) **Press** the green power save button with half-moon symbol. ☐
 - (3) **Select** 'FAX'. ☐
 - (4) **Press** the down arrow on touch screen..... ☐
 - (5) **Select** 'Device Address Book-Individuals'. ☐
 - (6) **Use** scroll up **OR** down arrow to select individual pre-programmed location. (Selected location will display a check mark)..... ☐
 - (7) **Select** 'OK' on touch screen..... ☐
 - (8) **Depress** the large green button with diamond symbol to send fax..... ☐

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6.1 INITIAL NOTIFICATION (continued)

NOTE

- Information in this section is used as required. ☐
- AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET), provides additional information for DEMNET. ☐
- RP/0/A/5700/014 Emergency Telephone Directory has a directory for DEMNET five digit phone numbers. ☐
- Authentication is required if a method other than DEMNET is used to make off-site notification. ☐
- Authentication may be asked for during any call. ☐

- c. **IF DEMNET fails OR an offsite agency does NOT pick up, THEN dial** that agency via plant phone **OR** bell line ☐
- (1) **Authenticate** the offsite agency as follows: ☐
- (a) **IF unable** to contact NC EOC, **THEN request** Mecklenburg to contact NC EOC via radio. ☐
- (b) **Refer to** Authentication Code word List..... ☐
- (c) **Provide** a number from Code word List to offsite agency..... ☐
- (d) **Check** offsite agency provides corresponding Code word. ☐
- (e) **Record** the Code word in the Communicator's log..... ☐
- d. **Select** 'MNS Notify' on DEMNET for group call. (Only one call can be performed at a time). ☐
- (1) **Select** 'Yes' to call MNS notify. ☐

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6.1 INITIAL NOTIFICATION (continued)

NOTE
Step 14 - Step 16 to be performed concurrently with Step 16 completed within 15 minutes of event declaration. [8.7.9] <input type="checkbox"/>

14. **WHEN** first agency answers,
THEN record date and time on Line 14 of ENF. _____
15. **Check** agencies are online and received ENF in table below..... ☐

DEMNET	MNS PLANT LINE MNS BELL LINE	ON LINE	RECEIVED ENF
'MNS Notify': Individual Group Call <u>OR</u> Selection	Individual phone numbers	As each agency answers check off <input checked="" type="checkbox"/>	As each agency answers check off <input checked="" type="checkbox"/>
Gaston County WP/EOC	704-866-3300 704-866-3243		
Lincoln County WP/EOC	1-704-735-8202 1-704-736-8511		
Iredell County WP/EOC	1-704-878-3039		
Mecklenburg Co. WP/EOC	704-336-2441 704-432-4120		
Catawba County WP/EOC	1-828-464-3112		
Cabarrus County WP/EOC	704-920-3000		
North Carolina EOC/WP <u>OR</u> North Carolina Alt. EOC/WP	1-919-733-3300 <u>OR</u> 1-828-466-5500 1-828-466-5501 1-828-466-2254 1-800-858-0368		

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6.1 INITIAL NOTIFICATION (continued)

16. **Provide** appropriate message: ☐
- This is the McGuire Nuclear Station. ☐
 - This is a Drill **OR** this is an Actual Emergency. ☐
 - McGuire has an emergency classification of: ☐
 - Notification of Unusual Event ☐
 - Alert..... ☐
 - Site Area Emergency ☐
 - General Emergency ☐
 - McGuire has a change in Protective Actions
Recommendations. ☐
 - Message #_____ has been faxed. ☐
 - Does everyone have this message?" ☐
17. **IF** unable to contact an agency,
THEN perform the following:.....
- a. **Continue** attempts to contact the missing agency..... ☐
- b. **Record** the following on back of ENF: ☐
- Name ☐
 - Date ☐
 - Time ☐
18. **IF** any agency fails to receive fax,
THEN perform the following:.....
- a. **Instruct** agencies to obtain a blank ENF. ☐
- b. **Communicate** clearly the Emergency Notification Message
line by line to the agencies allowing time for them to copy the
information. ☐

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6.1 INITIAL NOTIFICATION (continued)

19. **Provide** agencies with name of Communicator making the notification..... ☐
20. **Ask** if there are any questions. ☐
 - a. **IF** a question is in reference to information on the ENF,
THEN provide the information to the requesting agency.....
 - b. **IF** a question is **NOT** in reference to information on the ENF,
THEN perform the following:
 - (1) **Record** the question on back of ENF..... ☐
 - (2) **Record** the name of the agency making the request. ☐
 - (3) **Record** the name of the individual making the request. ☐
 - (4) **Request** the Emergency Coordinator to evaluate the question..... ☐
 - (5) **Record** the answer provided by the Emergency Coordinator **OR** designee on back of ENF. ☐
 - (6) **Request** the Emergency Coordinator to sign **AND** date the answer recorded on back of ENF. ☐
 - (7) **Contact** the requesting agency. ☐
 - (8) **Provide** the answer to the requesting agency..... ☐
 - (9) **Record** the time the answer was provided to the requesting agency on back of ENF..... ☐

6.1 INITIAL NOTIFICATION (continued)

21. **Record** the following on back of ENF: ☐
- Name ☐
 - Date ☐
 - Time ☐

NOTE

NRC notification of emergency declaration is required as soon as possible but no later than one hour from declaration of the emergency classification. ☐

22. **WHEN** notifications complete,
THEN terminate the notification call..... ☐
23. **Complete** (RP/0/A/5700/010 Attachment 2) NRC Event Notification
 Worksheet ☐
24. **WHEN** Follow-up Notifications required,
THEN perform Attachment 1, Completion And Transmission Of A
 Follow-Up Message. _____
25. **WHEN** Termination Messages required,
THEN perform Attachment 2, Completion And Transmission Of A
 Termination Message. _____

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

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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

1. NCR 01579922
2. NCR 01558812
3. NCR 01552744
4. NCR 01707237
5. NCR 01604081
6. NCR 01694757
7. NCR 01608485
8. NCR 01583405
9. NCR 02240596

End of Body

<< Completion And Transmission Of A Follow-Up Message >>

NOTE
Initial messages for upgrades in classification or change in PARs are addressed in Section 6.1, INITIAL NOTIFICATION. <input type="checkbox"/>

1.0 INSTRUCTIONS

NOTE
<p>Follow-up Notifications</p> <p>1. Follow-up Notifications are required per the following: <input type="checkbox"/></p> <ul style="list-style-type: none"> • Every hour until the emergency is terminated..... <input type="checkbox"/> or • If there is any significant change to the situation (make notification as soon as possible). <input type="checkbox"/> or • As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change. The interval for a NOUE shall not be greater than 4 hours to any agency. The interval for ALERT, SAE, and GE shall not be greater than 2 hours to any agency. <input type="checkbox"/> <p>2. If a follow-up notification is due and an upgrade to a higher classification is declared, then there is no need to complete the follow-up ENF. In this case, the offsite agencies must be notified that the pending follow-up is being superseded by an upgrade to a higher classification and information will be provided. <input type="checkbox"/></p>

1. **IF** change in classification **OR** PARs,
THEN go to body of procedure Section 6.1, INITIAL
 NOTIFICATION.....

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

2. **Complete** ENF using one of the following: ☐
 - Preprinted ENF. ☐
 - OR**
 - Blank ENF..... ☐

NOTE

Messages are sequentially numbered throughout the drill or event beginning with message number 1 and continues until termination of the drill or event. ☐

3. **Record** message number..... ☐
4. **Ensure** "(704) 875-6044" recorded as confirmation telephone number..... ☐
5. **Complete** Line 1 by checking 'DRILL' **OR** 'ACTUAL DECLARATION' ☐
6. **Complete** Line 2 by verifying that MCGUIRE is printed on the form ☐
7. **Complete** Line 3 by checking correct emergency classification. ☐
8. **Complete** Line 4 by recording the following: ☐
 - a. EAL #. ☐
 - b. Declaration Date and Time..... ☐
 - c. EAL DESCRIPTION..... ☐

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

NOTE

The "Release to the Environment" being evaluated in Step 9 must be caused by the emergency. ☐

9. **Complete** Line 5 as follows: ☐

- a. **IF** any of the following exists,
THEN check 'IS OCCURRING' **OR** 'HAS OCCURRED' as
appropriate: [8.7.5] ☐
 - EMF 38, 39 or 40 readings indicate an increase **AND**
containment pressure greater than 0.3 psig ☐
 - EMF 38, 39 or 40 readings indicate an increase **AND**
a known leak path exists from containment..... ☐
 - EMF 35, 36 or 37 readings indicate an increase in
activity ☐
 - EMF 33 or other alternate means indicate Steam
Generator tube leakage..... ☐
 - A known release path exists ☐
- b. Alternate methods of release determination are as follows: ☐
 - Greater than 0.3 psig containment pressure with a
LOCA..... ☐
 - Positive field monitoring team results ☐
 - Known Steam Generator Tube Rupture ☐
- c. **IF NO** emergency release exists,
THEN check 'NONE' ☐

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ATTACHMENT 1

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

10. **Complete** Line 6 as follows: ☐
 - a. **IF** Notification of Unusual Event, Alert, **OR** Site Area
Emergency,
THEN check 'NONE' ☐
 - (1) **Go to** Step 12..... ☐
 - b. **IF** General Emergency,
THEN perform the following: ☐
 - (1) **Determine** PARs per AD-EP-ALL-0109 Offsite
Protective Action Recommendations, Attachment 4..... ☐
 - (2) **IF** evacuation is required per AD-EP-ALL-0109 Offsite
Protective Action Recommendations, Attachment 4,
THEN perform the following: ☐
 - (a) **Check** 'EVACUATE' ☐
 - (b) **Record** affected zones for evacuation..... ☐
 - (3) **IF** shelter in place is required per AD-EP-ALL-0109
Offsite Protective Action Recommendations,
Attachment 4,
THEN perform the following: ☐
 - (a) **Check** 'SHELTER' ☐
 - (b) **Record** affected zones for sheltering. ☐
 - (4) **IF** notified by RP Dose Assessment that dose
projections **OR** field measurements indicate Thyroid
dose will be equal to **OR** greater than 5 Rem,
THEN check 'CONSIDER THE USE OF KI
(POTASSIUM IODIDE) IN ACCORDANCE WITH
ORO PLANS **AND** POLICY. [8.7.3]..... ☐

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

11. **IF** any other PAR recommended,
THEN perform the following:.....

 - a. **Check** 'OTHER' ☐
 - b. **Record** information. ☐

12. **Complete** Line 7 by checking 'Yes' or 'NO' as appropriate..... ☐
13. **Complete** Line 8 as follows: ☐

NOTE

The following step may not be inclusive of all events that may affect both units..... ☐

- a. **Evaluate** the following for classification for both units.
[8.7.6], [8.7.7] ☐
 - Security event..... ☐
 - Seismic event ☐
 - Tornado on site ☐
 - Hurricane force winds on site ☐
 - Loss of both switch yards. ☐
 - Fire in SSF. ☐
 - Fire affecting shared safety related equipment..... ☐
- b. **IF** event affects both units equally,
THEN check 'YES' for Unit 1 **AND** Unit 2.
- c. **IF** event affects only one unit **OR** one unit has a higher
emergency class,
THEN check 'YES' for appropriate unit.....
- d. **Record** Unit 1 **AND** Unit 2 current power level. ☐
- e. **IF** unit reactor shutdown,
THEN record '0' % Power **AND** Date and Time of Shutdown.....

<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

14. **Complete** Line 9 as follows: ☐
- a. **Record** Wind direction from, in degrees. (1EEBCR9100, point 8 **OR** OAC point M1P0847 60 Meter Wind Direction). ☐
- b. **Record** Wind Speed, in mph. (1EEBCR9100, point 5 **OR** OAC point M1P0848 10 Meter Wind Speed). ☐
- c. **Record** Precipitation, in inches. ☐

NOTE

Stability class is determined and provided by RP. ☐

- d. **Check** appropriate stability class. ☐

NOTE

The information for completing Step 15 and Step 16 is provided by RP via AD-EP-ALL-0202 (Emergency Response Offsite Dose Assessment). ☐

15. **IF** Line 5 is marked NONE,
THEN go to Step 18 _____
16. **Complete** Line 10 as follows: ☐
- a. **Check** 'Ground' for release type. ☐
- b. **Check** 'Ci/sec' for MAGNITUDE UNITS ☐
- c. **Record** the following as appropriate. ☐
- (1) Noble Gases. ☐
- (2) Iodines. ☐
- (3) Particulates..... ☐

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<< **Completion And Transmission Of A Follow-Up Message** >>

1.0 INSTRUCTIONS (continued)

17. **Complete** Line 11 as following: ☐
- a. **Record** Projection period, in hours. ☐
- b. **Record** Estimated Release Duration, in hours..... ☐

NOTE

Information for Step 17.c, Step 17.d and Step 17.e(4) is entered in the table provided on the ENF form..... ☐

- c. **Record** Date and Time dose projection performed..... ☐
- d. **RECORD** TEDE in 'mrem' for the following: ☐
- (1) Site Boundary ☐
- (2) 2 miles ☐
- (3) 5 miles ☐
- (4) 10 miles ☐
- e. **RECORD** Thyroid CDE in 'mrem' for the following: ☐
- (1) Site Boundary ☐
- (2) 2 miles ☐
- (3) 5 miles ☐
- (4) 10 miles ☐
18. **Complete** Line 12 by recording any additional 'REMARKS' as directed by the Emergency Coordinator..... ☐

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

19. **Complete** Line 13 as follows: ☐
 - a. **Ensure** the Emergency Coordinator performs the following: ☐
 - (1) **Sign** 'APPROVED BY'..... ☐
 - (2) **Enter** 'TITLE' ☐
 - (3) **Record** Date and Time..... ☐

NOTE

Line 15 on ENF (Received By and Date and Time) is for State and Counties use. ☐

20. **Complete** Line 14 by recording your name. ☐
21. **Fax** a copy (front page only) to the agencies as follows: ☐
 - a. **Insert** the document face up in the fax machine. ☐
 - b. **Press** the green Power Save button, with the half-moon symbol..... ☐
 - c. **Select** 'FAX'. ☐
 - d. **Press** the down arrow on touch screen. ☐
 - e. **Select** 'Device Address Book-Groups' on touch screen..... ☐
 - f. **Select** '#1-Emerg. Notification 'FAX'. ☐
 - g. **Select** 'OK' on touch Screen. ☐
 - h. **Depress** large Green button with diamond symbol to send FAX. ☐

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1.0 INSTRUCTIONS (continued)

22. **IF** required to send a fax to a single location dialing manually,
THEN perform the following:.....
- a. **Insert** the document face up in the fax machine. ☐
 - b. **Press** the green power save button with the half-moon symbol..... ☐
 - c. **Select** 'FAX'. ☐
 - d. **Press** down arrow on touch screen. ☐
 - e. **Select** 'Device Address Book-Individuals'..... ☐
 - f. **Use** scroll up **OR** down arrow to select individual pre-programmed location (Selected location will display a check mark)..... ☐
 - g. **Select** 'OK' on touch screen..... ☐
 - h. **Depress** large Green button with diamond symbol to send fax. ☐

<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

NOTE	
<ul style="list-style-type: none"> • AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET), provides additional information for DEMNET. <input type="checkbox"/> • RP/0/A/5700/014 has a directory for DEMNET five digit phone numbers. <input type="checkbox"/> • Authentication is required if a method other than DEMNET is used to make off-site notification. <input type="checkbox"/> • Authentication may be asked for during any call. <input type="checkbox"/> 	

23. **IF** DEMNET fails **OR** an offsite agency does **NOT** pick up, **THEN dial** that agency via plant phone **OR** bell line.
- a. **Authenticate** the offsite agency as follows:
- (1) **IF** unable to contact NC EOC, **THEN request** Mecklenburg to contact NC EOC via radio.
- (2) **Refer to** Authentication Code word List. ☐
- (3) **Provide** a number from Code word List to offsite agency. ☐
- (4) **Check** offsite agency provides corresponding Code word. ☐
- (5) **Record** the Code word in the Communicator's log. ☐
24. **Select** 'MNS Notify' on DEMNET for group call. (Only one call can be performed per time) ☐
- a. **Select** 'Yes' to call MNS notify. ☐

NOTE	
Step 25 - Step 27 to be performed concurrently.	<input type="checkbox"/>

25. **WHEN** first agency answers, **THEN record** notification Date and Time on Line 14 of ENF.

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

26. **Check** agencies are online **AND** received ENF in table below. ☐

DEMNET	MNS PLANT LINE MNS BELL LINE	ON LINE	RECEIVED ENF
'MNS Notify': Individual Group Call <u>OR</u> Selection	Individual phone numbers	As each agency answers check off <input checked="" type="checkbox"/>	As each agency answers check off <input checked="" type="checkbox"/>
Gaston County WP/EOC	704-866-3300 704-866-3243		
Lincoln County WP/EOC	1-704-735-8202 1-704-736-8511		
Iredell County WP/EOC	1-704-878-3039		
Mecklenburg Co. WP/EOC	704-336-2441 704-432-4120		
Catawba County WP/EOC	1-828-464-3112		
Cabarrus County WP/EOC	704-920-3000		
North Carolina EOC/WP <u>OR</u> North Carolina Alt. EOC/WP	1-919-733-3300 <u>OR</u> 1-828-466-5500 1-828-466-5501 1-828-466-2254 1-800-858-0368		

27. **Provide** appropriate message: ☐

- This is the McGuire Nuclear Station. ☐
- This is **Drill** **OR** this is an **Actual Emergency**. ☐
- McGuire has an emergency classification of ☐
 - ◇ Notification of Unusual Event ☐
 - ◇ Alert ☐
 - ◇ Site Area Emergency..... ☐
 - ◇ General Emergency..... ☐
- Message #____ has been faxed. ☐
- Does everyone have this message?" ☐

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

28. **IF** unable to contact an agency,
THEN perform the following:.....
- a. **Continue** attempts to contact the missing agency..... ☐
 - b. **Record** the following on back of ENF: ☐
 - Name ☐
 - Date ☐
 - Time ☐
29. **IF** any agency did **NOT** receive fax,
THEN perform the following:.....
- a. **Request** appropriate agencies obtain a blank ENF. ☐
 - b. **Communicate** clearly Emergency Notification Message line
by line to the agencies allowing time for them to copy the
information. ☐
30. **Provide** agencies with name of Communicator making the
notification..... ☐

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<< Completion And Transmission Of A Follow-Up Message >>

1.0 INSTRUCTIONS (continued)

31. **Ask** if there are any questions. ☐
- a. **IF** a question is in reference to information on the ENF
THEN provide the information to the requesting agency. ☐
- b. **IF** a question is **NOT** in reference to information on the ENF,
THEN perform the following: ☐
- (1) **Record** the question on back of ENF. ☐
- (2) **Record** the name of the agency making the request. ☐
- (3) **Record** the name of the individual making the request. ☐
- (4) **Request** the Emergency Coordinator to evaluate the
question. ☐
- (5) **Record** the answer provided by the Emergency
Coordinator or designee on back of ENF. ☐
- (6) **Request** the Emergency Coordinator to sign **AND**
date the answer recorded on back of ENF. ☐
- (7) **Contact** the requesting agency. ☐
- (8) **Provide** the answer to the requesting agency. ☐
- (9) **Record** the time the answer was provided to the
requesting agency on back of ENF. ☐
32. **Record** the following on back of ENF: ☐
- Name ☐
 - Date ☐
 - Time ☐
33. **WHEN** notifications complete,
THEN terminate the notification call. ☐

End of Attachment

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<< Completion And Transmission Of A Termination Message >>

1.0 INSTRUCTIONS

NOTE

- Messages are sequentially numbered throughout the drill or event. ☐
- Authentication will be completed during message transmission..... ☐
- For a notification of Termination of event only ENF Lines 1, 2, Termination Date and Time of Line 4, Line 12, Line 13 and Line 14 are required to be completed..... ☐

1. **Obtain** a copy of a blank ENF. ☐
2. **Record** message number..... ☐
3. **Ensure** '(704) 875-6044' recorded as confirmation telephone number..... ☐
4. **Complete** Line 1 by checking 'Termination'..... ☐
5. **Complete** Line 2 by verifying that MCGUIRE is printed on the form ☐
6. **Complete** Line 4 by entering the following: ☐
 - a. Termination Date and Time..... ☐
 - b. N/A beside EAL #..... ☐
 - c. N/A beside EAL DESCRIPTION ☐
7. **Record** on Line 12 bases for event termination as directed by the Emergency Coordinator. ☐

NOTIFICATIONS TO OFFSITE AGENCIES FROM THE CONTROL ROOM SUPERSEDED BY AD-EP-ALL-0111	RP/0/B/5700/029
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<< Completion And Transmission Of A Termination Message >>

1.0 INSTRUCTIONS (continued)

8. **Complete** Line 13 as follows: ☐
- a. **Ensure** the Emergency Coordinator performs the following: ☐
- (1) **Sign** 'APPROVED BY'..... ☐
- (2) **Enter** 'TITLE' ☐
- (3) **Record** Date and Time..... ☐

NOTE

Line 15 on ENF (Received By and Date and Time) is for State and Counties use. ☐

9. **Complete** Line 14 by recording your name. ☐
10. **Transmit** a copy of ENF (front page only) to the agencies as follows: ☐
- a. **Insert** the form face up in the fax machine..... ☐
- b. **Press** the green Power Save button with the half-moon symbol..... ☐
- c. **Select** 'FAX'. ☐
- d. **Press** the down arrow on touch screen. ☐
- e. **Select** 'Device Address Book-Groups' on touch screen..... ☐
- f. **Select** '#1-Emerg. Notification 'FAX'. ☐
- g. **Select** 'OK' on touch Screen. ☐
- h. **Press** large Green button with diamond symbol to send fax..... ☐

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<< Completion And Transmission Of A Termination Message >>

1.0 INSTRUCTIONS (continued)

11. **IF** required to send ENF to a single location dialing manually,
THEN perform the following:.....
- a. **Insert** the form face up in the fax machine..... ☐
 - b. **Press** the green power save button with half-moon symbol. ☐
 - c. **Select** 'FAX'. ☐
 - d. **Press** down arrow on touch screen. ☐
 - e. **Select** 'Device Address Book-Individuals'..... ☐
 - f. **Use** scroll up **OR** down arrow to select individual
pre-programmed location. (Selected location will display a
check mark)..... ☐
 - g. **Select** 'OK' on touch screen..... ☐
 - h. **Press** large Green button with diamond symbol to send fax..... ☐

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<< Completion And Transmission Of A Termination Message >>

1.0 INSTRUCTIONS (continued)

NOTE

- AD-EP-ALL-0406, Duke Emergency Management Network (DEMNET), provides additional information for DEMNET. ☐
- RP/0/A/5700/014, Emergency Telephone Directory has a directory for DEMNET five digit phone numbers. ☐

12. **IF** DEMNET fails **OR** an offsite agency does **NOT** pick up,
THEN dial that agency via plant phone **OR** bell line..... ☐
 - a. **Authenticate** the offsite agency as follows: ☐
 - (1) **IF** unable to contact NC EOC,
THEN request Mecklenburg to contact NC EOC via
radio. ☐
 - (2) **Refer to** Authentication Code word List. ☐
 - (3) **Provide** a number from Code word List to offsite
agency..... ☐
 - (4) **Check** offsite agency provides corresponding Code
word..... ☐
 - (5) **Record** the Code word in the Communicator's log..... ☐
13. **Select** 'MNS Notify' on DEMNET for group call. (Only one call can
be performed at a time)..... ☐
 - a. **Select** 'Yes' to call MNS notify. ☐

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<< Completion And Transmission Of A Termination Message >>

1.0 INSTRUCTIONS (continued)

14. **WHEN** first agency answers,
THEN record the date **AND** time on Line 14 of ENF.....

a. **Check** agencies are online **AND** received ENF..... ☐

DEMNET	MNS PLANT LINE MNS BELL LINE	ON LINE	RECEIVED ENF
'MNS Notify': Individual Group Call <u>OR</u> Selection	Individual phone numbers	As each agency answers check off <input checked="" type="checkbox"/>	As each agency answers check off <input checked="" type="checkbox"/>
Gaston County WP/EOC	704-866-3300 704-866-3243		
Lincoln County WP/EOC	1-704-735-8202 1-704-736-8511		
Iredell County WP/EOC	1-704-878-3039		
Mecklenburg Co. WP/EOC	704-336-2441 704-432-4120		
Catawba County WP/EOC	1-828-464-3112		
Cabarrus County WP/EOC	704-920-3000		
North Carolina EOC/WP <u>OR</u> North Carolina Alt. EOC/WP	1-919-733-3300 <u>OR</u> 1-828-466-5500 1-828-466-5501 1-828-466-2254 1-800-858-0368		

b. **Provide** appropriate message: ☐

This is the McGuire Nuclear Station..... ☐

This is **Drill** **OR** this is an **Actual Emergency**. ☐

McGuire is making an emergency termination notification. ☐

Message #____ has been faxed. ☐

Does everyone have this message?" ☐

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<< Completion And Transmission Of A Termination Message >>

1.0 INSTRUCTIONS (continued)

15. **IF** unable to contact an agency,
THEN perform the following:.....
 - a. **Continue** attempts to contact the missing agency..... ☐
 - b. **Record** the following on back of ENF: ☐
 - Name..... ☐
 - Date..... ☐
 - Time ☐
16. **IF** any agency did **NOT** receive fax,
THEN perform the following:.....
 - a. **Request** appropriate agencies obtain a blank ENF. ☐
 - b. **Communicate** clearly Emergency Notification Message line
by line to the agencies allowing time for them to copy the
information. ☐
17. **Provide** agencies with name of Communicator making the
notification..... ☐
18. **Ask** if there are any questions. ☐

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<< Completion And Transmission Of A Termination Message >>

1.0 INSTRUCTIONS (continued)

19. **IF** a question is in reference to information on the ENF,
THEN provide the information to the requesting agency. ☐
- a. **IF** a question is **NOT** in reference to information on the ENF,
THEN perform the following: ☐
- b. **Record** the question on back of ENF..... ☐
- c. **Record** the name of the agency making the request. ☐
- d. **Record** the name of the individual making the request..... ☐
- e. **Request** the Emergency Coordinator to evaluate the
question..... ☐
- f. **Record** the answer provided by the Emergency Coordinator
or designee on back of ENF..... ☐
- g. **Request** the Emergency Coordinator to sign **AND** date the
answer recorded on back of ENF..... ☐
- h. **Contact** the requesting agency..... ☐
- i. **Provide** the answer to the requesting agency. ☐
- j. **Record** the time the answer was provided to the requesting
agency on back of ENF..... ☐
20. **Record** the following on back of ENF:..... ☐
 - Name ☐
 - Date ☐
 - Time ☐
21. **WHEN** notifications compete,
THEN terminate the notification call..... ☐

End of Attachment

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DELETED

End of Attachment

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DELETED

End of Attachment