

02/19/93

PUBLIC SERVICE ELECTRIC & GAS COMPANY
DOCUMENT DISTRIBUTION NOTICE

PAGE 1 OF 1

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| PROC | ATT. 07 | 000 | | 013 | A | HECG | H | 001 |
| PROC | ATT. 08 | 000 | | 008 | A | HECG | H | 001 |
| PROC | ATT. 09 | 000 | | 013 | A | HECG | H | 001 |
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| PROC | SECT. 10 | 000 | | 003 | A | HECG | H | 001 |
| PROC | SECT. 17 | 000 | | 003 | A | HECG | H | 001 |
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| PROC | SIG. ATT. | 000 | | 020 | A | HECG | H | 001 |

010170

PLEASE SIGN AND DATE THIS NOTICE TO ACKNOWLEDGE RECEIPT
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DATE: _____

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A0450

HOPE CREEK GENERATING STATION
EVENT CLASSIFICATION GUIDE
February 12, 1993

CHANGE PAGES FOR
REVISION #25

The Table of Contents forms a general guide to the current revision of each section of the Hope Creek ECG. The changes that are made in this TOC Revision #25 are shown below. Please check that your revision packet is complete and remove the outdated material listed below.

| ADD | | | REMOVE | | |
|--------------------------|--------------------|-------------|--------------------------|--------------------|-------------|
| <u>Page</u> | <u>Description</u> | <u>Rev.</u> | <u>Page</u> | <u>Description</u> | <u>Rev.</u> |
| 1 of 2 thru 2 of 2 | TOC | 25 | 1 of 2 thru 2 of 2 | TOC | 24 |
| 1 of 2 thru 2 of 2 | Sect Sig Page | 16 | 1 of 2 thru 2 of 2 | Sect Sig Page | 15 |
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| All | Sect. 10 | 3 | All | Sect. 10 | 2 |
| All | Sect. 17 | 3 | All | Sect. 17 | 2 |
| All | Sect. 18 | 8 | All | Sect. 18 | 7 |
| All | Att. 6 | 13 | All | Att. 6 | 12 |
| All | Att. 7 | 13 | All | Att. 7 | 12 |
| All | Att. 8 | 8 | All | Att. 8 | 7 |
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| ii. | Cross Reference - Event to Requirement | 1 | 9 | Jan 11, 1991 |
| iii. | Cross Reference - Attachment to Events | 6 | 1 | Sept 27, 1991 |
| 1. | REACTOR COOLANT LEAKAGE/LOCA | 4 | 1 | Dec 21, 1992 |
| 2. | STEAM BREAK OR SRV FAILED OPEN | 0 | 2 | May 26, 1989 |
| 3. | FAILURE TO SCRAM | 2 | 1 | Dec 21, 1992 |
| 4. | LOSS OF DECAY HEAT REMOVAL | 2 | 1 | Aug 21, 1992 |
| 5. | FUEL DAMAGE/DEGRADED CORE | 3 | 2 | Dec 21, 1992 |
| 6. | FISSION PRODUCT BOUNDARY FAILURE | 4 | 1 | Dec 21, 1992 |
| 7. | RADIOLOGICAL RELEASES/OCCURRENCES | 3 | 5 | Dec 21, 1992 |
| 8. | NON-RADIOACTIVE LEAK/SPILL (toxic gas, oil spill, hazmat) | 2 | 2 | Oct 4, 1991 |
| 9. | ELECTRICAL POWER FAILURE | 2 | 2 | Mar 2, 1990 |
| 10. | LOSS OF INSTRUMENTS/ALARMS/COMMUNICATIONS | 3 | 2 | Feb 12 1993 |
| 11. | CONTROL ROOM EVACUATION | 0 | 1 | May 26, 1989 |
| 12. | QUAKE/STORMS (earthquake, wind, floods, etc) | 3 | 6 | Jan 13, 1993 |
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| 2. | Alert | 5 | 6 | Oct 16, 1992 |
| 3. | Site Area Emergency | 5 | 6 | Oct 16, 1992 |
| 4. | General Emergency | 4 | 8 | Oct 16, 1992 |
| 5. | Reserved | | | |
| 6. | CM1 Log (UE/A/SAE) | 13 | 8 | Feb 12, 1993 |
| 7. | CM1 Log (GE) | 13 | 8 | Feb 12, 1993 |
| 8. | CM2 Log | 8 | 14 | Feb 12, 1993 |
| 9. | Non-Emergency Notifications Reference | 13 | 3 | Feb 12, 1993 |
| 10. | One Hour Report - NRC/Region | 1 | 5 | July 27, 1990 |
| 11. | One Hour Report - NRC/OPS (Security) | 3 | 5 | Sept 27, 1991 |
| 12. | One Hour Report - NRC/OPS | 3 | 5 | Apr 26, 1991 |
| 13. | Reserved | | | |
| 14. | Four Hour Report - NRC/OPS | 2 | 5 | July 27, 1990 |
| 15. | Environmental Protection Plan | 3 | 3 | Sept 27, 1991 |
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| 17. | Four Hour Report - Fatality/Medical | 3 | 7 | July 27, 1990 |
| 18. | Four Hour Report - Transportation Accident | 1 | 6 | July 27, 1990 |
| 19. | Twenty Four Hour Report - FFD | 1 | 3 | Sept 27, 1991 |
| 20. | Twenty Four Hour Report - NRC/OPS | 2 | 5 | July 27, 1990 |
| 21. | Reportable Event - LACT/MOU | 0 | 2 | May 26, 1989 |
| 22. | Other/Engineering | 2 | 3 | Sept 27, 1991 |
| 23. | Written Reports/LEERS/Other | 1 | 7 | Apr 25, 1990 |

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| 15. | PERSONNEL EMERGENCIES/MEDICAL | 2 | 2 | Dec 21, 1991 |
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SIGNATURE PAGE

Prepared By: Craig Bowen 2-8-93
(If Editorial Revisions Only, Last Approved Revision) Date

Reviewed By: [Signature] 2/10/93
Station Qualified Reviewer Date

Significant Safety Issue
() Yes (✓) No
Reviewed By: [Signature] 2/10/93
Department Manager Date

Reviewed By: Thomas D. Sweeney 2/10/93
Emergency Preparedness Manager Date

Reviewed By: N/A _____
General Manager - Quality Assurance/Safety Review Date
(If Applicable)

SORC Review and Station Approvals

| | |
|--|---|
| <u>N/A</u> Mtg. No. Salem Chairman _____ Date | <u>N/A</u> Mtg. No. Hope Creek Chairman _____ Date |
| <u>N/A</u> General Manager - Salem _____ Date | <u>[Signature] for JH</u> General Manager - Hope Creek <u>2/10/93</u> Date |

HOPE CREEK
EVENT CLASSIFICATION GUIDE
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February 12, 1993

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| 23. | Written Reports/LEERS/Other | 1 | 7 | Apr 25, 1990 |

SIGNATURE PAGE

Prepared By: Craig Bauman 2-8-93
(If Editorial Revisions Only, Last Approved Revision) Date

Reviewed By: Sam Jones 2-9-93
Station Qualified Reviewer Date

Significant Safety Issue
() Yes (X) no
Reviewed By: ALM 2/10/93
Department Manager Date

Reviewed By: Thomas D. Jussup 2/10/93
Emergency Preparedness Manager Date

Reviewed By: N/A _____
General Manager - Quality Assurance/Safety Review (If Applicable) Date

SORC Review and Station Approvals

N/A
Mtg. No. Salem Chairman

Date

N/A
Mtg. No. Hope Creek Chairman

Date

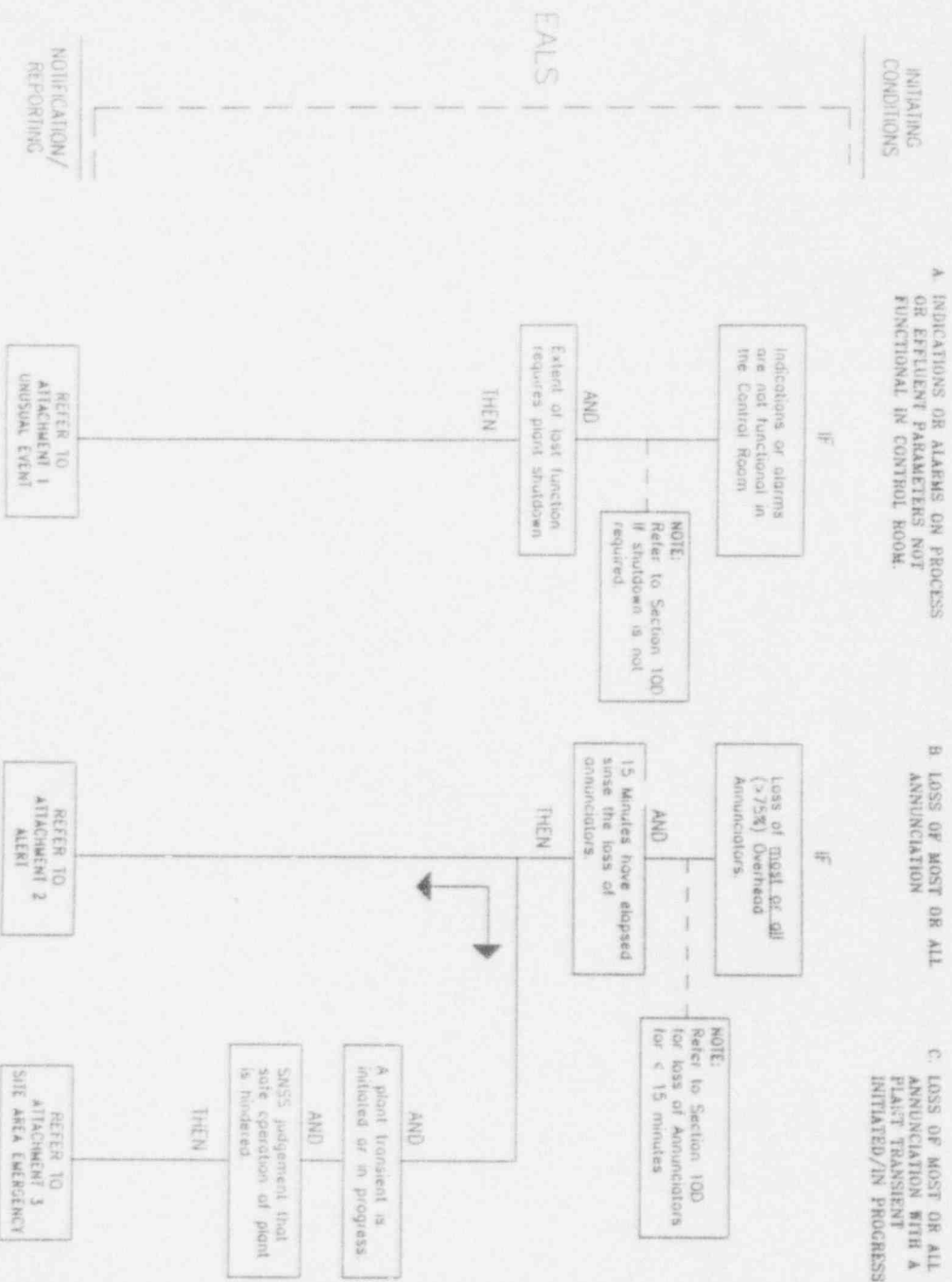
N/A
General Manager - Salem

Date

ALM
General Manager - Hope Creek
2/10/93
Date

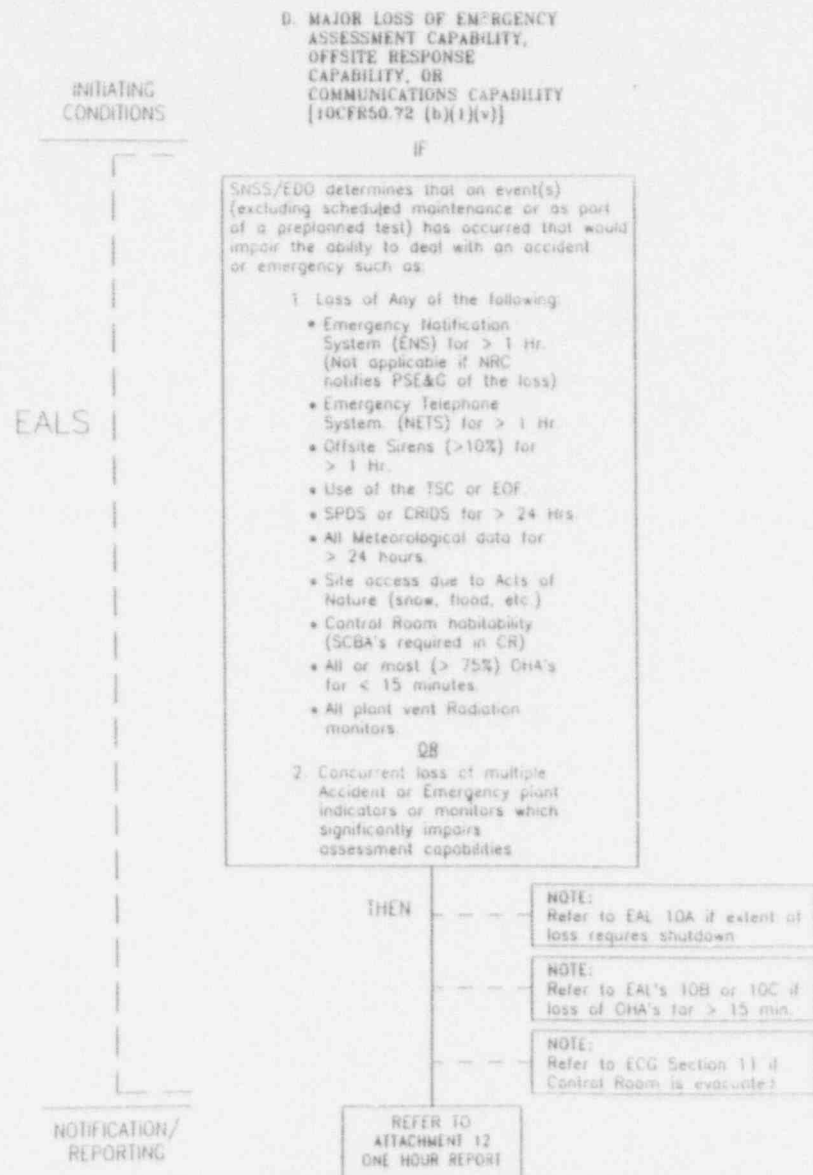
SECTION 10 LOSS OF INSTRUMENTATION/ANNUNCIATION/COMMUNICATIONS

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SECTION 10 LOSS OF INSTRUMENTATION/ANNUNCIATION/COMMUNICATIONS

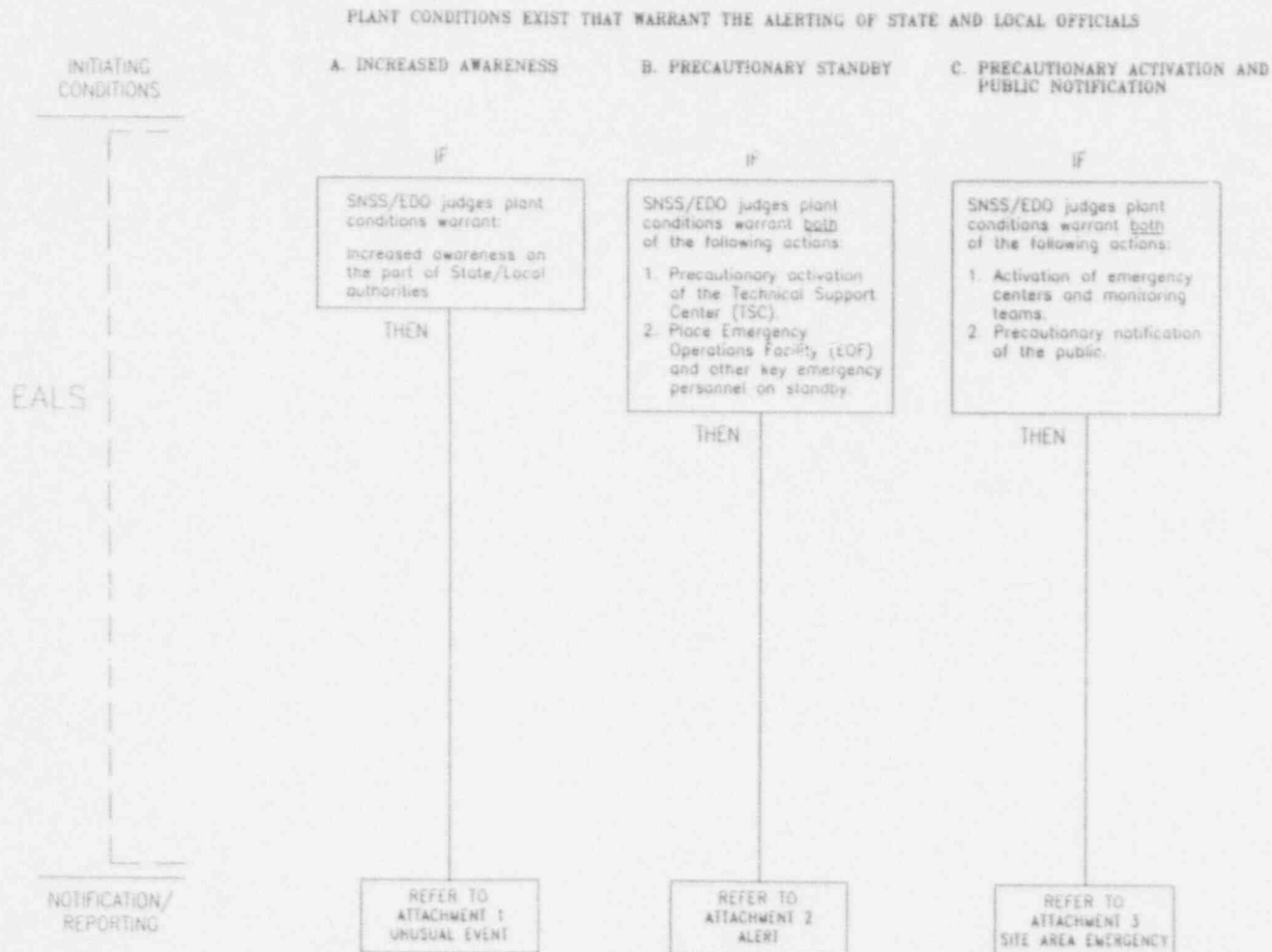
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SECTION 17

PUBLIC INTEREST

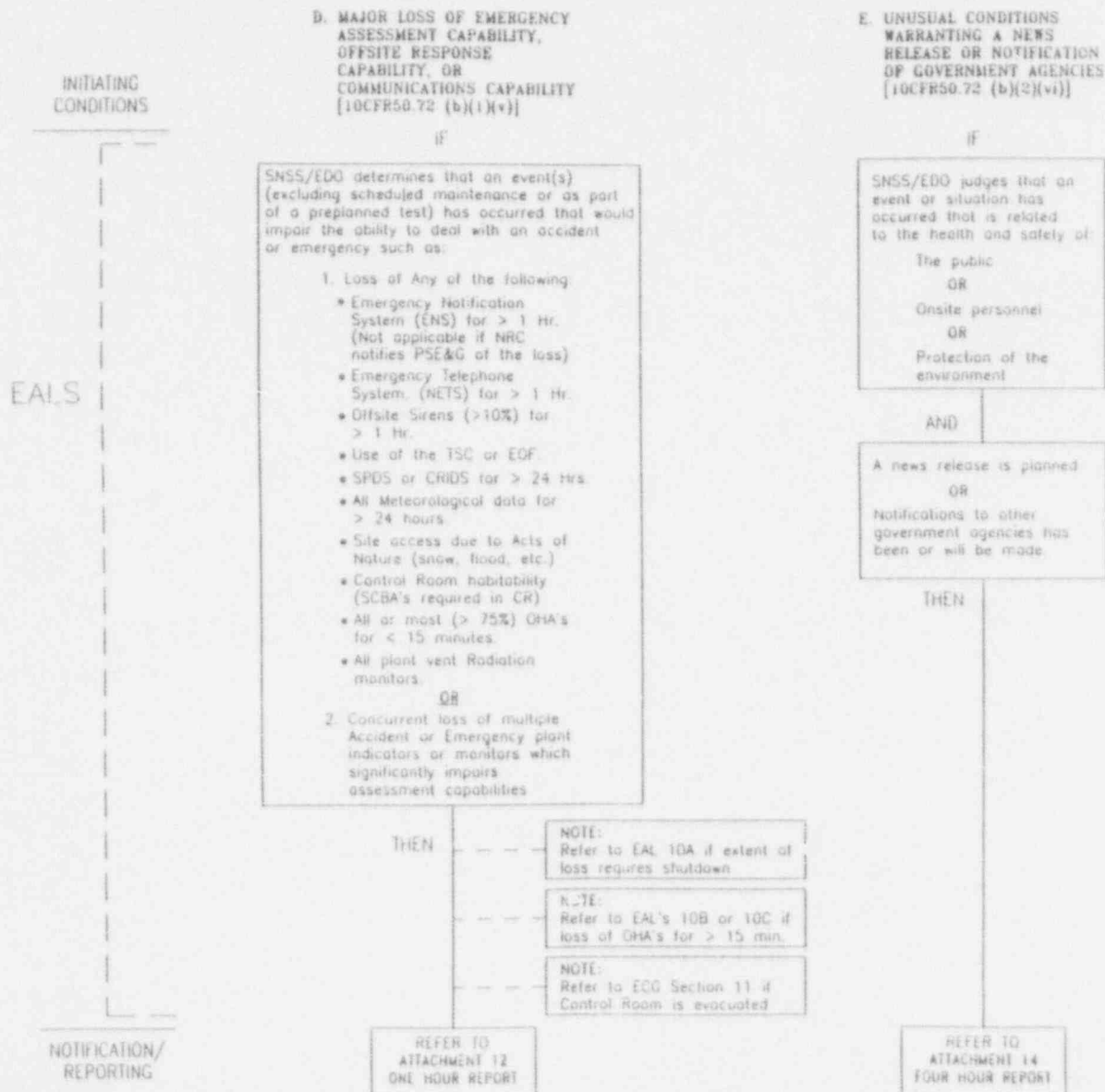
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SECTION 17

PUBLIC INTEREST

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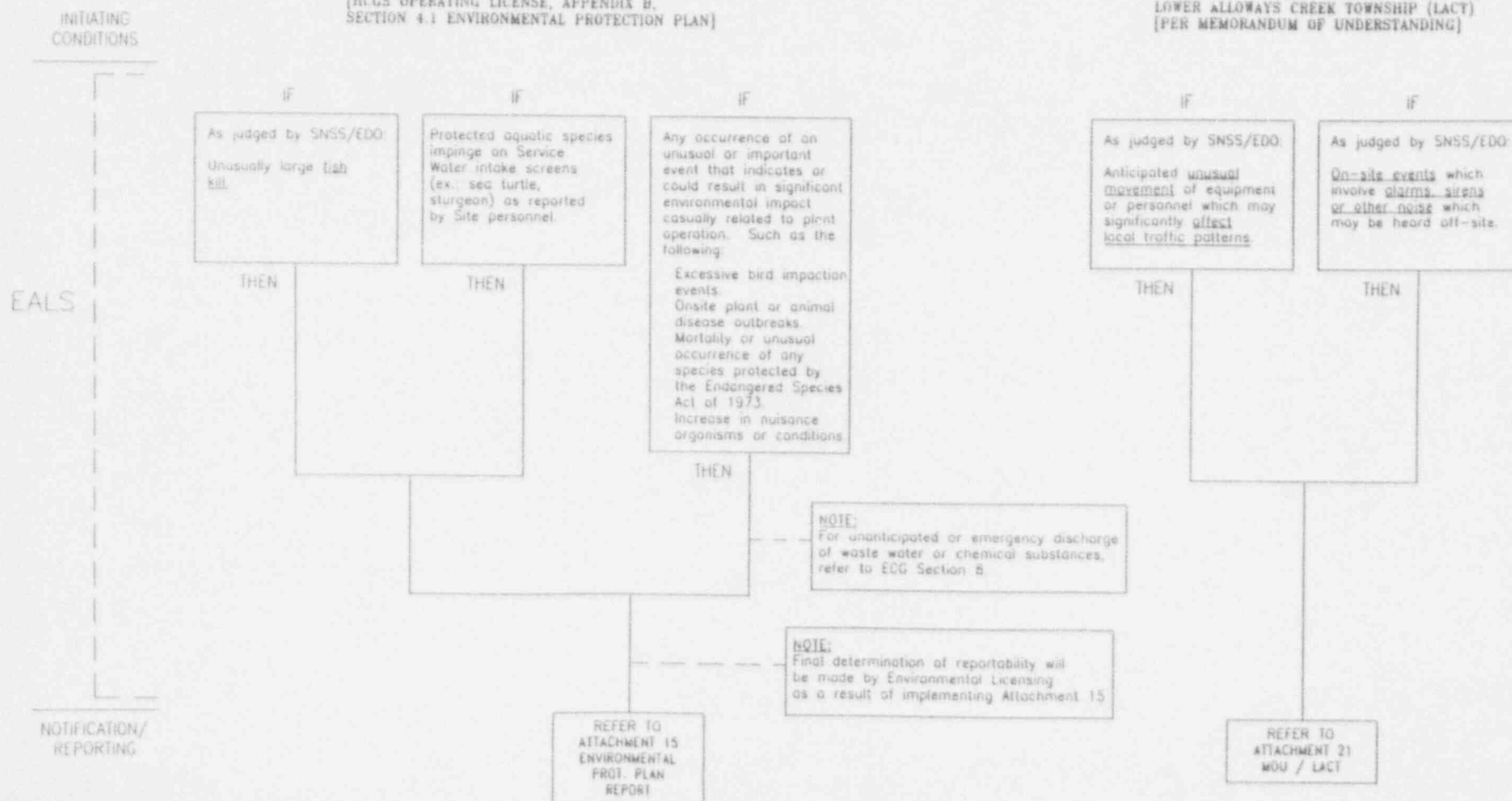
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PUBLIC INTEREST

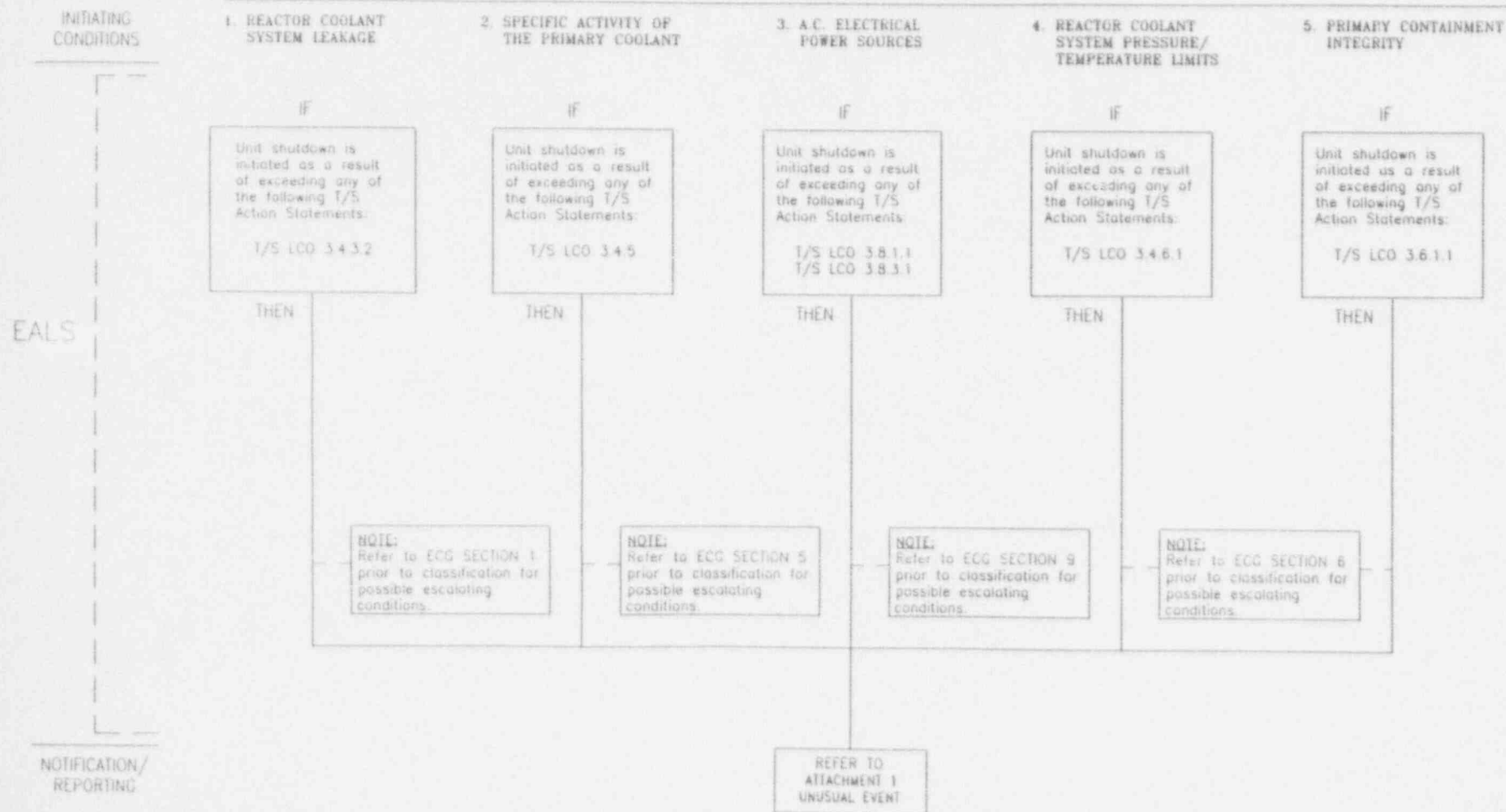
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F. UNUSUAL OR IMPORTANT ENVIRONMENTAL EVENTS [HCGS OPERATING LICENSE, APPENDIX B, SECTION 4.1 ENVIRONMENTAL PROTECTION PLAN]

G. UNUSUAL CONDITIONS DIRECTLY AFFECTING LOWER ALLOWAYS CREEK TOWNSHIP (LACT) [PER MEMORANDUM OF UNDERSTANDING]

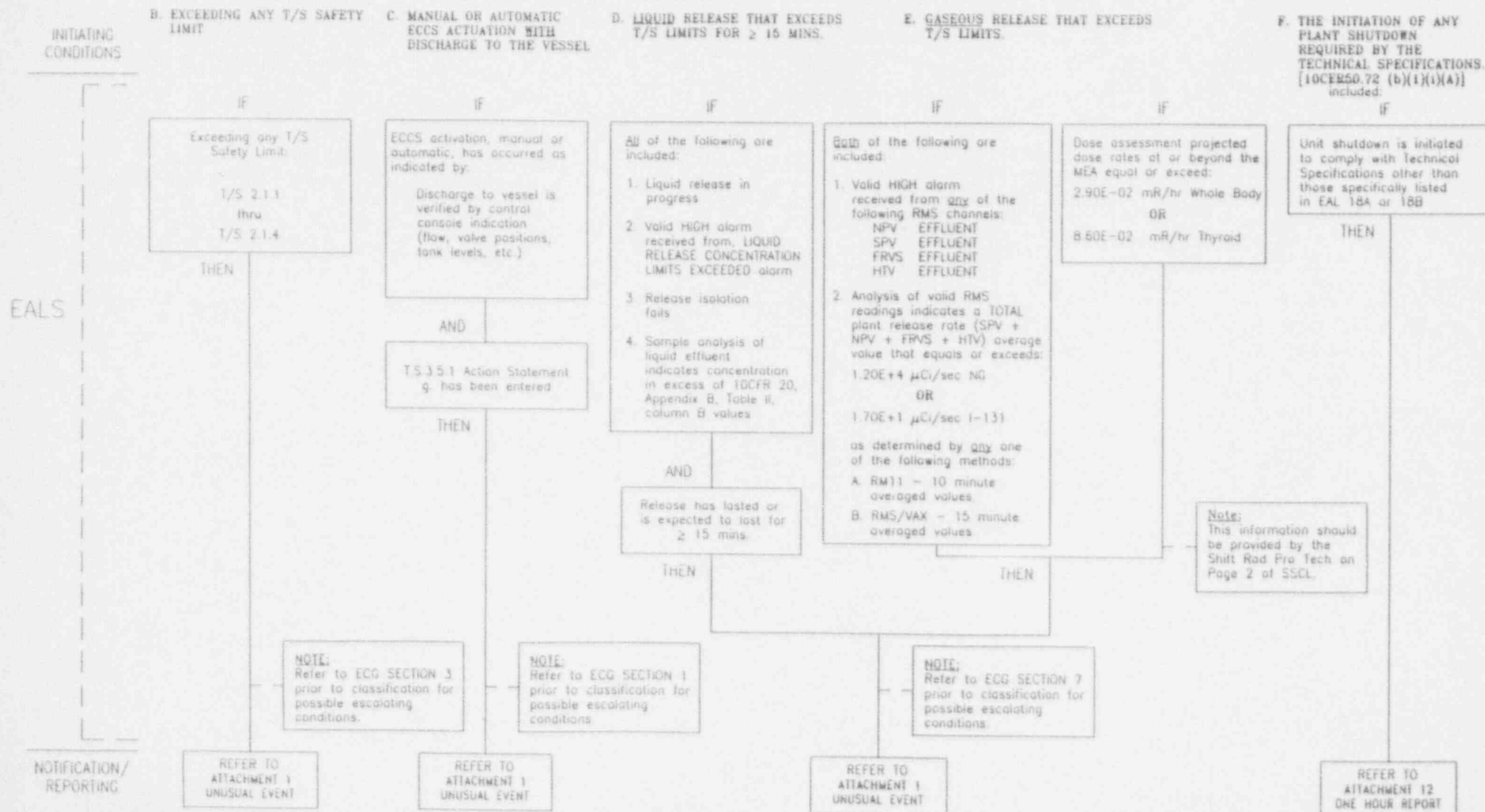


A. UNIT SHUTDOWN INITIATED TO COMPLY WITH THE FOLLOWING TECH. SPEC. LCO'S:



SECTION 18

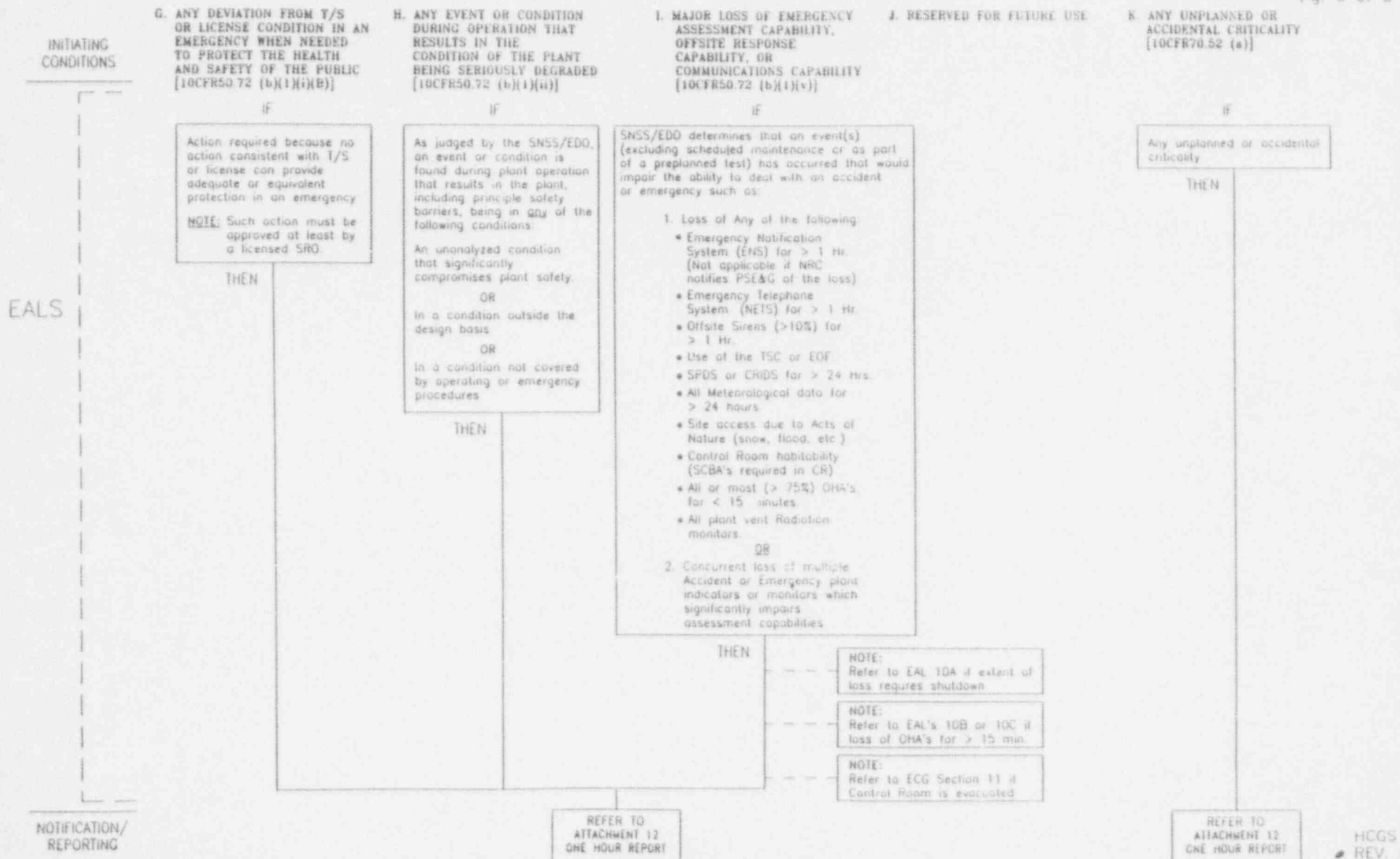
TECHNICAL SPECIFICATION / PLANT STATUS CHANGES

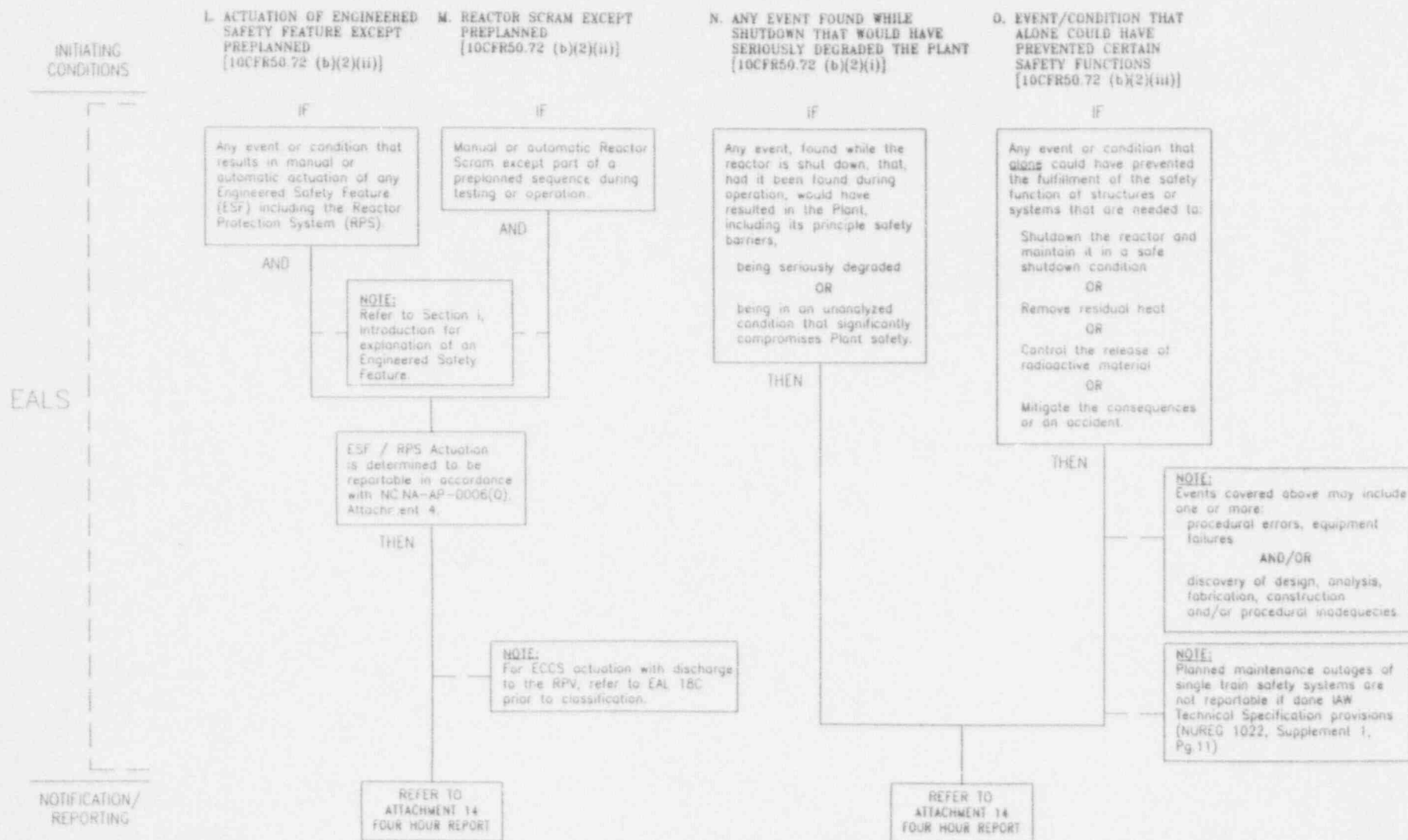
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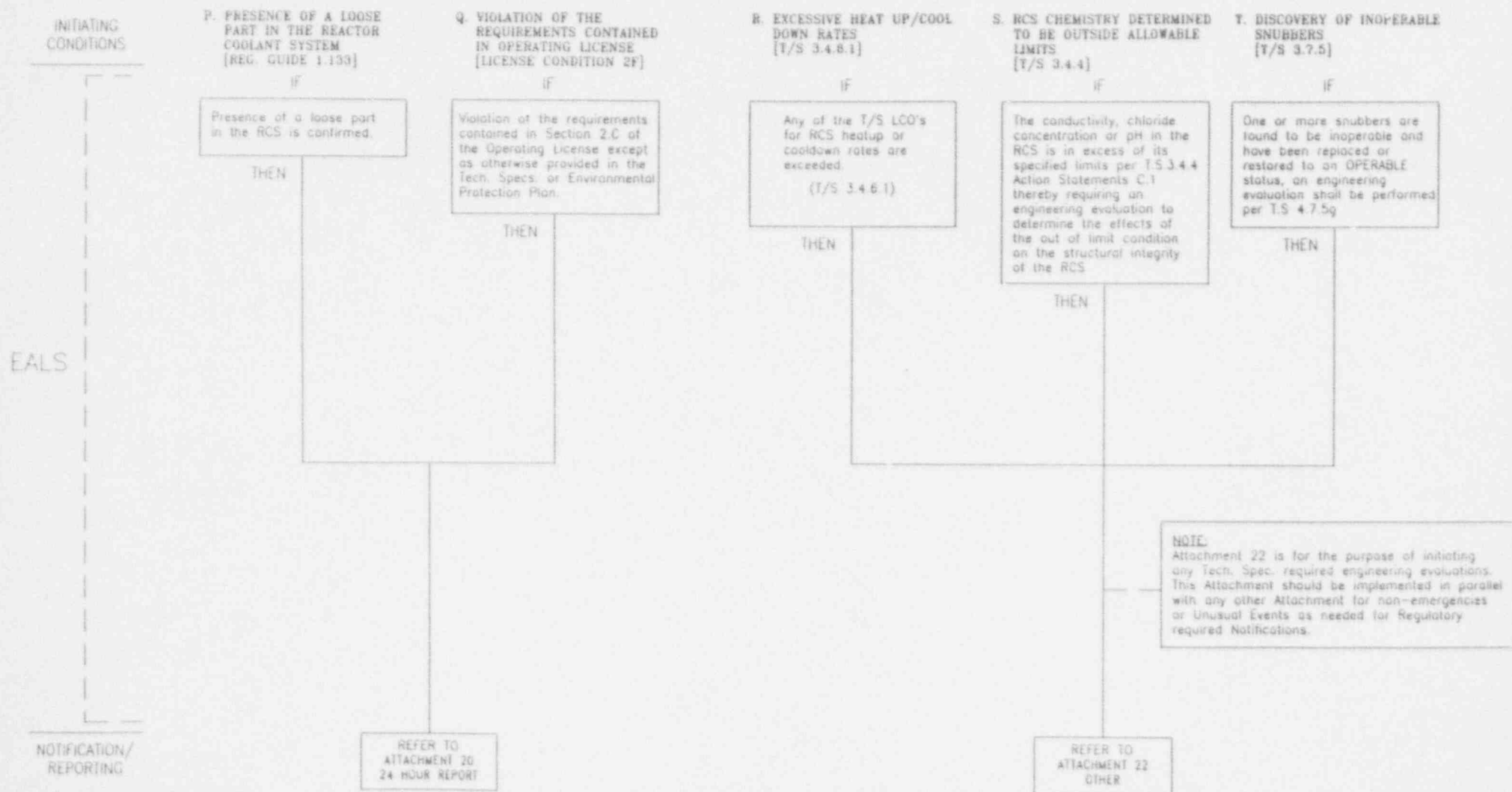
SECTION 18

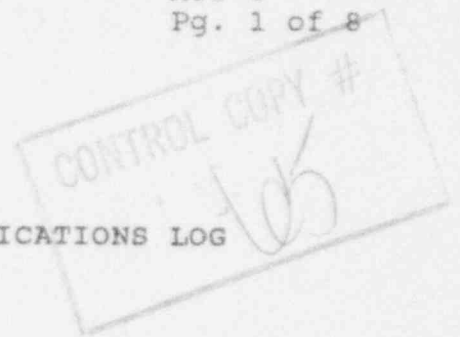
TECHNICAL SPECIFICATION / PLANT STATUS CHANGES

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ATTACHMENT 6

DESIGNATED COMMUNICATOR (CM1) COMMUNICATIONS LOG

- ☐ UNUSUAL EVENT
- ☐ ALERT
- ☐ SITE AREA EMERGENCY
- ☐ PROTECTIVE ACTION RECOMMENDATION (PAR)
UPDATE (FOR SITE AREA EMERGENCY)

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| (CM1/TSC1/EOF1) Instructions | 2-3 |
| Communications Log - Hope Creek Emergency | 4-8 |

Instructions

1. This is a permanent record.
2. Initial items implemented.

Name

Date Time

CR TSC EOF
Location (circle one)

I. DESIGNATED COMMUNICATOR (CM1/TSC1/EOF1) INSTRUCTIONS

INITIALS

NOTE:

Implement a new working copy of this attachment for changes in Emergency Classification as directed by the Emergency Coordinator (EC).

CM1/TSC1
/EOF1

1. Obtain approved Initial Contact Message Form (ICMF) from the Emergency Coordinator (EC). Telephonically provide ICMF to contacts on the communications log (pages 4 through 7). See step 10 for pager (beeper) activation instructions.

NOTE:

Turnover of notifications responsibility may only occur after the Emergency Coordinator position transfers and a copy of the ICMF is available to the oncoming communicator (TSC or EOF).

CM1/TSC1

2. When the TSC (or EOF) is ready to assume notifications responsibilities, discuss the following with your relief.
 - a. Organizations/Individuals notified of the current level of Emergency.
 - b. Provide, as appropriate, names and locations (numbers) of those contacted for updates/changes.

CM1/TSC1
/EOF1

3. Initiate followup transmission of ICMF on telecopier if not done previously.
 - a. CM1/TSC1 use telecopier Group A.
 - b. EOF1 use telecopier Group C.

CM1

4. Assist the Secondary Communicator (CM2) in the transmission of data forms using the telecopier.

* CAUTION: *
* YOU ARE NOT AUTHORIZED TO RELEASE ANY INFORMATION CONCERNING *
* THE EMERGENCY TO THE NEWS MEDIA. *

CM1/TSC1
/EOF1

5. Refer request for information from the News Media or any other incoming phone calls (other than verification call backs) to the Secondary Communicator.

INITIALS

- TSC1/EOF1 6. When all notifications are completed, assist the TSC2 (EOF2) in maintaining required status boards or as directed by the Emergency Preparedness Advisor (EPA).
- CM1 7. If telecopier is not working properly, request assistance from the Emergency Preparedness Advisor in the TSC (NETS 5213).
- CM1/TSC1
/EOF1 8. When the Emergency has been terminated or reduced in classification, obtain the approved EMERGENCY TERMINATION/REDUCTION FORM, from the EC. Implement notifications using the Communications Log and note contacts in the Event Reduction Column (time limits do not apply).
- CM1/TSC1
/EOF1 9. When the emergency is terminated or you are relieved of duty, forward this and all other completed documents to the SNSS/EDO/ERM.
- CM1/TSC1
/EOF1 10. If required to activate an individual's pager, follow the following instructions.

- A. Dial the pager number of the individual you are trying to contact listed in the Communications Log.

* CAUTION *
* When entering the phone number where the pager holder *
* should call you back at, make sure you provide the complete *
* number of a phone that is not in use; and make sure you *
* DO NOT enter a NETS phone number. *

- B. When you hear "Beep, Beep, Beep" you should enter the phone number that you want the pager holder to call you on. This is done using the touch-tone key pad on the phone you are on.
- C. Hang up the phone. Pager holder should call you back on the phone number you provided within 5 minutes (approximately).

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: _____ (UE/A/SAE) | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|---|-----------------------|---|--------|--------------------------------|
| 15 MIN. | DELAWARE STATE POLICE/DEPO Primary: NETS 5406/5407 Secondary: 302-739-5851 (SP) or 302-834-4531 (DEPO) | Call Back: | | | |
| | Backup: NAWAS | | | | |
| | NOTES: IF DELAWARE IS CONTACTED, PROCEED WITH NEW JERSEY. | | IF UNABLE TO CONTACT DELAWARE STATE (above), CONTACT BOTH OF THE FOLLOWING. | | |
| | New Castle County Primary: NETS 5408 Secondary: 302-738-3131 | | | | |
| | Kent County Primary: NETS 5409 Secondary: 302-736-2112 | | | | |
| 15 MIN. | NEW JERSEY STATE POLICE/OEM (Speak only with Trooper on duty) | Call Back: | | | |
| | Primary: Nets 5400 Secondary: 882-2000 Backup: EMRAD | | | | |
| | NOTES: IF NEW JERSEY IS CONTACTED, PROCEED TO NEXT PAGE. | | IF UNABLE TO CONTACT NEW JERSEY STATE (above), CONTACT ALL OF THE FOLLOWING. | | |
| | Salem County Primary: NETS 5402 Secondary: 769-2959 | | | | |
| | Cumberland County Primary: NETS 5403 Secondary: 455-8500 | | | | |
| | U. S. Coast Guard (Speak Only With Duty Desk) Primary: 215-271-4940 Secondary: 215-271-4800 | | | | |

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: _____ (UE/A/SAE) | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|---|-----------------------|---------------|--------|--------------------------------|
| 20 MIN. | <p>Emergency Duty Officer (EDO) Primary: Refer to Roster Secondary: Contact One Below</p> <p>Bob Hovey Office: 3478 Home: 609-678-8645 Pager: 478-5284</p> <p>Jim Clancy Office: 3736 Home: 609-455-9110 Pager: 478-5073</p> <p>Steve Funsten Office: 3115 Home: 215-358-0635 Pager: 478-5280</p> <p>Joe Hagan Office: 3463 Home: 609-678-5265 Pager: 478-5279</p> | | | | |
| 20 MIN. | <p>Tech. Supp. Supervisor (TSS) Primary: Refer to Roster Secondary: Contact One Below</p> <p>George Daves Office: 3071 Home: 609-455-3163 Pager: 478-5281</p> <p>Bill O'Malley Office: 3671 Home: 609-935-6136 Pager: 478-5674</p> <p>Marty Trum Office: 3645 Home: 609-358-7487 Pager: 478-5311</p> <p>Dave Powell Office: 3065 Home: 609-467-8625 Pager: 478-5049</p> | | | | |

- NOTES: (1) During normal working hours, the PA system may also be used to request an individual to call the control room.
(2) After TSC activation, individual notification of EDO is not required by TSC1 or EOF1.

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: _____ (UE/A/SAE) ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|---|-----------------------|---------------|--------|--------------------------------|
| 30 MIN. | LAC Township Primary: NETS 5404 Secondary: 935-7300 | | | | |
| 30 MIN. | General Manager - Hope Creek Operations (Contact One) Joe Hagan Office: 3463 Home: 609-678-5265 Pager: 478-5279 Car: 922-5622 Bob Hovey Office: 3478 Home: 609-678-8645 Pager: 478-5284 | | | | |
| 30 MIN. | Public Information Manager - Nuclear (Contact One) Bill Stewart Office: 1006 Home: 609-935-0923 Pager: 478-5226 Michael Camp Office: 1001 Home: 302-529-9027 Pager: 478-5318 Herb Stiles Office: 1004 Home: 609-358-3272 Pager: 478-5108 | * | | | |
| 60 MIN. | NRC Operations Center (ICMF & NRC Data Sheet) Primary: (ENS) 301-951-0550 Secondary: 301-427-4259, 301-427-4056, 301-492-8893 | | | | |

NOTES: * After ENC activation, notify the ENC and read the ICMF to the ENC Manager (NETS - 5300 or 273-1961).

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: _____ (UE/A/SAE) ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|--|-----------------------|---------------|--------|--------------------------------|
| 60 MIN. | NRC Residents (Contact One) Tom Johnson Office: 2962 or 935-3850 Home: 410-272-1480 Kirke Lathrop Office: 2962 or 935-3850 Home: 410-392-0369 Steve Pindale Office: 2962 or 935-3850 Home: 609-696-2761 Steve Barr Office: 2962 or 935-3850 Home: 215-558-2802 | | | | |
| 60 MIN. | Emergency Preparedness (Contact One) Tom DiGuisseppi Office: 1517 Home: 609-398-8323 Pager: 478-5203 Craig Banner Office: 1157 Home: 609-728-5043 Pager: 478-5215 Jim Schaffer Office: 1575 Home: 609-299-2057 Pager: 478-5086 | ** | | | |

** Not Required After the EOF is Activated.

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: _____ (UE/A/SAE) ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|---|-----------------------|---------------|--------|--------------------------------|
| | NOTE: External Affairs Repr. will contact the Board of Public Utilities. | | | | |
| 90 MIN. | External Affairs (Contact One) Mike Bachman Office: 1434 Home: 609-358-7211 Pager: 478-5206 Bryan Gorman Office: 1433 Home: 302-455-0220 Pager: 478-5100 Jan Moyle Office: 1436 Home: 609-424-8522 Pager: 478-5259 | ** | | | |
| 90 MIN. | American Nuclear Insurers (ANI) 203-677-7305 | * | | | |

* Not Required for Unusual Events to Notify ANI.
** Not Required after the EOF is activated.

CONTROL COPY #
605

ECG
ATT 7
Pg. 1 of 8

ATTACHMENT 7

DESIGNATED COMMUNICATOR (CM1) COMMUNICATIONS LOG

- ☐ GENERAL EMERGENCY
☐ PROTECTIVE ACTION RECOMMENDATION (PAR) UPDATE

Table of Contents

| | <u>Page</u> |
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| (CM1/TSC1/EOF1) Instructions | 2-3 |
| Communications Log - Hope Creek Emergency | 4-8 |

- Instructions
1. This is a permanent record.
 2. Initial items implemented.

Name

Date Time

CR TSC EOF
Location (circle one)

I. DESIGNATED COMMUNICATOR (CM1/TSC1/EOF1) INSTRUCTIONS

INITIALS

NOTE:

Implement a new working copy of this attachment for changes in Emergency Classification as directed by the Emergency Coordinator (EC).

NOTE:

For 15 minute notifications use NETS X5555 conference call (separate contact required for Coast Guard).

CM1/TSC1
/EOF1

1. Obtain approved Initial Contact Message Form (ICMF) from the Emergency Coordinator (EC). Telephonically provide ICMF to contacts on the communications log (pages 4 through 8). See step 10 for pager (beeper) activation instructions.

NOTE:

Turnover of notifications responsibility may only occur after the Emergency Coordinator position transfers and a copy of the ICMF is available to the oncoming communicator (TSC or EOF).

CM1/TSC1

2. When the TSC (or EOF) is ready to assume notifications responsibilities, discuss the following with your relief.
 - a. Organizations/Individuals notified of the current level of Emergency.
 - b. Provide, as appropriate, names and locations (numbers) of those contacted for updates/changes.

CM1/TSC1
/EOF1

3. Initiate followup transmission of ICMF on telecopier if not done previously.
 - a. CM1/TSC1 use telecopier Group A.
 - b. EOF1 use telecopier Group C.

CM1

4. Assist the Secondary Communicator (CM2) in the transmission of data forms using the telecopier.

INITIALS

* CAUTION: *
* YOU ARE NOT AUTHORIZED TO RELEASE ANY INFORMATION CONCERNING *
* THE EMERGENCY TO THE NEWS MEDIA. *

CM1/TSC1
/EOF1 5. Refer request for information from the News Media or any other incoming phone calls (other than verification call backs) to the CM2 (TSC2/EOF2).

TSC1/
EOF1 6. When all notification are completed, assist the TSC2 (EOF2) in maintaining required status boards or as directed by the Emergency Preparedness Advisor (EPA).

CM1 7. If telecopier is not working properly, request assistance from the Emergency Preparedness Advisor in the TSC (NETS 5213).

CM1/TSC1
/EOF1 8. Upon reduction of the Event Classification, obtain the completed REDUCTION IN EVENT STATUS MESSAGE FORM from the EC. Implement notification using the Communications Log. (Time limits do not apply.)

CM1/TSC1
/EOF1 9. When the emergency is terminated or you are relieved of duty, forward this and all other completed documents to the SNSS/EDO/ERM.

CM1/TSC1
/EOF1 10. If required to activate an individual's pager, follow the following instructions.

A. Dial the pager number of the individual you are trying to contact listed in the Communications Log.

* CAUTION *
* When entering the phone number where the pager holder *
* should call you back at, make sure you provide the complete *
* number of a phone that is not in use; and make sure you *
* DO NOT enter a NETS phone number. *

B. When you hear "Beep, Beep, Beep" you should enter the phone number that you want the pager holder to call you on. This is done using the touch-tone key pad on the phone you are on.

C. Hang up the phone. Pager holder should call you back on the phone number you provided within 5 minutes (approximately).

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|--|-----------------------|---------------|--------|--------------------------------|
| 15 MIN. | NEW JERSEY STATE POLICE/OEM (Speak only with Trooper on duty) Primary: Nets 5400 Secondary: 882-2000 | Call Back: | | | |
| | DELAWARE STATE POLICE/DEPO Primary: Nets 5406/5407 Secondary: 302-739-5851 (SP) or 302-834-4531 (DEPO) Backup: NAWAS | Call Back: | | | |
| | LAC Township Primary: Nets 5404 Secondary: 935-7300 | Call Back: | | | |
| | Salem County Primary: NETS 5402 Secondary: 769-2959 Backup: EMRAD | Call Back: | | | |
| | Cumberland County Primary: NETS 5403 Secondary: 455-8500 Backup: EMRAD | Call Back: | | | |
| | New Castle County Primary: NETS 5408 Secondary: 302-738-3131 | Call Back: | | | |
| | Kent County Primary: NETS 5409 Secondary: 302-736-2112 | Call Back: | | | |
| 15 MIN. | U.S. Coast Guard (Speak Only With Duty Desk) Primary: 215-271-4940 Secondary: 215-271-4800 | Call Back: | | | |

Reminder: Use NETS 5555 (conference call) for 15 min. notification(s)
except for U.S. Coast Guard.

NOTES: _____

| TIME LIMIT | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|--|-----------------------|---------------|--------|--------------------------------|
| 20 MIN. | Emergency Duty Officer (EDO) Primary: Refer to Roster Secondary: Contact One Below Bob Hovey Office: 3478 Home: 609-678-8645 Pager: 478-5284 Jim Clancy Office: 3736 Home: 609-455-9110 Pager: 478-5073 Steve Funsten Office: 3115 Home: 215-358-0635 Pager: 478-5280 Joe Hagan Office: 3463 Home: 609-678-5265 Pager: 478-5279 | | | | |
| 20 MIN. | Tech. Supp. Supervisor (TSS) Primary: Refer to Roster Secondary: Contact One Below George Daves Office: 3071 Home: 609-455-3163 Pager: 478-5281 Bill O'Malley Office: 3671 Home: 609-935-6136 Pager: 478-5674 Marty Trum Office: 3645 Home: 609-358-7487 Pager: 478-5311 Dave Powell Office: 3065 Home: 609-467-8625 Pager: 478-5049 | | | | |

Notes: (1) After TSC activation, individual notification of the EDO and TSS is not required by the TSC1 or EOF1.

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|---|-----------------------|---------------|--------|--------------------------------|
| 30 MIN. | General Manager - Hope Creek Operations (Contact One) Joe Hagan Office: 3463 Home: 609-678-5265 Pager: 478-5279 Car: 922-5622 Bob Hovey Office: 3478 Home: 609-678-8645 Pager: 478-5284 | | | | |
| 30 MIN. | Public Information Manager - Nuclear (Contact One) Bill Stewart Office: 1006 Home: 609-935-0923 Pager: 478-5226 Michael Camp Office: 1001 Home: 302-529-9027 Pager: 478-5318 Herb Stiles Office: 1004 Home: 609-358-3272 Pager: 478-5108 | * | | | |
| 60 MIN. | NRC Operations Center (ICMF & NRC Data Sheet) Primary: (ENS) 301-951-0550 Secondary: 301-427-4259, 301-427-4056, 301-492-8893 | | | | |

Notes: * After ENC activation, notify the ENC and read the ICMF to the
ENC Manager (NETS - 5300 or 273-1961).

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|---------------|--|-----------------------|---------------|--------|--------------------------------|
| 60 MIN. | NRC Residents (Contact One) Tom Johnson Office: 2962 or 935-3850 Home: 410-272-1480 Kirke Lathrop Office: 2962 or 935-3850 Home: 410-392-0369 Steve Pindale Office: 2962 or 935-3850 Home: 609-696-2761 Steve Barr Office: 2962 or 935-3850 Home: 215-558-2802 | | | | |
| 60 MIN. | Emergency Preparedness (Contact One) Tom DiGuisseppi Office: 1517 Home: 609-398-8323 Pager: 478-5203 Craig Banner Office: 1157 Home: 609-728-5043 Pager: 478-5215 Jim Schaffer Office: 1575 Home: 609-299-2057 Pager: 478-5086 | ** | | | |

** Not Required After the EOF is Activated.

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT
REDUCTION

| TIME LIMIT | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS | NAME OF CONTACT | DATE/ TIME | CALLER | NAME OF CONTACT/ TIME |
|--|---|-----------------------|---------------|--------|--------------------------------|
| NOTE: External Affairs Repr. will contact the Board of Public Utilities. | | | | | |
| 90 MIN. | External Affairs (Contact One) Mike Bachman Office: 1434 Home: 609-358-7211 Pager: 478-5206 Bryan Gorman Office: 1433 Home: 302-455-0220 Pager: 478-5100 Jan Moyle Office: 1436 Home: 609-424-8522 Pager: 478-5259 | ** | | | |
| 90 MIN. | American Nuclear Insurers (ANI) 203-677-7305 | * | | | |

* Not Required for Unusual Events to Notify ANI.
** Not Required after the EOF is activated.

ATTACHMENT 8

SECONDARY COMMUNICATOR (CM2/TSC2/EOF2) LOG
UE, ALERT, SAE, GE

Table of Contents

Pages

| | |
|-------------------------------------|-------|
| I. Secondary Communicator Log Sheet | |
| A. Notifications | 2-3 |
| B. Data Collection | 3-4-5 |
| C. Incoming Calls | 6-7-8 |
| II. Forms | |
| Major Equipment & Electrical Status | 9 |
| Operational Status Board (OSB) | 10 |
| NRC Data Sheet | 11-12 |
| Station Status Check List (SSCL) | 13-14 |

Instructions

1. This is a permanent record.
Additional forms are available.
2. Initial items implemented.

NOTE:

If Event Classification is changed,
retain this copy, but implement a
new copy of Attachment 8.

Event Classification

Name

Date

Time

CR TSC EOF
(circle one)

I. SECONDARY COMMUNICATOR LOG SHEET

A. NOTIFICATIONS

INITIALS

CM2 1. For Alert of higher, call the T.O.C. OPERATOR (201-430-7191 or 201-430-8153) and provide the following message:

"This is (your name) , Communicator at Hope Creek Generating Station. Please implement EPIP 204H, Hope Creek Emergency Response Support Callout at this time. Reason for implementation of EPIP 204H:."

☐ Drill OR ☐ Actual Emergency

_____ notified at _____ hrs on _____
name time date

2. For Alert or higher event classification, notify Security Systems Operations Supervisor (X2223) to implement EPIP 901, Opening Technical Support Center/Onsite Response and EPIP 903, Opening Emergency Operations Facility and Emergency News Center, if not already initiated.

CM2 3. Notify the Shift Radiation Protection Technician (X3741) to implement EPIP 301H, RPT Onshift Response, if not already implemented.

CM2 4. Within 60 minutes of an Alert or higher Event Classification, activate the Emergency Response Data System (ERDS) as follows:

- a. Proceed to step "f" if problems are encountered during the ERDS activation process.
- b. Proceed to an SPDS terminal in the Control Room and press the <ERDS> key.
- c. Press the <PAGE UP> key to select "ACTIVATE ERDS COMMUNICATION".
- d. When prompted to confirm, type a <1> and then, press the <EXEC> key to execute; "ERDS ACTIVATION ACCEPTED" will display.

A. NOTIFICATIONS (cont'd)

Initials

- e. Observe activation sequence messages on lower half of screen next to ERDS LINK STATUS:

DIALING
BEGINNING TALK SEQUENCE
TRANSMITTING DATA

NOTE:

If ERDS Communications to the NRC is interrupted, the ERDS computer will attempt restart for up to 5 tries and will display, "Reconnect in Progress". No operator action is required.

- f. Inform the SNSS of successful ERDS activation status, (i.e., ERDS LINK STATUS display would indicate "TRANSMITTING DATA".)

OR

If ERDS activation is not successful, (i.e., ERDS LINK STATUS display would indicate; "ERROR - PSE&G TO TERMINATE" OR ERDS COMPUTER STATUS display would indicate; "ERDS COMPUTER NOT RESPONDING"), request support from the Emergency Preparedness Representative. Refer to ECG Attachment 9 for phone numbers.

- g. SPDS terminal can now be used as needed.

5. Refer to Section C, "Incoming Calls", if/when calls are received from State Officials, News Media, or from NRC for ERDS termination.

CM2/TSC2
/EOF2

B. DATA COLLECTION/TRANSMISSION

NOTE:

The approved Station Status Checklist (SSCL) (both pages) shall be transmitted every 30 minutes.

The approved NRC Data Sheet shall be provided to the Designated Communicator (CM1) as soon as possible, to allow transmission within 60 minutes of event classification to the NRC.

B. DATA COLLECTION/TRANSMISSION (cont'd)

Initials

- CM2/TSC2
/EOF2
1. Complete the Operational Information portion of the SSCL (page 13) and the NRC Data Sheet (pages 11 and 12 with assistance from a licensed operator as needed.
- CM2/TSC2
/EOF2
2. Obtain the completed Radiological Information portion, page 2 of the SSCL (page 14 of this attachment) from the Radiation Protection Technician in the Control Room, the RAC, or RSM.
- CM2/TSC2
/EOF2
3. Provide the completed SSCL to the EC or designee (TSS, SSM, RAC, RSM) for review and approval.

NOTE:

Fax machine (telecopier) trouble-shooting checklist is mounted nearby. Backup (alternate) Fax is available at the Operations Staff secretary's desk, if needed.

- CM2/TSC2
/EOF2
4. Transmit approved SSCL to designated agencies. The SSCL should be transmitted every thirty (30) minutes in its current status of completion, once the first one is transmitted. (see Section C, page 6 if States call for information).
- a. Use telecopier transmission Group B.
- b. If telecopier is not operable, transmit verbally using phone lines.
- NJ-BNE 609-530-4022
DEPO 302-834-4531
- CM2/TSC2
/EOF2
5. Provide NRC Data Sheet to the EC for completion and approval. Then provide the approved NRC Data Sheet to the Designated Communicator for verbal transmittal.
- CM2/TSC2
/EOF2
6. Immediately provide SSCL update to the states if a significant change in station status occurs, between regular updates.
- CM2/TSC2
7. When SSCL responsibility has transferred to the TSC/EOF, provide the TSC/EOF Communicator with the state telephone numbers if previously obtained in Section C (page 6).

B. DATA COLLECTION/TRANSMISSION (cont'd)

Initials

- TSC2/EOF2 8. Verify availability of "OPERATIONAL STATUS BOARD FORM" on the VAX printer. If data is not available, contact the CM2 in the Control Room and request completion and transmittal of OPERATIONAL STATUS BOARD FORM every 15 minutes.

NOTE:

If communications responsibilities have been turned over to TSC/EOF Communicators, CM2 shall maintain responsibility for accomplishing Steps 9, 10, and 12 of this section.

- CM2 9. If requested by the TSC or EOF Communicator, complete the OPERATIONAL STATUS BOARD FORM (page 10) every 15 minutes as follows:
- a. Ensure data is reviewed by a licensed operator.
 - b. Transmit a copy to the TSC/EOF. (Use telecopier Group C when only TSC is activated. Use telecopier Group D after EOF activation.)
- CM2 10. For Alert or higher classification, complete the MAJOR EQUIPMENT AND ELECTRICAL STATUS FORM (page 9)
- a. Ensure data is reviewed by a licensed operator.
 - b. Provide a copy to the OSC Coordinator.
 - c. Transmit a copy to the TSC/EOF.
 - d. Provide an updated status when requested, when a significant change in plant status occurs, or upon an escalation of the emergency. (Use telecopier Group C when TSC is activated. Use telecopier Group D after EOF activation.)
- EOF2/TSC2 11. Ensure OPERATIONAL STATUS BOARD and MAJOR EQUIPMENT and ELECTRICAL STATUS BOARD are updated as follows:
- a. For OPERATIONAL STATUS BOARD use data from the VAX terminal printout or data received from the Control Room.
 - b. For MAJOR EQUIPMENT and ELECTRICAL STATUS BOARD use data received from the Control Room.

B. DATA COLLECTION/TRANSMISSION (cont'd)

Initials

12. When the emergency is terminated, forward this and all other completed documents to the EC.
CM2/TSC2
/EOF2

C. INCOMING CALLS

STATE OFFICIALS

1. Upon a request for Emergency Information from the Delaware Division of Emergency Planning & Operations (DEPO) perform the following:
CM2/TSC2
/EOF2

- a. Read the EC Approval SSCL in its current state of completion.
- b. Obtain name of caller and phone number to which followup SSCL information should be directed.

Contact Name(DEPO) _____ Phone No. _____

2. Upon a request for Emergency Information from the NJ Bureau of Nuclear Engineering (BNE) or the NJ State Police Office of Emergency Management (OEM), perform the following:
CM2/TSC2
/EOF2

- a. Verify that caller is listed on the Designated State Officials List (see below)
- b. Read the EC approved SSCL, in its current state of completion.
- c. Obtain name of caller and telephone number to which followup SSCL should be directed.

Contact Name(BNE) _____ Phone No. _____

C. INCOMING CAI (cont'd)

Initials

NEW JERSEY DESIGNATED OFFICIALS (BNE & OEM)

| | |
|-------------------------|----------------------------|
| _____ Dell, Chris | _____ Shashidhara, Shantha |
| _____ DiNucci, Nicholas | _____ Singh, Suren |
| _____ Hamersky, Leo | _____ Tosch, Kent |
| _____ Lipoti, Jill | _____ Wittenberg, Nancy |
| _____ Moon, Jenny | _____ Weiner, Scott |
| _____ Nicholls, Gerald | _____ Zannoni, Dennis |
| _____ Quinn, Maryanne | |

OFFICE OF EMERGENCY MANAGEMENT (OEM), NEW JERSEY

| | |
|--|------------------------------|
| _____ Momm, James (Capt.) | _____ Thompson, John (Lt.) |
| _____ Christiansen, Jon | _____ Davies, Thomas (Capt.) |
| _____ Williams, Carl (Major) | |
| _____ OEM Duty Officer, or designee, _____ | (name) |
| _____ Duty Operations Chief, _____ | (name) |
| _____ Civilian Duty Officer, _____ | (name) |
| _____ Enlisted Duty Officer, _____ | (name) |

NEWS MEDIA

* CAUTION: *
* YOU ARE NOT AUTHORIZED TO RELEASE ANY INFORMATION *
* CONCERNING THE EMERGENCY TO THE NEWS MEDIA. *

CM2/TSC2
EOF2 3. Refer request for information from the News Media to the
Emergency News Center (ENC) or Chief Operator in Newark.

If the ENC is activated (Alert or Higher) say only;

"You are requested to contact the MEDIA INFORMATION
OPERATOR at any of the following phone numbers (609)
273-0188, 0282, 0386, 0479, or 0586."

C. INCOMING CALLS (cont'd)

Initials

If ENC is not activated (Unusual Event) provide only the following information:

"You are requested to contact the CHIEF OPERATOR in Newark at the following phone number (201) 430-7000."

ERDS TERMINATION

- CM2 4. When directed by the NRC, terminate Emergency Response Data System (ERDS) transmission as follows:
- a. Return to the SPDS in the Control Room and press the <ERDS> key.
 - b. Press the <PAGE DOWN> key to select "TERMINATE ERDS COMMUNICATION".
 - c. When prompted to confirm, type a <2> and then, press the <EXEC> key to execute; "ERDS TERMINATION ACCEPTED" will display.
 - d. Observe deactivation sequence messages on the lower half of the screen next to ERDS LINK STATUS:

TERMINATING
NOT ACTIVATED
 - e. Inform the SNSS when ERDS termination is successful. (i.e., ERDS LINK STATUS will indicate: NOT ACTIVATED).
 - f. Contact The Emergency Preparedness Advisor in the TSC if problems are encountered with termination.

HOPE CREEK

MAJOR EQUIPMENT AND ELECTRICAL STATUS

Y = IN SERVICE
N = OUT OF SERVICE
CIRCLE UNAVAILABLE EQUIP.

DATE: _____
UPDATE TIME: _____

| COOLING SYSTEMS | ELECTRICAL FEED | Y/N | ECCS | ELECTRICAL FEED | Y/N | ELECTRICAL STATUS | Y/N |
|-----------------|-----------------|-----|------------------------------|-----------------|-----|----------------------------|---------------------|
| SWS | A A401 | | RHR | A A401 | | OFFSITE AC POWER AVAILABLE | |
| | C A403 | | | C A403 | | EMERGENCY DIESELS | LOADED RUN. |
| | B A402 | | | B A402 | | EDG | A |
| | D A404 | | | D A404 | | | B |
| SACS | A A401 | | RCIC | - STEAM | | | C |
| | C A403 | | | | | | D |
| | B A402 | | HPCI | - STEAM | | | |
| | D A404 | | | | | CONTAINMENT CONTROL | ELECTRICAL FEED Y/N |
| RACS | A B415 | | CORE | A A401 | | FRVS RECIRC | A A410 |
| | B B426 | | SPRAY | C A403 | | FAN | E A450 |
| | C B250 | | | B A402 | | | B A420 |
| | | | | D A404 | | | F A460 |
| CIRC | A A501 | | MISCELLANEOUS PUMPS & EQUIP. | ELECTRICAL FEED | Y/N | | C A430 |
| WATER | B A502 | | SLC | A B212 | | | D A440 |
| | C A501 | | | B B222 | | FRVS VENT | A B212 |
| | D A502 | | | | | FAN | B B222 |
| PRIMARY | A A110 | | RWCU | A B254 | | | |
| CONDENSATE | B A120 | | | B B264 | | CPC FAN | - B264 |
| | C A102 | | CRD | A B430 | | H ₂ | A B212 |
| | | | | B B440 | | RECOMBINER | B B242 |
| SECONDARY | A A110 | | CONTROL RM. | A B431 | | PCIG | A B232 |
| CONDENSATE | B A120 | | CHILL WATER | B B441 | | COMPRESSOR | B B242 |
| | C A104 | | | | | | |
| FEED | A STEAM | | CHILL WATER | A A110 | | AIR COMPRESSORS | ELECTRICAL FEED Y/N |
| WATER | B STEAM | | COMPRESSOR | B A120 | | 00K107 | - A110 |
| | C STEAM | | | C A101 | | 10K107 | - A120 |
| | | | | D A110 | | | |
| REACTOR | A A110 | | TSC | A B451 | | EMER. INST. AIR COMPRESSOR | ELECTRICAL FEED Y/N |
| RECIRC | B A120 | | CHILL WATER | B B461 | | 10K100 | - B450 |
| | | | | | | | |
| FIRE SYSTEMS | ELECTRICAL FEED | Y/N | | | | CONTROL RM. | A B431 |
| ELECTRIC PUMP | B590 | | | | | CREF | B B441 |
| DIESEL PUMP | --- | | | | | | |

LICENSED OPERATOR REVIEW: _____

INITIALS

Rev. 8

NOTE: TRANSMIT THIS FORM TO THE TSC AND EOF EVERY 15 MINUTES. PROVIDE A COPY TO OSC COORDINATOR.

DATE _____

| I. BALANCE OF PLANT | INST E PLAN- | UNITS | TIMES: | TIMES (24-HR CLOCK) | | | |
|------------------------------|-----------------|-----------------------|--------|---------------------|--|--|--|
| A. CST LEVEL | (1) | X 10 ⁴ GAL | | | | | |
| B. CONDENSER PRESSURE | (2) | IN. HgB | | | | | |
| C. RCIC FLOW | (3) | GPM | | | | | |
| D. FEED FLOW | (4) | MLB/HR | | | | | |
| II. ECCS | | | | | | | |
| A. RHR/LPCI FLOW-A** | (5) | GPM | | | | | |
| RHR/LPCI FLOW-C | (5) | GPM | | | | | |
| RHR/LPCI FLOW-B** | (6) | GPM | | | | | |
| RHR/LPCI FLOW-D | (6) | GPM | | | | | |
| B. HPCI PUMP FLOW | (7) | GPM | | | | | |
| C. CORE SPRAY FLOW-A | (8) | GPM | | | | | |
| CORE SPRAY FLOW-B | (9) | GPM | | | | | |
| D. SRV (OPEN) STATUS | (10) | # OPEN | | | | | |
| III. RX COOLANT SYSTEM | | | | | | | |
| *A. POWER | (11-16) | % OR CPS | | | | | |
| *B. WATER LEVEL | (17,20,21,22) | IN. | | | | | |
| *C. PRESSURE | (18,19) | PSIG | | | | | |
| *D. TEMPERATURE | (23) | DEGREES F | | | | | |
| E. RECIRC FLOW - A LOOP | (24) | X 10 ³ GPM | | | | | |
| RECIRC FLOW - B LOOP | (24) | X 10 ³ GPM | | | | | |
| F. JET PUMP FLOW *TOTAL | (25) | MLB/HR | | | | | |
| IV. CONTAINMENT | | | | | | | |
| A. DRYWELL PRESSURE | (26,27) | PSIG | | | | | |
| TEMPERATURE | (28,29) | DEGREES F | | | | | |
| H2 CONC. | (30,31) | % | | | | | |
| O2 CONC. | (30,31) | % | | | | | |
| B. SUPP. CHAMBER PRESS. | (26,27) | PSIG | | | | | |
| AIR TEMPERATURE | (28,29) | DEGREES F | | | | | |
| WATER LEVEL | (32) | IN. | | | | | |
| WATER TEMPERATURE | (33,34) | DEGREES F | | | | | |
| C. RX. BLDG. DELTA P | (35,36) | IN. H2O | | | | | |
| *V. SSCL | | | | | | | |
| A. OFFSITE POWER AVAILABLE? | | YES/NO | | | | | |
| B. 3 OR MORE DG'S AVAILABLE? | | YES/NO | | | | | |
| C. DID ANY ECCS ACTIVATE? | | YES/NO | | | | | |
| D. IS DW ISOLATED? | | YES/NO | | | | | |
| E. DW CAPABLE OF ISOLATION? | | YES/NO | | | | | |

LICENSED OPERATOR REVIEW

INITIALS: _____

OTHER SIGNIFICANT ITEMS

**IF NOT IN LPCI MODE FLOW RATE IS CIRCLED (I.E. S/D COOLING, CONT. SPRAY, ETC.)

NRC DATA SHEET
 (Page 1 of 2)

| | | | | |
|-------------------|--------------------------|------|---------------|----------------------------------|
| NOTIFICATION TIME | FACILITY OR ORGANIZATION | UNIT | CALLER'S NAME | TELEPHONE NUMBER (FOR CALL BACK) |
|-------------------|--------------------------|------|---------------|----------------------------------|

| | |
|-------------------|------------------|
| EVENT TIME & ZONE | EVENT DATE |
| POWER/MODE BEFORE | POWER/MODE AFTER |

| EVENT CLASSIFICATION (Check One) | |
|----------------------------------|----------------------------|
| GENERAL EMERGENCY | * 1HR 10CFR50.72(b)(1) () |
| SITE AREA EMERGENCY | * 4HR 10CFR50.72(b)(2) () |
| ALERT | 1HR SECURITY/SAFEGUARDS |
| UNUSUAL EVENT | TRANSPORTATION EVENT |
| | OTHER: |

* FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING REQUIREMENT FROM THE ECG INITIATING CONDITION STATEMENT.

EVENT DESCRIPTION

Include Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

| NOTIFICATIONS | YES | NO | WILL BE | ANYTHING UNUSUAL OR NOT UNDERSTOOD? | YES (Explain above) | NO |
|---------------------|-----|----|---------|---------------------------------------|-------------------------------|-------------------------------|
| NRC RESIDENT | | | | | | |
| STATE(s) (NJ) (DEL) | | | | DID ALL SYSTEMS FUNCTION AS REQUIRED? | YES | NO (Explain above) |
| LOCAL (LACT) | | | | | | |
| OTHER GOV. AGENCIES | | | | MODE OF OPERATION UNTIL CORRECTED: | ESTIMATE FOR RESTART DATE: | ADDITIONAL INFO ON PAGE 2? |
| MEDIA/PRESS RELEASE | | | | | | |

NOTE: CW1 shall provide the data on this form (both pages) when notifying the NRC after reading the ICMF.

APPROVED FOR TRANSMITTAL: _____ EC

NRC DATA SHEET
(Page 2 of 2)

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

| | | | | | |
|-----------------------------------|-----------------|--|-----------------|------------------------------------|-----------------|
| LIQUID RELEASE | GASEOUS RELEASE | UNPLANNED RELEASE | PLANNED RELEASE | ONGOING | TERMINATED |
| MONITORED | UNMONITORED | OFFSITE RELEASE | T.S. EXCEEDED | RM ALARMS | AREAS EVACUATED |
| PERSONNEL EXPOSED OR CONTAMINATED | | OFFSITE PROTECTIVE ACTIONS RECOMMENDED | | State release path in description. | |

| RELEASE TYPE | Release Rate ($\mu\text{Ci}/\text{sec}$) | T.S. LIMIT | % T.S. LIMIT | Total Activity (μCi) | T.S. LIMIT | % T.S. LIMIT |
|--|--|------------|--------------|-----------------------------------|------------|--------------|
| Noble Gas | | | | | | |
| Iodine | | | | | | |
| Particulate | | | | | | |
| Liquid (excluding tritium & dissolved noble gases) | | | | | | |
| Liquid (Tritium) | | | | | | |
| TOTAL ACTIVITY | | | | | | |

| RELEASE PATHWAY | PLANT VENT | CONDENSER/AIR EJECTOR | MAIN STEAM LINE | SG BLOWDOWN | OTHER |
|------------------------------|------------|-----------------------|-----------------|-------------|-------|
| RAD MONITOR READINGS & UNITS | | | | N/A | |
| ALARM SETPOINTS | | | | N/A | |
| % T.S. LIMIT (if applicable) | | | | N/A | |

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG, valve, pipe, etc.)

| | | | | |
|------------------|----------------|-------------------------------------|----------------------------------|-------------|
| LEAK RATE: | UNITS: gpm/gpd | T.S. LIMITS: | SUDDEN OR LONG TERM DEVELOPMENT? | |
| | | | SUDDEN | LONG TERM |
| LEAK START DATE: | TIME: | COOLANT ACTIVITY & UNITS: PRIMARY - | | SECONDARY - |

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

NRC EVENT UPDATE:

APPROVED FOR TRANSMITTAL:

EC

SSCL

STATION STATUS CHECKLIST
(Pg. 1 of 2)

Operational Information

HOPE CREEK GENERATING STATION

Message Date _____ Time _____

Transmitted By: Name _____ Position: _____
(CR/TSC/EOF)

1. Date and Time Event Declared: Date _____ Time _____ (24 hr clock)

2. Event Classification: ☐ Unusual Event ☐ Site Area Emergency
☐ Alert ☐ General Emergency

3. Cause of Event: Primary Initiating Condition used for declaration

ECG Section _____, Initiating Condition _____

Description of the event _____

4. Status of Reactor: ☐ Scrammed/Time _____ ☐ At Power
☐ Startup ☐ Hot Shutdown ☐ Cold Shutdown ☐ Refuel

5. Reactor Pressure _____ psig Rx Temp _____ ° F Rx Level _____ in.

6. Is offsite power available? ☐ YES ☐ NO

7. Are two or more diesel generators operable? ☐ YES ☐ NO

8. Did any Emergency Core Cooling Systems actuate? ☐ YES ☐ NO

9. Containment:

A. Has the Primary Containment been isolated? ☐ YES ☐ NO

B. Is the Primary Containment capable of
being isolated? ☐ YES ☐ NO

10. Other pertinent information _____

Approved: _____
EC or TSS or SSM

11. GASEOUS RELEASE: ☐ YES Start Time:_____ Time of Reading_____
☐ NO

- NOTE: $\text{m/sec} = \text{mph}/2.24$

12. LIQUID RELEASE: ☐ YES Start Time: _____
☐ NO

13. PROJECTED OFFSITE DOSE RATE CALCULATIONS (When Data Is Available):

Thyroid

14. UPDATES TO STATES (if verbally transmitted):

| | Contact Name | Time | Initials |
|---|--------------|-------|----------|
| <input type="checkbox"/> State of New Jersey: | _____ | _____ | _____ |
| <input type="checkbox"/> State of Delaware: | _____ | _____ | _____ |
| <input type="checkbox"/> Others _____; | _____ | _____ | _____ |
| (Agency) | | | |

Approved: _____
EC or RAC or RSM

- ☐
- Default Table
- ☐
- Nomogram
- ☐
- Other_____

Rev. 8

ATTACHMENT 9
NON-EMERGENCY NOTIFICATIONS REFERENCE
(HOPE CREEK)

ECG
ATT 9
Pg. 1 of 3

I. Instructions

NOTE:

This attachment is intended to be used as the source of the most up-to-date name and telephone numbers for making Non-Emergency reports as directed by the ECG Attachment in effect at this time.

NOTE:

The SNSS may direct a communicator to make the required notification calls after the Operations Manager has been consulted to confirm the classification. The responsibility to ensure completion of each step outlined in the ECG attachment and to ensure notification information is accurate remains with the SNSS.

- A. Notify the required Individuals/Organizations per the ECG Attachment in effect utilizing Section II of this Attachment as a reference.
- B. If required to activate an individual's pager, follow the following instructions.
 - 1. Determine a non-NETS phone number for the pager holder to call back on and make a note of the full call back phone number.
 - 2. Dial the pager number of the individual you are trying to contact listed in the Communications Log, using any touch-tone phone.
 - 3. When you hear "Beep, Beep, Beep" enter the call back number using the touch-tone key pad on the phone you are on.
 - 4. Hang up the phone.
 - 5. Continue making other notifications per Step A.

II. Telephone Number Reference

NOTE:
Notify ONLY those individuals by title required by the particular ECG Attachment in effect at this time.

| TITLES/NAMES | WORK# | HOME# | PAGER# | CAR# |
|----------------|---------------|----------------|----------|----------------|
| OPERATIONS MGR | (contact one) | | | |
| Bob Hovey | 3478 | (609) 678-8645 | 478-5284 | --- |
| George Daves | 3071 | (609) 455-3163 | 478-5281 | --- |
| Joe Hagan | 3463 | (609) 678-5265 | 478-5279 | (609) 922-5622 |
| GENERAL MGR | (contact one) | | | |
| Joe Hagan | 3463 | (609) 678-5265 | 478-5279 | (609) 922-5622 |
| Bob Hovey | 3478 | (609) 678-8645 | 478-5284 | --- |

| GOVERNMENT AGENCY | PRIMARY# | SECONDARY# |
|-----------------------|--------------------|--|
| LAC DISPATCHER | NETS 5404 | (609) 935-7300 |
| NRC OPERATIONS CENTER | (ENS) 301-951-0550 | (301) 427-4259 (301) 427-4056 (301) 492-8893 (301) 492-8187 (FAX) |
| NRC REGIONAL OFFICE | (215) 337-5000 | --- |

| TITLES/NAMES | WORK# | HOME# | PAGER# |
|-----------------|------------------|----------------|----------|
| NRC RESIDENT | (contact one) | | |
| Tom Johnson | 2962 or 935-3850 | (410) 272-1480 | --- |
| Kirke Lathrop | 2962 or 935-3850 | (410) 392-0369 | --- |
| Steve Pindale | 2962 or 935-3850 | (609) 696-2761 | --- |
| Steve Barr | 2962 or 935-3850 | (215) 558-2802 | --- |
| NRC Office | Alt # 935-5151 | | |
| PUBLIC INFO MGR | (contact one) | | |
| Bill Stewart | 1006 | (609) 935-0923 | 478-5226 |
| Michael Camp | 1001 | (302) 529-9027 | 478-5318 |
| Herb Stiles | 1004 | (609) 358-3272 | 478-5108 |

II. Telephone Number Reference (Cont)

NOTE:
Notify ONLY those individuals by title required by
the particular ECG Attachment in effect at this time.

| TITLES/NAMES | WORK# | HOME# | PAGER# |
|---|---------------|---------------|----------|
| EMERG PREP REP | (contact one) | | |
| Tom DiGuisseppi | 1517 | (609)398-8323 | 478-5203 |
| Craig Banner | 1157 | (609)728-5043 | 478-5215 |
| Jim Schaffer | 1575 | (609)299-2057 | 478-5086 |
| EXTERNAL AFFAIRS | (contact one) | | |
| Jan Moyle | 1436 | (609)424-8522 | 478-5259 |
| Bryan Gorman | 1433 | (302)455-0220 | 478-5100 |
| Mike Bachman | 1434 | (609)358-7211 | 478-5206 |
| RAD. PRO-CHEM MGR | (contact one) | | |
| Jim Clancy | 3736 | (609)455-9110 | 478-5073 |
| Brian Sebastian | 3688 | (609)686-2627 | 478-5677 |
| John Trejo | 2446 | (302)475-9264 | 478-5011 |
| LICENSING - SPILLS, HAZMAT, OTHERS (Contact One) | | | |
| Jim Eggers | 1339 | (609)953-9075 | 573-4655 |
| Paul Behrens | 1577 | (609)794-1372 | 573-3855 |
| Ken Strait (HCGS) | 3238 | (609)451-4027 | 573-1957 |
| Ed Keating (SGS) | 5430 | (609)678-3160 | 573-4139 |
| Don Bowman | 1477 | (609)547-3793 | 573-8419 |
| ENVIRONMENTAL LICENSING - PROTECTED AQUATIC SPECIES (Contact One) | | | |
| Jim Eggers | 1339 | (609)953-9075 | 573-4655 |
| Mike Haberland | 1055 | (609)582-4683 | 573-2392 |
| Jennifer Griffin | 1034 | (302)764-0442 | 573-4505 |
| Bob Boot | 1169 | (302)731-1577 | 573-3700 |