

04/22/93

PUBLIC SERVICE ELECTRIC & GAS COMPANY
DOCUMENT DISTRIBUTION NOTICE

PAGE 1 OF 1

TRANSMITTAL: DDG 0302567

TO: NUCLEAR REGULATORY COMMISSION
DOCUMENT CONTROL DESK
WASHINGTON, DC 20555COPYHOLDER: HECG0065
DESCRIPTION: MDV-005 HECG PJSPLEASE INSERT THE FOLLOWING DOCUMENTS INTO YOUR CONTROLLED FILE/MANUAL.
SUPERCEDED DOCUMENTS MUST BE SO MARKED AND PHYSICALLY REMOVED OR DESTROYED.

CLASS	DOCUMENT ID	SHT/ VOL	INST	REV	STAT	TYPE	FORMAT	QTY
PROC	ATT. 08	000		009	A	HECG	H	001
PROC	ATT. 17	000		004	A	HECG	H	001
PROC	HECG-TOC	000		026	A	HECG	H	001

260010

PLEASE SIGN AND DATE THIS NOTICE TO ACKNOWLEDGE RECEIPT
AND RETURN WITHIN 5 WORKING DAYS TO:

PSE&G DDG/MC N04 PO BOX 236 HANCOCKS BRIDGE, NJ 08038

TO CHANGE YOUR DISTRIBUTION STATUS, PLEASE CHECK THE APPROPRIATE SPACE BELOW:

☐ REMOVE FROM DISTRIBUTION ☐ CHANGE COPYHOLDER INFORMATION
☐ SEE MY INSTRUCTIONS ABOVE

COPYHOLDER SIGNATURE: _____

9304270221 930415
PDR ADDCK 05000354
F PDR

DATE: _____

DDG USE ONLY: DATA ENTRY COMPLETED: _____

HOPE CREEK GENERATING STATION
EVENT CLASSIFICATION GUIDE
April 21, 1993

CHANGE PAGES FOR
REVISION #26

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 #26 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 Please check that your revision packet is complete and remove the outdated material listed below.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	26	1 of 2 thru 2 of 2	TOC	25
1 of 2 thru 2 of 2	Att. Sig. Pg.	21	1 of 2 thru 2 of 2	Att. Sig. Pg.	20
All	Att. 8	9	All	Att. 8	8
All	Att. 17	4	All	Att. 17	3

HOPE CREEK
EVENT CLASSIFICATION GUIDE
TABLE OF CONTENTS
April 21, 1993

CONTROL COPY #

0065

ECG
T.O.C
Pg. 1 of 2

<u>SECTION</u>	<u>TITLE</u>	<u>REV.</u>	<u>PAGES</u>	<u>EFFECTIVE DATES</u>
T.O.C.	Table of Contents	26	2	Apr 21, 1993
Sig. i-18	Section Identification/Signature Page	16	2	Feb 12, 1993
Sig. Att.	ECG Attachments/Signature Page	21	2	Apr 21, 1993
i.	Introduction	1	6	Sept 27, 1991
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
13.	SITE HAZARDS (aircraft crash, missiles, explosions, etc.)	1	5	Aug 21, 1992
14.	FIRE	2	1	Aug 21, 1992
15.	PERSONNEL EMERGENCIES/MEDICAL	2	1	Dec 21, 1991
16.	SECURITY EVENTS/FFD	4	3	Sept 27, 1991
17.	PUBLIC INTEREST ITEMS	3	3	Feb 12, 1993
18.	TECH SPECS/PLANT STATUS CHANGES	8	5	Feb 12, 1993

HOPE CREEK
EVENT CLASSIFICATION GUIDE
TABLE OF CONTENTS - (Continued)
April 21, 1993

ECG
T.O.C
Pg. 2 of 2

<u>ATTACHMENT</u>	<u>TITLE</u>	<u>REV.</u>	<u>PAGES</u>	<u>EFFECTIVE DATE</u>
1.	Unusual Event	9	14	Dec 21, 1992
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	9	14	Apr 21, 1993
9.	Non-Emergency Notifications Reference	13	3	Feb 12, 1993
10.	One Hour Report - NRC/Region	1	5	July 27, 1990
	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
16.	Spill/Discharge Reporting	4	7	Dec 21, 1992
17.	Four Hour Report - Fatality/Medical	4	7	Apr 21, 1993
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/LERS/Other	1	7	Apr 25, 1990

HOPE CREEK
EVENT CLASSIFICATION GUIDE
ATTACHMENTS SIGNATURE PAGE

ECG
Sig. Att.
Pg. 1 of 2

April 21, 1993

<u>ATTACHMENT</u>	<u>TITLE</u>	<u>REV.</u>	<u>PAGES</u>	<u>EFFECTIVE DATE</u>
1.	Unusual Event	9	14	Dec 21, 1992
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	9	14	Apr 21, 1993
9.	Non-Emergency Notification 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
16.	Spill/Damage Reporting	4	7	Dec 21, 1992
17.	Four Hour Report - Fatality/Medical	4	7	Apr 21, 1993
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

SIGNATURE PAGE

Prepared By: CRAIG BANNER
(If Editorial Revisions Only, Last Approved Revision)

4/12/93
Date

Reviewed By: [Signature]
Station Qualified Reviewer

4/13/93
Date

Significant Safety Issue

() Yes (✓) no

Reviewed By: W. P. Mallory
Department Manager

4-15-93
Date

Reviewed By: Thomas D. Swain
Emergency Preparedness Manager

4/14/93
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

[Signature]
General Manager + Hope Creek
4/15/93
Date

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

1. CM2 For Alert or higher event classification, 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. CM2 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.
3. CM2 Notify the Shift Radiation Protection Technician (X3741) to implement EPIP 301H, RPT Onshift Response, if not already implemented.
4. CM2 For Alert or higher event classification, initiate a call out for an additional STA.
5. CM2 Within 60 minutes of an Alert or higher Event Classification, activate the Emergency Response Data System (ERDS) as follows:
- Proceed to step "f" if problems are encountered during the ERDS activation process.
 - Proceed to an SPDS terminal in the Control Room and press the <ERDS> key.
 - Press the <PAGE UP> key to select "ACTIVATE ERDS COMMUNICATION".
 - 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.

- CM2/TSC2
/EOF2 6. Refer to Section C, "Incoming Calls", if/when calls are received from State Officials, News Media, or from NRC for ERDS termination.

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" data on the VAX printer.

- a. IF the data is available, REQUEST Rad Pro to select Menu Option #2 (Current Ops Status) every 15 minutes on the VAX LA 120.
- b. 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

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

C. INCOMING CALLS

STATE OFFICIALS

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

- 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. _____

- CM2/TSC2
/EOF2
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:

- 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 CALLS (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. *

- CMZ/TSCZ
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.

COOLING SYSTEMS			ECCS			ELECTRICAL STATUS		
ELECTRICAL FEED			ELECTRICAL FEED			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
CIRC	A	A501	MISCELLANEOUS PUMPS & EQUIP.		A404		F	A460
WATER	B	A502					C	A430
	C	A501	SLC	A	B212		D	A440
	D	A502		B	B222	FRVS VENT	A	B212
PRIMARY	A	A110	RWCU	A	B254	FAN	B	B222
CONDENSATE	B	A120		B	B264	CPC FAN	-	B264
	C	A102	CRD	A	B430	H ₂	A	B212
SECONDARY	A	A110		B	B440	RECOMBINER	B	B242
CONDENSATE	B	A120	CONTROL RM.	A	B431	PCIG	A	B232
	C	A104	CHILL WATER	B	B441	COMPRESSOR	B	B242
FEED	A	STEAM	CHILL WATER	A	A110	AIR COMPRESSORS		Y/N
WATER	B	STEAM	COMPRESSOR	B	A120	00K107	-	A110
	C	STEAM		C	A101	10K107	-	A120
REACTOR	A	A110	TSC	A	B451	EMER. INST. AIR COMPRESSOR		Y/N
RECIRC	B	A120	CHILL WATER	B	B461	10K100	-	B450
FIRE SYSTEMS						CONTROL RM.	A	B431
ELECTRIC PUMP		B590				CREF	B	B441
DIESEL PUMP								

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

DATE _____

	INST	UNITS	TIMES (24-HR CLOCK)			
I. BALANCE OF PLANT	E PLAN-					
A. CST LEVEL	(1)	X 10 ⁴ GAL	_____	_____	_____	_____
B. CONDENSER PRESSURE	(2)	IN. Hg	_____	_____	_____	_____
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?		YLS/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 <u>BEFORE</u>	POWER/MODE <u>AFTER</u>

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)

ECG
ATT 8
Pg. 13 of 14

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

STATION STATUS CHECKLIST
(Pg. 2 of 2)

Radiological Information Message Date _____ Time _____
HOPE CREEK GENERATING STATION

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

- (A) Release Terminated: ☐ YES ☐ NO ☐ N/A
(B) Anticipated or Known Duration of Release _____ Hours
(C) Type of Release: ☐ GROUND ☐ ELEVATED ☐ N/A
(D) Adjusted Wind Speed: _____ (m/sec) _____ (mph)
Wind Direction: From _____ (Deg) Toward _____ (Deg)

NOTE: m/sec = mph/2.24

- (E) Stability Class: A _____ B _____ C _____ D _____ E _____ F _____ G _____
(F) Release Rate I-131: _____ $\mu\text{Ci}/\text{Sec.}$
(G) Release Rate Noble Gas: _____ $\mu\text{Ci}/\text{Sec.}$

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

- (A) Release Terminated: ☐ YES ☐ NO ☐ N/A
(B) Anticipated or Known Duration of Release _____ Hours
(C) Estimated Concentration _____ $\mu\text{Ci}/\text{ml}$
(D) Release Flow Rate _____ gpm

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

Distance (miles)		Whole Body (mrem/hr)	Thyroid
			Commitment* (mrem/hr)
MEA	0.56	_____	_____
	2.00	_____	_____
LPZ	5.00	_____	_____
EPZ	10.00	_____	_____

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 _____

* Millirem per Inhalation hour.

ATTACHMENT 17

- FOUR HOUR REPORT -
FATALITY OR MEDICAL EMERGENCY

Each step shall be initialed by the responsible individual when completed.

I. NOTIFICATIONS

INITIALS

- SNSS 1. If not done previously implement HC.FP-EO.ZZ-0003(Z), "Control Room Medical Emergency Response."

Note:
If personnel contamination is involved
see ECG Section 15 Initiating Condition A.

NOTE:

Refer to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

- SNSS 2. Complete the NRC Data Sheet with initial data available (pages 6 and 7 of this attachment).
- SNSS 3. Notify **Operations Manager** and confirm classification of event. ECG Section _____ Initiating Condition _____. (Contacts are listed in Attachment 9)

_____ notified at _____ hrs on _____
name time date

- SNSS 4. Notify **LAC Dispatcher** of event. (Phone numbers are listed in Attachment 9)

_____ notified at _____ hrs on _____
name time date

Initials

- SNSS 5. Notify NRC Operations Center of the event within four hours. Use NRC Data Sheet to record additional information provided to the NRC. (Phone numbers are listed in Attachment 9)

_____ notified at _____ hrs on _____
name time date

- SNSS 6. Notify Public Information Manager - Nuclear or alternate with details of event: (Contacts are listed in Attachment 9)

_____ notified at _____ hrs on _____
name time date

- SNSS 7. Notify Telecopy Group E by transmitting the NRC Data Sheet. If transmission is incomplete, notify the Emergency Preparedness Representative with the description of the event. (Contacts are listed in Attachment 9)

_____ notified at _____ hrs on _____
name time date

- SNSS 8. If transport of injured to offsite medical facility is required, notify the Safety Coordinator. (Contact one)

	<u>WORK#</u>	<u>HOME#</u>	<u>PAGER#</u>
John Hornor	2965	(609) 678-6308	342-5866
Cliff Knaub	2812	(609) 358-3074	342-5807
Soren Thomassen	2813	(302) 834-5611	573-4706
Paul Eldreth	2828	(609) 299-4489	478-5706

_____ notified at _____ hrs on _____
name time date

9. For serious injury or death of a Nuclear Department employee:
- SNSS A. Notify the Admin Services Manager or representative with information requested on page 5 of this attachment.

_____ notified at _____ hrs on _____
name time date

INITIALS

SNSS

- B. Notify the employee's department manager of the event and direct the department manager to coordinate notification of the employee's family.

_____ notified at _____ hrs on _____
name time date

SNSS

10. Notify External Affairs with details of the event.
(Contacts are listed in Attachment 9).

_____ notified at _____ hrs on _____
name time date

II. REPORTING

INITIALS

- SNSS 1. Ensure that an Injury Report is completed.
- SNSS 2. Ensure that an Incident Report (IR) is prepared.
- SNSS 3. Forward this attachment, along with the Incident Report and any other supporting documentation, to the Operations Manager.
- OM 4. Review Incident Report and any other available information for correct classification of event and corrective action taken.
- OM 5. Contact the LER Coordinator and request that the required written reports be prepared. Provide this attachment and any other supporting documentation received from the SNSS. Report(s) required _____ IAW _____
_____ IAW _____
- LERC 6. Prepare required reports. ECG Attachment 23 may be used as a guide for reporting requirements.

Report or LER Number _____
- LERC 7. Forward this attachment to the Emergency Preparedness Manager.
- EPM 8. Ensure that offsite (state and local) reporting requirements have been met.
- EPM 9. Forward this Attachment/LER package to the Central Technical Document Room (CTDR) for microfilming.

REPORT OF SERIOUS INJURY/DEATH
NUCLEAR DEPARTMENT EMPLOYEE

EMPLOYEE INFORMATION

NAME _____ EMPLOYEE # _____ AGE _____
HOME ADDRESS _____
HOME PHONE # _____ MARITAL STATUS _____
JOB TITLE _____ LOCATION _____
SOCIAL SECURITY # _____

ACCIDENT/INJURY DESCRIPTION

DATE OF ACCIDENT _____ TIME _____ AM/PM
DID INJURIES RESULT IN DEATH ☐ YES ☐ NO
EXTENT OF INJURIES _____

DESCRIPTION OF ACCIDENT _____

WHERE TAKEN AFTER ACCIDENT _____

Admin Services Department Representatives (Contact One)

	<u>Work#</u>	<u>Home#</u>	<u>Pager#</u>
Linda Vreeland	1195	609-678-9382	478-5717
Dick DeSanctis	1550	609-228-1778	N/A

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 <u>BEFORE</u>	POWER/MODE <u>AFTER</u>

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				DID ALL SYSTEMS FUNCTION AS REQUIRED?	YES	NO (Explain above)
STATE(s) (NJ) (DEL)						
LOCAL (LACT)						
OTHER GOV. AGENCIES				MODE OF OPERATION UNTIL CORRECTED:	ESTIMATE FOR RESTART DATE:	ADDITIONAL INFO ON PAGE 2?
MEDIA/PRESS RELEASE						

ADDITIONAL INFORMATION FOR TELECOPY E

ECG Section _____ Initiating Condition _____

APPROVED FOR TRANSMITTAL: _____

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 ($\mu\text{Ci/sec}$)	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: _____

SNSS