

05/10/93

PUBLIC SERVICE ELECTRIC & GAS COMPANY
DOCUMENT DISTRIBUTION NOTICE

PAGE 1 OF 1

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PROC	HECG-TOC	000		027	A	HECG	H	001
PROC	SECT. 10	000		004	A	HECG	H	001
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PROC	SIG. I-18			017	A	HECG	H	001

140128

PLEASE SIGN AND DATE THIS NOTICE TO ACKNOWLEDGE RECEIPT
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PDR ADOCK 05000354
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HOPE CREEK GENERATING STATION
EVENT CLASSIFICATION GUIDE
May 10, 1993

CHANGE PAGES FOR
REVISION #27

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 #27 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 Please check that your revision packet is complete and remove the outdated material listed below.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	27	1 of 2 thru 2 of 2	TOC	26
1 of 2 thru 2 of 2	Sect Sig Page	17	1 of 2 thru 2 of 2	Sect Sig Page	16
1 of 2 thru 2 of 2	Att Sig Page	22	1 of 2 thru 2 of 2	Att Sig Page	21
All	Sect. 10	4	All	Sect. 10	3
All	Sect. 17	4	All	Sect. 17	3
All	Sect. 18	9	All	Sect. 18	8
All	Attachment 1	10	All	Attachment 1	9
All	Attachment 8	10	All	Attachment 8	9

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CONTROL COPY #

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Sig. Att.	ECG Attachments/Signature Page	22	2	May 10, 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	4	2	May 10 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	2	Dec 21, 1991
16.	SECURITY EVENTS/FFD	4	3	Sept 27, 1991
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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	10	14	May 10, 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
16.	Spill/Discharge Reporting	4	7	Dec 21, 1992
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19.	Twenty Four Hour Report - FFD	1	3	Sept 27, 1991
20.	Twenty Four Hour Report - NRC/OPS	2	5	July 27, 1990
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22.	Other/Engineering	2	3	Sept 27, 1991
23.	Written Reports/LERS/Other	1	7	Apr 25, 1990

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SIGNATURE PAGE

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

4/4/93
Date

Reviewed By: Sam Jones
Station Qualified Reviewer

4-22-93
Date

Significant Safety Issue

() Yes (X) no

Reviewed By: L.P. O'Malley
Department Manager

4-22-93
Date

Reviewed By: Thomas L. Swanson
Emergency Preparedness Manager

4/22/93
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

MILL
General Manager Hope Creek

4/25/93
Date

HOPE CREEK
EVENT CLASSIFICATION GUIDE
ATTACHMENTS SIGNATURE PAGE

May 10, 1993

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SIGNATURE PAGE

Prepared By: MITCHELL DICK REV 21 5/5/93
(If Editorial Revisions Only, Last Approved Revision) Date

Reviewed By: N/A
Station Qualified Reviewer Date

Significant Safety Issue
() Yes () No

Reviewed By: N/A
Department Manager Date

Reviewed By: Thomas J. Gentry 5/5/93
Emergency Preparedness Manager Date

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

SORC Review and Station Approvals

N/A
Mtg. No. Salem Chairman
Date

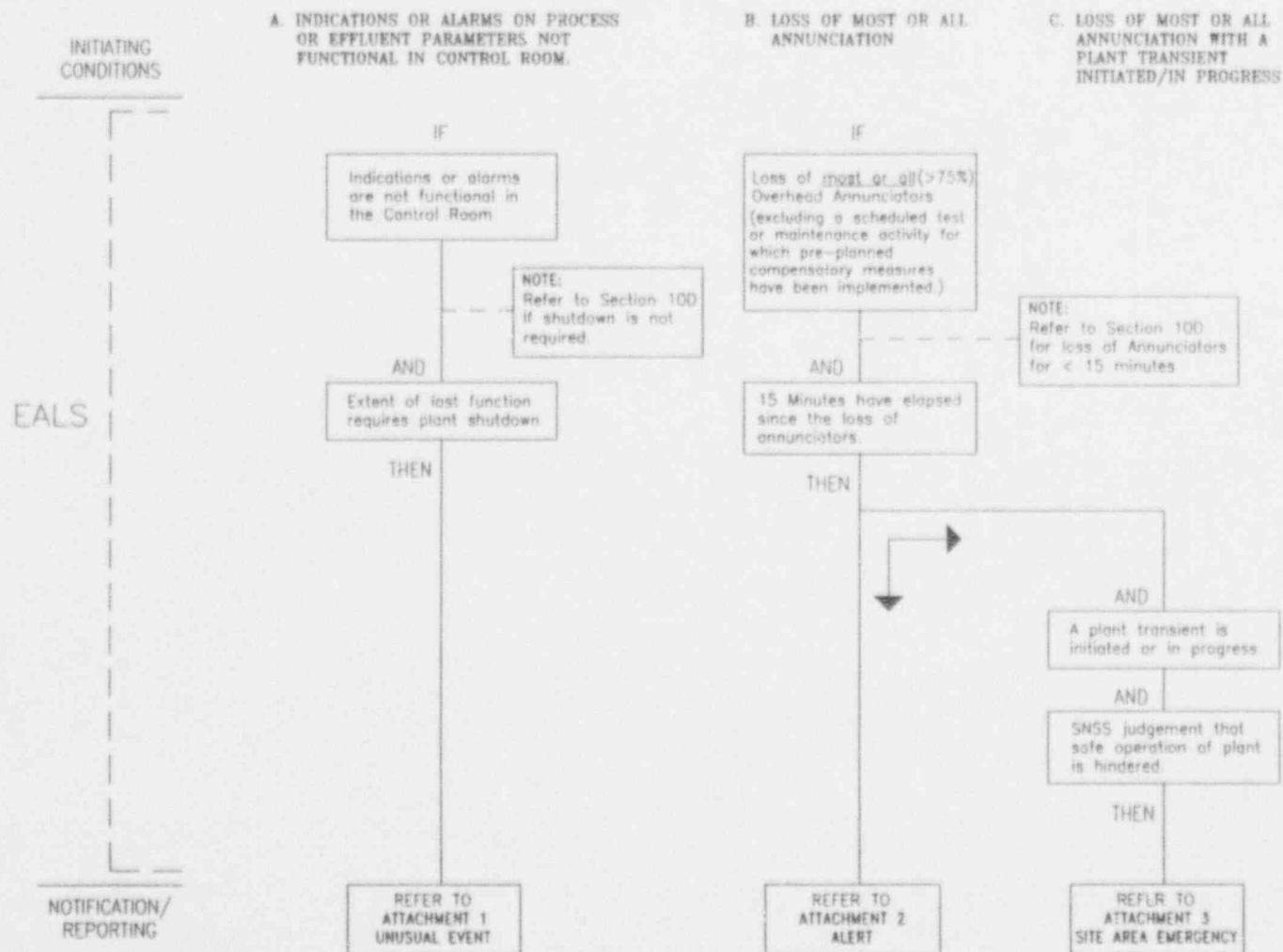
N/A
Mtg. No. Hope Creek Chairman
Date

N/A
General Manager - Salem
Date

N/A
General Manager - Hope Creek
Date

SECTION 10 LOSS OF INSTRUMENTATION/ANNUNCIATION/COMMUNICATIONS

ECG
SECTION 10
Pg. 1 of 2



SECTION 10 LOSS OF INSTRUMENTATION/ANNUNCIATION/COMMUNICATIONS

ECG
SECTION 10
Pg. 2 of 2

D. MAJOR LOSS OF EMERGENCY
ASSESSMENT CAPABILITY,
OFFSITE RESPONSE
CAPABILITY, OR
COMMUNICATIONS CAPABILITY
[10CFR50.72 (b)(1)(v)]

INITIATING
CONDITIONS

IF

SNSS/EDO determines that an event(s)
(excluding a scheduled test or maintenance
activity) has occurred that would impair
the ability to deal with an accident or
emergency such as:

1. Loss of Any of the following:
 - Emergency Notification System (ENS) for > 1 Hr. (Not applicable if NRC notifies PSE&G of the loss)
 - Emergency Telephone System (NETS) for > 1 Hr.
 - Offsite Sirens (>10%) for > 1 Hr.
 - Use of the TSC or EOF.
 - SPDS or CRDS for > 24 Hrs.
 - All Meteorological data for > 24 hours.
 - Site access due to Acts of Nature (snow, flood, etc.)
 - Control Room habitability (SCBA's required in CR)
 - All or most (> 75%) OHA's for < 15 minutes.
 - All plant vent Radiation monitors.

OR

2. Concurrent loss of multiple Accident or Emergency plant indicators or monitors which significantly impairs assessment capabilities

EALS

THEN

NOTE:
Refer to EAL 10A if extent of
loss requires shutdown

NOTE:
Refer to EAL's 10B or 10C if
loss of OHA's for > 15 min.

NOTE:
Refer to ECG Section 11 if
Control Room is evacuated

NOTIFICATION/
REPORTING

REFER TO
ATTACHMENT 12
ONE HOUR REPORT

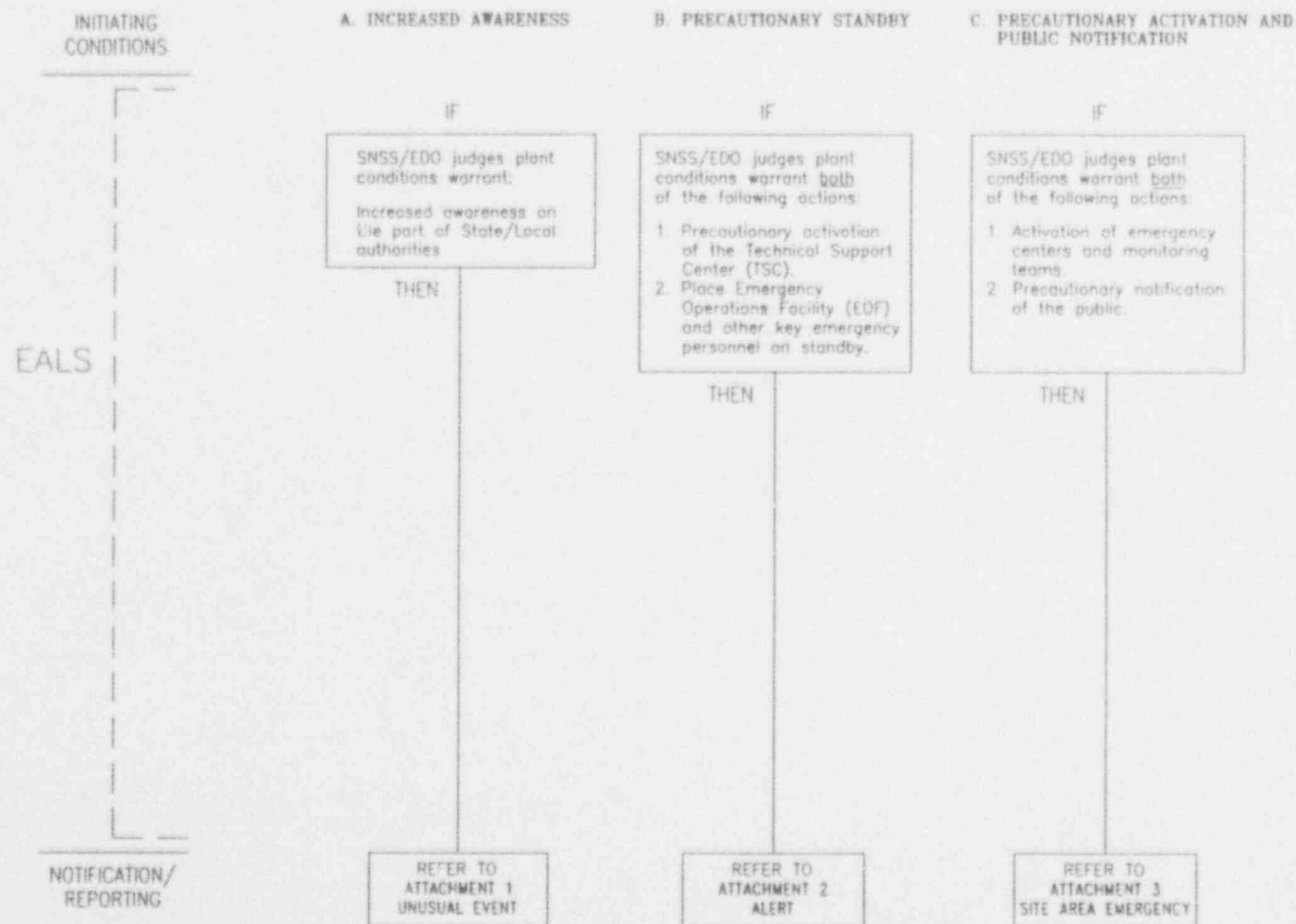
HCCS
REV. 4

SECTION 17

PUBLIC INTEREST

ECG
SECTION 17
Pg. 1 of 3

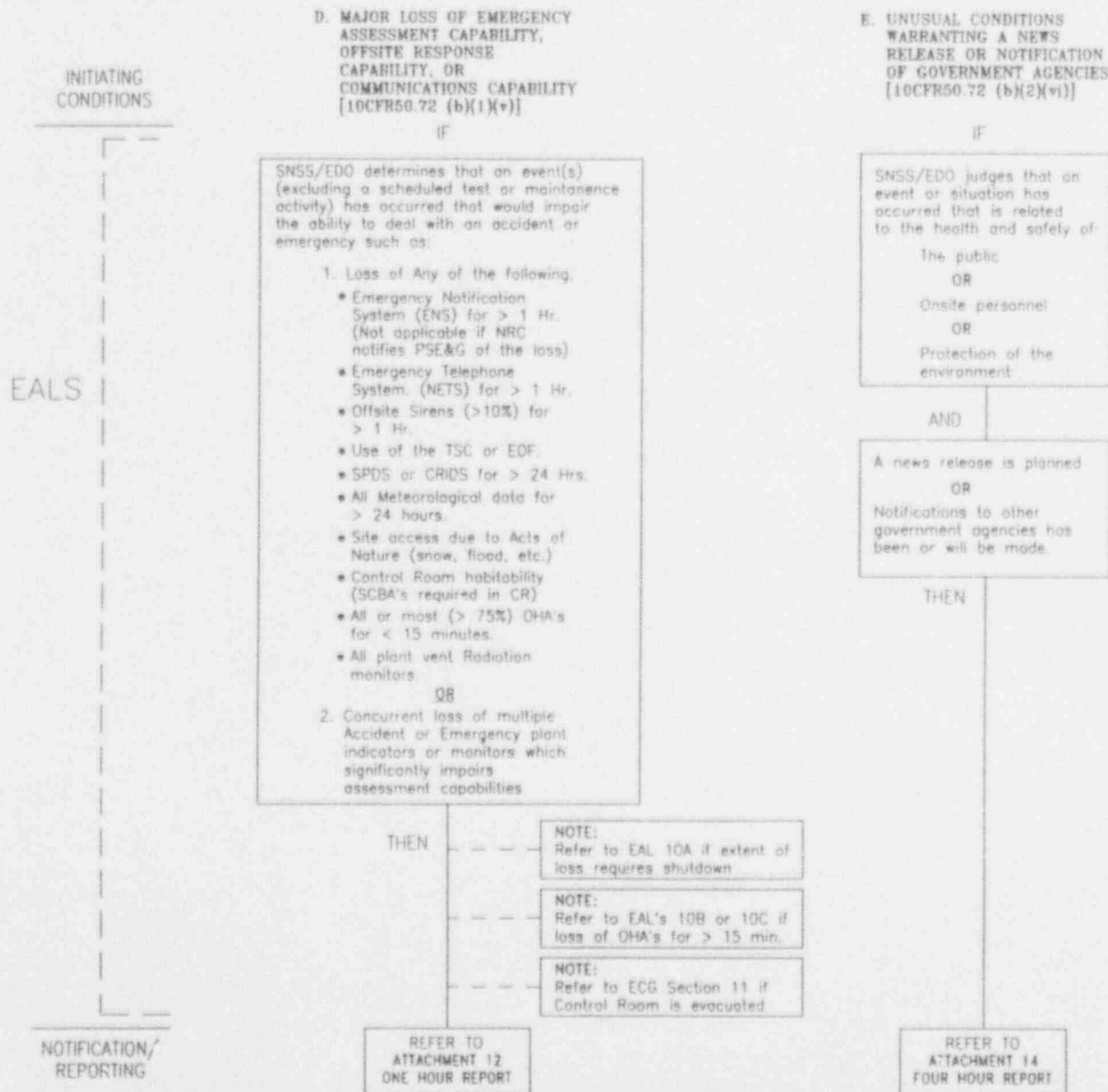
PLANT CONDITIONS EXIST THAT WARRANT THE ALERTING OF STATE AND LOCAL OFFICIALS



SECTION 17

PUBLIC INTEREST

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PUBLIC INTEREST

SECTION 17

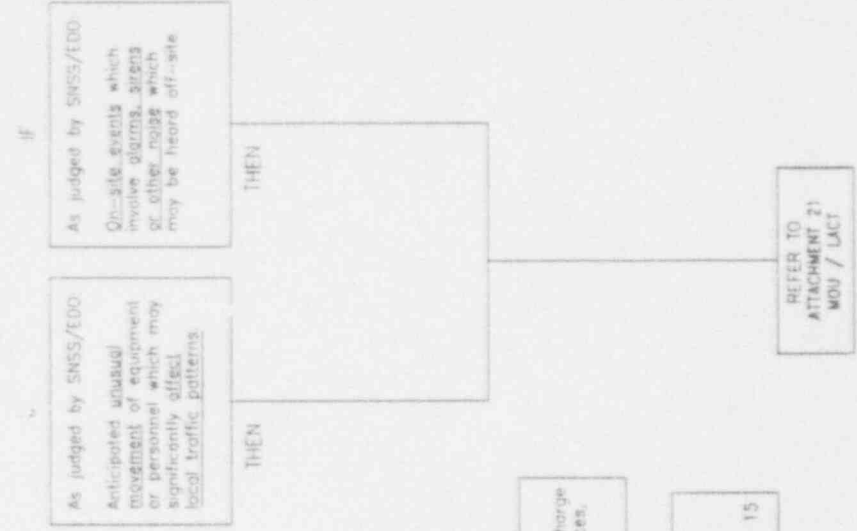
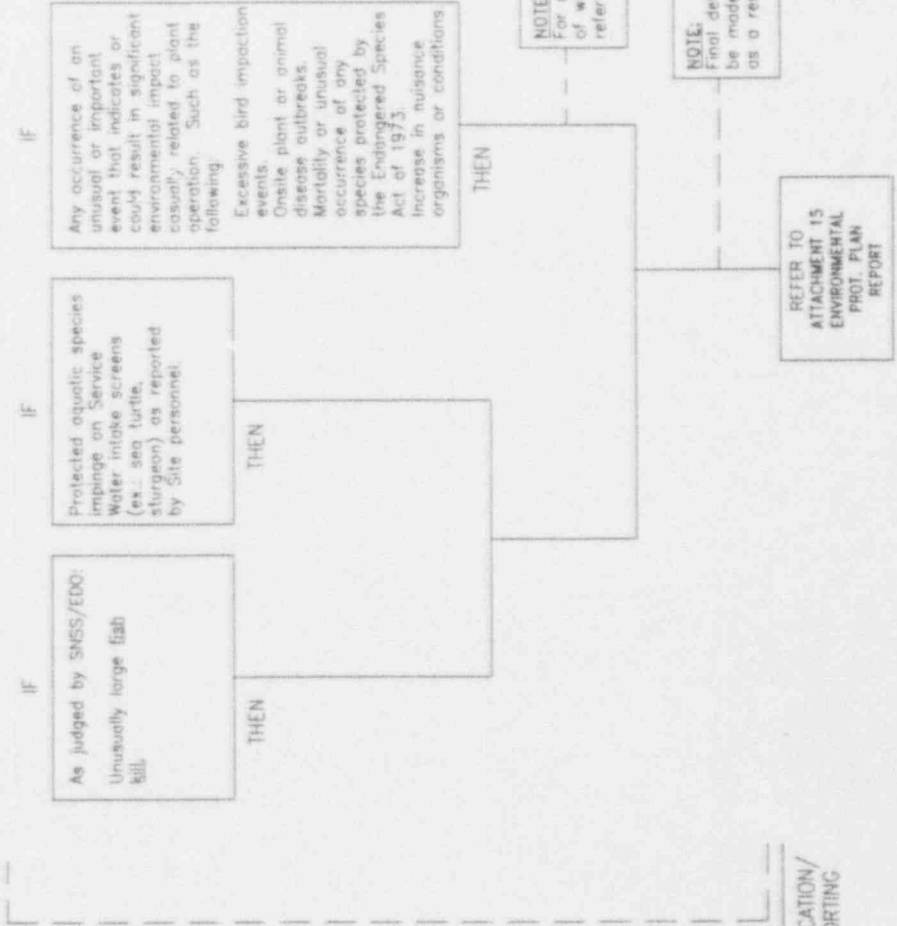
F. UNUSUAL OR IMPORTANT ENVIRONMENTAL EVENTS [HCGS OPERATING LICENSE, APPENDIX B, SECTION 4.1 ENVIRONMENTAL PROTECTION PLAN]

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

INITIATING
CONDITIONS

EALS

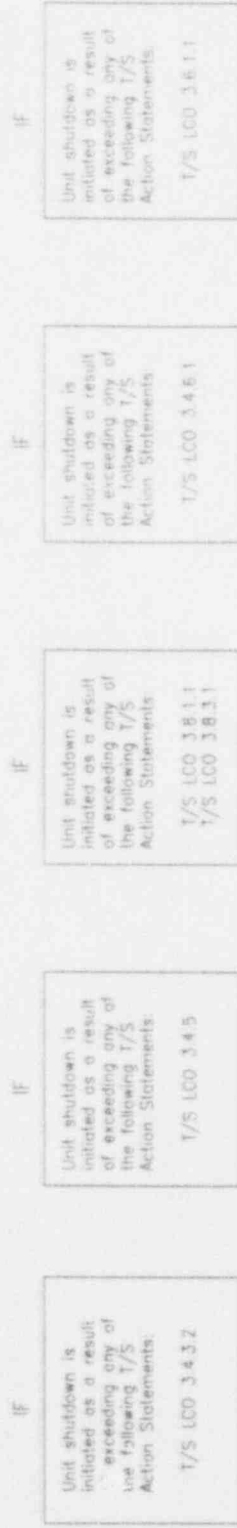
NOTIFICATION/
REPORTING



SECTION 18 TECHNICAL SPECIFICATION / PLANT STATUS CHANGES

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

- | 1. REACTOR COOLANT SYSTEM LEAKAGE | 2. SPECIFIC ACTIVITY OF THE PRIMARY COOLANT | 3. A.C. ELECTRICAL POWER SOURCES | 4. REACTOR COOLANT SYSTEM PRESSURE/TEMPERATURE LIMITS | 5. PRIMARY CONTAINMENT INTEGRITY |
|-----------------------------------|---|----------------------------------|---|----------------------------------|
|-----------------------------------|---|----------------------------------|---|----------------------------------|



EALS

NOTE: Refer to ECG SECTION 1 prior to classification for possible escalating conditions.

NOTE: Refer to ECG SECTION 5 prior to classification for possible escalating conditions.

NOTE: Refer to ECG SECTION 9 prior to classification for possible escalating conditions.

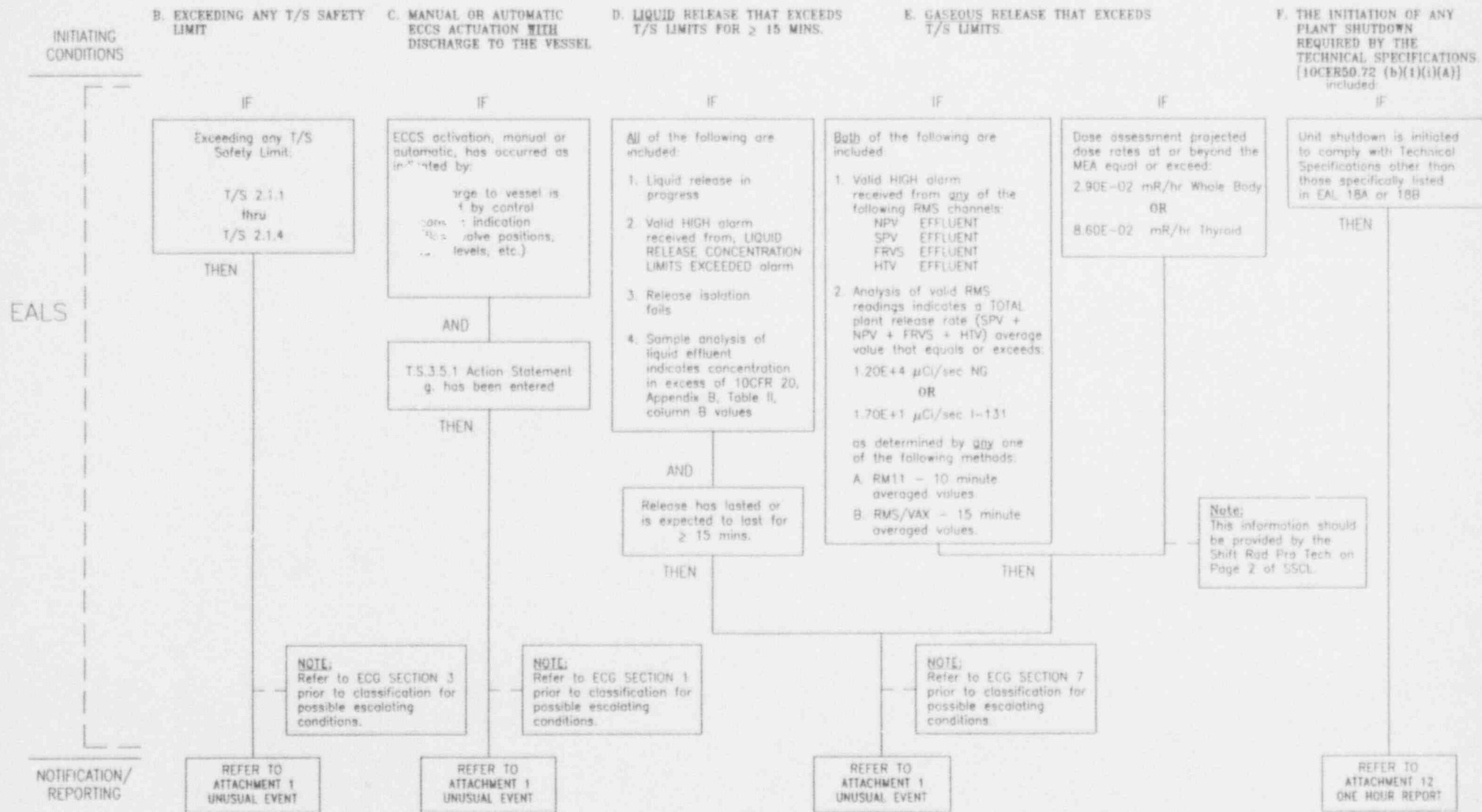
NOTE: Refer to ECG SECTION 6 prior to classification for possible escalating conditions.

REFER TO ATTACHMENT 1 UNUSUAL EVENT

NOTIFICATION/REPORTING

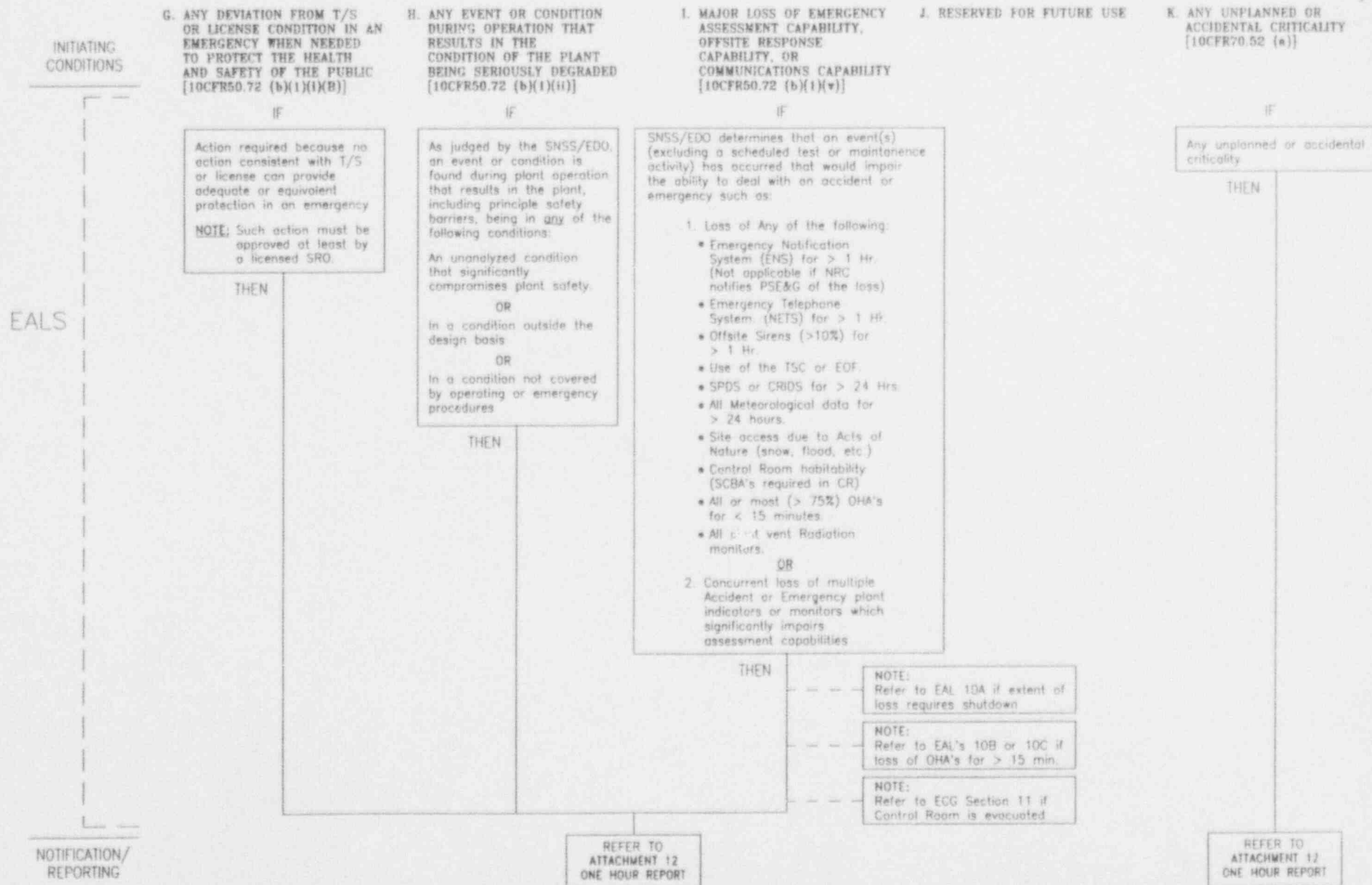
SECTION 18

TECHNICAL SPECIFICATION / PLANT STATUS CHANGES

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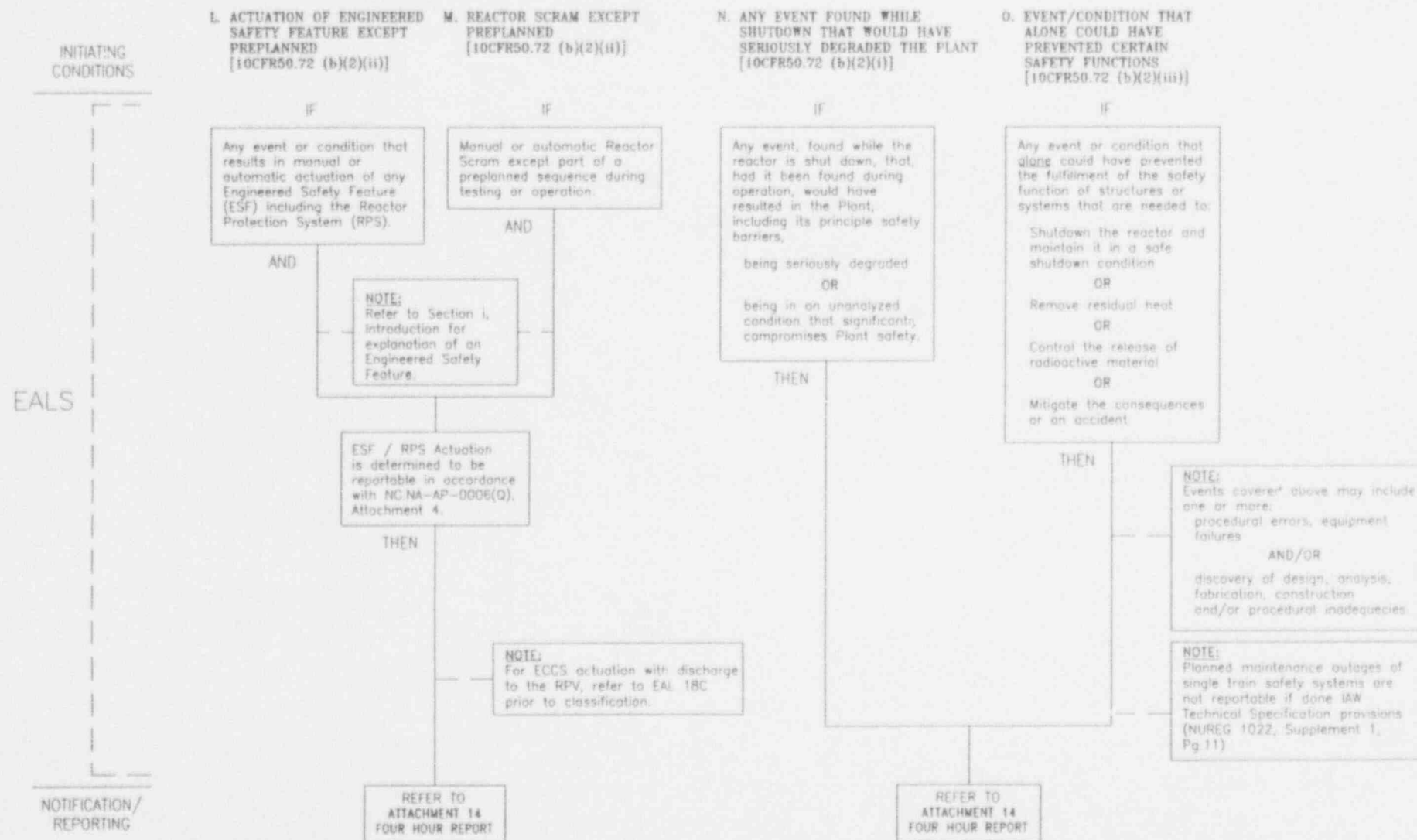
TECHNICAL SPECIFICATION / PLANT STATUS CHANGES

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TECHNICAL SPECIFICATION / PLANT STATUS CHANGES

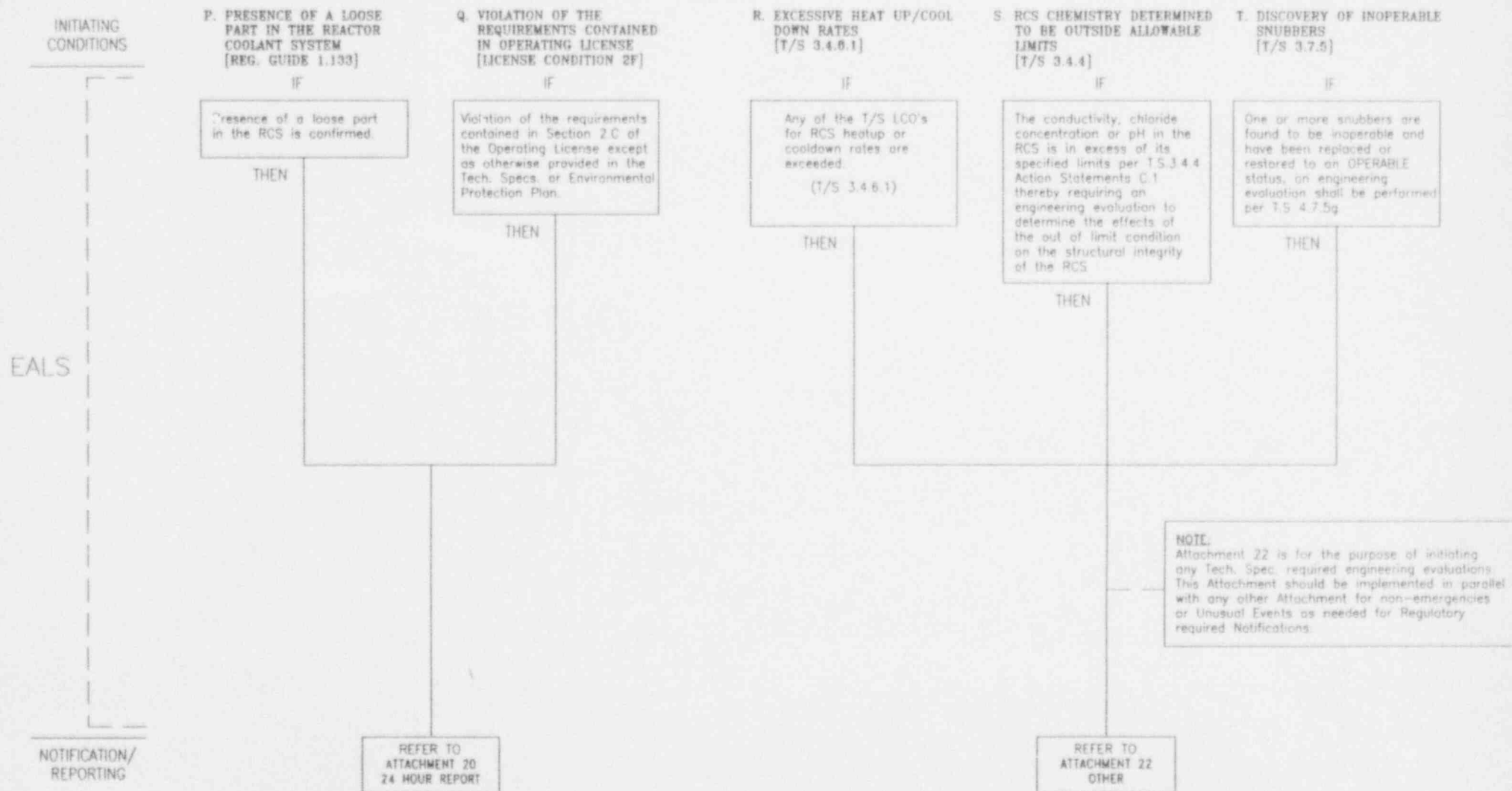
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REV. 9

SECTION 18

TECHNICAL SPECIFICATION / PLANT STATUS CHANGES

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ATTACHMENT 1

UNUSUAL EVENT

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Initial Contact Message Form (ICMF)	16

I. EMERGENCY COORDINATOR LOG SHEET

INSTRUCTIONS:

1. This is a permanent record.
2. Each step shall be initialed or marked N/A as appropriate.
3. Emergency Coordinator (EC) responsibility is

fulfilled by: _____
Name
Title: _____
(SNSS/EDO/ERM)

INITIALS

EC A. Declare an UNUSUAL EVENT. Notify Control Room Staff
and call the communicators to the Control Room.

ECG Section _____ Initiating
Condition _____
Declared at _____ hrs on _____
time date

NOTE:

If directed to implement this attachment due to a "Reduction"
of the event, proceed to Section "C" and do not implement
Section "B".

B. NOTIFICATIONS

- _____
EC 1. Check appropriate boxes and provide brief
description of the event on the INITIAL CONTACT MESSAGE
FORM (ICMF) (page 16 of this attachment). Complete,
approve, and provide ICMF to the Designated Communicator
(CM1).

INITIALS

- _____
EC
2. Direct the Designated Communicator (CM1) to implement **Attachment 6** and make the notifications on the Communications Log within the time limits specified.
- _____
EC
3. Direct the Secondary Communicator (CM2) to implement **Attachment 8**.

NOTE:
Complete all applicable steps of subsections C thru G below. Then proceed to H.

C. TRANSPORT OF INJURED TO HOSPITAL ☐ YES ☐ NO

- _____
EC
1. Coordinate onsite medical response per procedure, HC.FP-EO.ZZ-0003(Z), "Control Room Medical Emergency Response."

D. SERIOUS INJURY/FATALITY OF NUCLEAR DEPARTMENT EMPLOYEE

☐ YES ☐ NO

- _____
EC
1. Notify the Admin Services Manager or representative with information requested on page 15 of this attachment.

name notified at _____ hrs on _____
time date

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

name notified at _____ hrs on _____
time date

INITIALS

E. SECURITY RELATED EVENT

☐

YES

☐

NO

EC

1. Notify the PSE&G Security Supervisor (X2222) to implement the Security Contingency Plan.

EC

2. If a bomb search is required;
a. Direct the OSC to be activated per EPIP 202H.
b. Direct the OSC Coordinator to implement Bomb Search Operations IAW EPIP 202H.
c. Direct the NCOs to check control boards for correct valve lineups.

F. LOSS, THEFT, DIVERSION OF SPECIAL NUCLEAR MATERIAL (SNM)

☐

YES

☐

NO

EC

1. Notify NRC Region I Office (215-337-5000) of the event immediately (within 1 hour). Use NRC Data Sheet to record additional information provided to the NRC.

_____ notified at _____ hrs on _____
name time date

G. SAFETY LIMIT VIOLATIONS

☐

YES

☐

NO

EC

1. Notify the GM - Quality Assurance and Nuclear Safety within 24 hours.

	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
Richard Swanson	1400	(609) 468-2575	478-5271

Notified at _____ hrs on _____
time date

EC

2. Notify the VP and Chief Nuclear Officer within 24 hours.

	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
Steve Miltenberger	1100	(215) 993-3726	478-5097

Notified at _____ hrs on _____
time date

H. EMERGENCY COORDINATOR DUTIES

INITIALS

- _____
EC
1. Notify the Salem Senior Nuclear Shift Supervisor (NETS - x5127; 9-339-5200) and provide a briefing on the Unusual Event.
 2. If necessary, account for personnel in accordance with Accountability Instruction provided in Section II, (on pages 7, 8, & 9) of this attachment.
- _____
EC

AND

- _____
EC
- If Accountability is implemented, direct the OSC coordinator to activate the OSC in accordance with EPIP 202H.

NOTE:

SSCL shall be transmitted every 30 minutes or immediately if a significant change in station status occurs.

- _____
EC
3. Upon receipt of the Station Status Checklist (SSCL) from the (CM2), review and approve for transmittal.
 4. Ensure the completion and approval of the NRC Data Sheet form.
 - a. Obtain the form (both pages) from the CM2 (Att. 8)
 - b. Provide the approved form to the CM2.
 - c. Notify the NRC of any significant changes in Plant Status, Emergency Status, or any actions taken in accordance with 10CFR50.54(x).
 - d. Direct CM2 to log or document (via NRC Data sheet) any additional information provided to the NRC. This includes, but is not limited to, changes in Plant Status, Emergency Status, or any actions taken in accordance with 10CFR50.54(x).
- _____
EC

INITIALS/
TIME

EC

5. If relieved as EC prior to termination of the Unusual Event, document the name of your relief below.

_____ assumed EC duties at _____ hrs.
Name time

EC

6. If the event classification escalates above an Unusual Event, exit this attachment and implement a new attachment as directed by the classifying section.

Escalated to (circle one) Alert - SAE - GE

EC

7. When necessary to terminate the event, to Section III, Termination, of this attachment.

EC

8. Ensure that appropriate reports are made IAW Section IV of this attachment.

II. ACCOUNTABILITY INSTRUCTION FOR THE PROTECTED AREA

INITIALS/
TIME

1. Implement Assembly and Accountability as follows:

- /
EC
- a. Notify Security to implement EPIP 901, "Opening the TSC," and EPIP 902, "Accountability/Evacuation," Sections 3.1 and 3.2 only, for Assembly and Accountability.
- /
EC
- b. Notify the Salem SNSS to implement Appendix 6 of EPIP 101S, "Accountability Instructions For An Unusual Event At Hope Creek."
- /
EC
- c. Direct the Radiation Alert Alarm be sounded and the following page announcement made.
- "Attention, Attention
- "Hope Creek is in an Unusual Event condition"
- "All PSE&G personnel assemble at your accountability stations. All contractors leave Artificial Island immediately". (Repeat)
- /
EC
- d. Allow five (5) minutes for key personnel to reach accountability stations, then continue with this procedure.

NOTE:

Timely page announcements are crucial to ensure accountability results are available within 30 minutes.

- /
EC
(T+0 Min)
- e. Sound the Radiation Alert Alarm and announce on the station page:
- "Attention, Attention, all accountability stations implement accountability." (Repeat Twice)

II. ACCOUNTABILITY INSTRUCTION FOR THE PROTECTED AREA (CONT)

INITIALS/
TIME _____

NOTE:

Personnel dispatched by the SNSS or OSC Coordinator who are taking vital actions to mitigate emergency events may be accounted for verbally and an accountability card exemption form of EPIP 202, completed and deposited to security.

_____/_____
EC

- f. Ensure accountability cards for the Control Room Staff and communicators are collected and provided to the OSC Coordinator.

_____/_____
EC
(T+10 Min)

- g. Announce the following on the station page, 10 minutes after the first accountability announcement.

"Attention, Attention. All accountability stations complete your initial accountability." (Repeat twice.)

_____/_____
EC
(T+20 Min)

- h. Announce the following on the station page (20 minutes after the first accountability announcement.)

"Attention, Attention. All accountability stations complete your 30 minute accountability." (Repeat twice)

_____/_____
EC
(T+30 Min)

- i. Obtain from Security a list of unaccounted for personnel. If Security has not supplied results of the accountability within 30 minutes of the first accountability announcement, then contact the TSC Security Liaison and request accountability results.

Hope Creek (NETS X5214)
Salem (NETS X5117)

II. ACCOUNTABILITY INSTRUCTION FOR THE PROTECTED AREA (CONT)

INITIALS/
TIME

/_____
EC

- j. Designate an individual to attempt to locate unaccounted for personnel as follows:

Note:

Steps A through D should be coordinated with the other Station's SNSS, or EDO, or their designees.

- A. Page individuals over the plant page.
- B. Obtain feedback from unaccounted for person's co-workers/supervisors on last known location/job assignment.
- C. Request Security's assistance in locating unaccounted for personnel.
- D. Call individual's home to verify work schedule.

/_____
EC

- k. Update Security as missing personnel are accounted for.

/_____
EC

- l. Initiate Search and Rescue Operations in accordance with EPIP 202, OSC Activation and Operations, if appropriate.

/_____
EC

- m. Accountability actions are complete, return to step H3 of this attachment (page 5).

III. TERMINATION

INITIALS

EC

1. Terminate when either of the following conditions are met:
 - a. None of the Emergency Action Levels defined in the ECG are applicable,

OR

- b. If the Emergency Action levels are still applicable and the plant is in a stable condition, then refer to the EMERGENCY COORDINATOR RECOVERY CHECKLIST of this attachment (page 12) to determine if the Unusual Event can be terminated by entering recovery.

EC

2. Upon completion of Step 1 of this section complete EMERGENCY TERMINATION/RECOVERY FORM of this attachment (page 13) as follows:
 - a. If terminating the event without recovery, complete Part "A".
 - b. If terminating the event with recovery, complete Part "B".

EC

3. If terminating the event with recovery, direct the Recovery Manager (Duty EDO) to implement Recovery Operations and assume the following responsibilities.
 - a. Evaluation of the emergency (may be delegated to SERT).
 - b. Determine measures required to return plant to normal operations.
 - c. Coordinate contractor support as required.

EC

4. Provide the completed EMERGENCY TERMINATION/RECOVERY FORM, to the Communicator and direct him/her to make the proper notification(s) using the Communications Log in Attachment 6 (time limits do not apply to termination calls).

III. TERMINATION (CONT)

INITIALS

- | | |
|-------------|--|
| _____
EC | 5. Notify the Salem SNSS that the Unusual Event has been terminated. |
| _____
EC | 6. Collect all documentation and forward as indicated in Section IV, Pg. 14, of this attachment. |

III. TERMINATION (CONT)

EMERGENCY COORDINATOR'S RECOVERY CHECKLIST FOR UNUSUAL EVENT

THE EMERGENCY COORDINATOR SHALL:

- A. Answer the following questions which are prerequisites for terminating an Unusual Event by entering recovery.

Are Radiological releases terminated or, if not terminated, is the release rate decreasing and less than the Unusual Event Classification Emergency Action Levels in Section 7 of the ECG?

☐ YES ☐ NO

Are Radiation Levels in all areas of the plant either stable or decreasing?

☐ YES ☐ NO

Is the plant in a safe, stable condition with no reason to expect further degradation?

☐ YES ☐ NO

Is the integrity of the station power supplies and ECCS equipment, required for safe shutdown, intact?

☐ YES ☐ NO

Can full time operations of the Operations Support Center be terminated?

☐ YES ☐ NO

- B. If questions above have all been answered YES then proceed to Step C on this checklist, otherwise, termination of the event should not be considered at this time.

- C. Has the Emergency Duty Officer been briefed on the Emergency Situation and concurred that terminating the event with an EAL still applicable is a correct course of action? If yes, proceed to Step D on this checklist. If no, termination of the event should not be considered at this time.

☐ YES ☐ NO

Name of Contact

- D. Sign and date this checklist and return to Section III, Step 2, (page 10) of this ECG Attachment and proceed with termination with recovery.

Emergency Coordinator

_____/_____
Date Time

III. TERMINATION (CONT)

EMERGENCY TERMINATION/RECOVERY FORM - UNUSUAL EVENT

PART "A" - EMERGENCY TERMINATION WITHOUT RECOVERY:

THIS IS _____, COMMUNICATOR IN THE CONTROL
(communicator's name)
ROOM, AT THE HOPE CREEK GENERATING STATION. THIS IS TO
NOTIFY YOU THAT AS OF _____, ON _____, THE
(time) (date)
UNUSUAL EVENT HAS BEEN TERMINATED.

EC APPROVAL TO TRANSMIT

PART "B" - TERMINATION WITH RECOVERY:

THIS IS _____, COMMUNICATOR IN THE CONTROL
(communicator's name)
ROOM, AT THE HOPE CREEK GENERATING STATION. THIS IS TO
NOTIFY YOU THAT AS OF _____, ON _____, THE
(time) (date)
UNUSUAL EVENT HAS BEEN TERMINATED AND HOPE CREEK IS NOW
IN A RECOVERY STATUS. _____ IS THE
DUTY EDO
RECOVERY MANAGER.

EC APPROVAL TO TRANSMIT

IV. REPORTING

Instructions

1. This is a permanent document - all pages of this Attachment.
2. Appropriate documents shall be appended to this form and the package expedited through all steps.
3. Responsible person shall initial each step.

INITIALS

1. Ensure that an Incident Report (IR) is prepared.
SNSS
2. Forward this attachment, along with the (IR) and any any supporting documentation, to the Operations Manager (OM).
SNSS
3. Review IR, this attachment and any other relevant information for correct classification of event and corrective action taken.
OM
4. Contact the LER Coordinator (LERC) and request that the required reports be prepared. Provide this attachment and any other supporting documentation to the LERC.
OM
5. Prepare required reports. ECG Attachment 23 may be used as a guide for reporting requirements.
LERC
Report or LER Number _____
6. When no longer required, send this attachment and appended documents to the Emergency Preparedness Manager (EPM).
LERC
7. Forward this attachment to the Central Technical Document Room for microfilming.
EPM

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

INITIAL CONTACT MESSAGE FORM (ICMF)

NOTE: In the event of a test, drill or exercise, begin and end each message with the phrase "THIS IS A DRILL, THIS IS A DRILL".

I. THIS IS _____, COMMUNICATOR IN THE CONTROL ROOM
(Name)

AT HOPE CREEK NUCLEAR GENERATING STATION.

☒ THIS IS A NOTIFICATION OF AN UNUSUAL EVENT.

THE UNUSUAL EVENT WAS DECLARED AT _____ ON _____
(24 HR CLOCK) (DATE)

II. ECG SECTION _____ INITIATING CONDITION _____

DESCRIPTION OF EVENT: _____

III.

☐ THERE IS NO RELEASE IN PROGRESS.

☐ THERE IS A RELEASE IN PROGRESS.*

33 FT. LEVEL WIND SPEED: _____ WIND DIRECTION (FROM): _____
(MPH) (DEGREES)

IV. ☒ NO PROTECTIVE ACTIONS ARE RECOMMENDED AT THIS TIME

EC INITIALS TIME
(EC Approval to Transmit ICMF)

* Release is defined as: Plant Effluent > Tech Spec Limit of
1.20E+4 uCi/sec Noble Gas or
1.70E+1 uCi/sec I-131.

ATTACHMENT 8

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

Table of Contents

	<u>Pages</u>
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. For Alert or higher event classification, call the T.O.C.
CM2 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 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
CM2 **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. Notify the **Shift Radiation Protection Technician** (X3741)
CM2 to implement EPIP 301H, RPT Onshift Response, if not
already implemented.

_____ 4. For Alert or higher event classification, initiate a
CM2 callout for an additional STA.

_____ 5. Within 60 minutes of an Alert or higher Event
CM2 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 a SPDS terminal in the Control Room and
press the <ERDS> key.
- c. Press the <PAGE UP> key to select "ACTIVATE ERDS
COMMUNICATION".

A. NOTIFICATIONS (cont'd)

- d. When prompted to confirm, type a <1> and then, press the <EXEC> key to execute; "ERDS ACTIVATION ACCEPTED" will be displayed.
- e. Observe activation sequence messages on lower half of screen next to LINK STATUS:

DIALING
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 "ERROR - ERDS CROSSTALK FAILURE" 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.

INITIALS

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.

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 in the Operations Staff area, outside the Work Control Center.

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

B. DATA COLLECTION TRANSMISSION (cont.)

INITIALS

- | | |
|---------------------------------|--|
| <u>CM2/TSC2</u>
<u>/EOF2</u> | 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. |
| <u>CM2/TSC2</u>
<u>/EOF2</u> | 6. Immediately provide SSCL update to the states if a significant change in station status occurs, between regular updates. |
| <u>TSC2/CM2</u> | 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. (pg. 6). |
| <u>TSC2/EOF2</u> | 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.

- | | |
|------------|---|
| <u>CM2</u> | 9. <u>If requested by the TSC or EOF Communicator</u> , 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.) |
|------------|---|

B. DATA COLLECTION/TRANSMISSION (cont'd)

INITIALS

- _____ CM2 10. For Alert or higher classification, complete the MAJOR EQUIPMENT AND ELECTRICAL STATUS FORM (page 9)
- Ensure data is reviewed by a licensed operator.
 - Provide a copy to the OSC Coordinator.
 - Transmit a copy to the TSC/EOF.
 - 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:
- For OPERATIONAL STATUS BOARD use data from the VAX terminal printout or data received from the Control Room.
 - For MAJOR EQUIPMENT and ELECTRICAL STATUS BOARD use data received from the Control Room.
- _____ 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:
- Read the current EC Approved SSCL in its current state of completion.
 - Obtain name of caller and phone number to which follow up SSCL information should be directed.
- Contact Name(DEPO) _____ Phone No. _____

C. INCOMING CALLS (cont'd)

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 follow up SSCL should be directed.

Contact Name (BNE) _____ Phone No. _____

NEW JERSEY DESIGNATED OFFICIALS (BNE & OEM)

____ DePierro, Nick	____ Quinn, Maryanne
____ DiNucci, Nicholas	____ Shashidhara, Shantha
____ Gardner, Patricia	____ Singh, Suren
____ Kolesnik, Tom	____ Tosch, Kent
____ Lipoti, Jill	____ Vann, David
____ Moon, Jenny	____ Wittenberg, Nancy
____ Mulligan, Patrick	____ Weiner, Scott
____ Nicholls, Gerald	____ Wenke, Debbie
____ Pinney, Rich	____ Zannoni, Dennis

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."

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

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

DATE _____

1. 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. 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?		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: CM1 shall provide the data on this form (both pages) when notifying the NRC after reading the ICMF.

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: _____ 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

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.