

SALEM GENERATING STATION
EMERGENCY PLAN
EMERGENCY PLAN PROCEDURES INDEX
MARCH 17, 1982

No. 101
U.S. Nuclear Regulatory Comm.
Director of Nuclear Reactor Reg
Washington, DC 20555
Att: Mr. S. A. Varga, Chief
Operating Reactors BR# 1
Division of Licensing

REV. NO.

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EMERGENCY PLAN REVISION REQUEST FORM
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SALEM GENERATING STATION

MANUAL NO. 105

No. 105
U.S. Nuclear Regulatory Comm.
Director of Nuclear Reactor Reg
Washington, DC 20555
Att: Mr. S. A. Varga, Chief
Operating Reactors BR# 1
Division of Licensing

REVISION NO. As noted on index TO: ☐ PLAN
☒ PROCEDURES MANUAL
☐ TRAINING MANUAL

REVISE YOUR COPY OF THE PLAN BY INSERTING THE ATTACHED SECTION(S) IN THE APPROPRIATE PLACE, AS SPECIFIED BELOW, AND DESTROYING THE OLD SECTION(S). REVISIONS ARE IDENTIFIED BY A VERTICAL LINE IN THE RIGHT MARGIN.

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Figures 2,4,5,6

NOTE: COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS SHEET TO:
MANAGER - NUCLEAR SITE PROTECTION, ARTIFICIAL ISLAND 150
P.O. BOX 236, HANCOCK'S BRIDGE, NJ 08038

MANUAL NO. _____

DATE THIS CHANGE ENTERED _____

DATE THIS INFORMATION REVIEWED WITH SUBORDINATES: _____

SIGNATURE: _____

SALEM GENERATING STATION
EMERGENCY PLAN
EMERGENCY PLAN PROCEDURES INDEX
MARCH 17, 1982

No. 105
U.S. Nuclear Regulatory Comm.
Director of Nuclear Reactor Reg
Washington, DC 20555
Att: Mr. S. A. Varga, Chief
Operating Reactors BR# 1
Division of Licensing

REV. NO.

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ACCIDENT CLASSIFICATION GUIDE EP I-0

PURPOSE

The purpose of this procedure is to describe the Accident Classification System and to delineate those actions necessary to properly identify an accident class by initiating conditions and associated observable plant parameters. Detailed emergency responses or "Action Statements" for each class of emergency are found in Procedures EP I-1, EP I-2, EP I-3 and EP I-4.

DESCRIPTION - ACCIDENT CLASSIFICATION GUIDE

The Classification Guide is separated into four (4) basic modules.

They are:

- 1) RADIOLOGICAL - An actual release of radioactive material, abnormal radiation level, or indicated failure of a fission product boundary.
- 2) OPERATIONAL - Any plant conditions, equipment failures or combination of the two (2) which could result in a radiological incident.
- 3) FIRE/NATURAL/SECURITY - Any fire, natural phenomena, or security event affecting the operability of structures or equipment which could lead to a radiological incident.
- 4) MISCELLANEOUS - Any event not addressed in the Radiological, Operational, or Fire/Natural/Security modules which could lead to a radiological incident or require off-site notification.

Each basic module is broken down into major event categories as submodules, illustrated on the "Accident Classification Flowchart" (Attachment No. 1 of this procedure). Each submodule is then further divided. The specific initiating conditions comprise the left hand column of each page in the Classification Guide. The middle column in the Guide lists the observable plant parameters or "Emergency Action Levels" (EAL's), the recognition of which requires entry into the appropriate accident classification. The right hand column in the Guide provides the accident classification (listed by Emergency Procedure) required for specific initiating conditions.

DESCRIPTION - ACCIDENT CLASSIFICATION FLOWCHART

The Accident Classification Flowchart (Attachment No. 1 of this procedure) is a tool designed to assist the Senior Shift Supervisor/Shift Supervisor/Shift Technical Advisor/EDO in selecting the appropriate portion of the Accident Classification Guide when certain combinations of plant conditions may dictate selection of, or escalation to, a higher order of emergency classification.

USE OF THE ACCIDENT CLASSIFICATION SYSTEM

The mechanisms by which Emergency Procedures EP I-1 through EP I-4 are initially implemented are as follows:

- 1) An event occurs which causes initiation of a Plant Emergency Instruction which in turn refers to a specific part within the Accident Classification Guide.
- 2) Plant parameters which reach an EAL for an accident class in the Accident Classification Guide are observed by plant operators.

Upon recognition of conditions which require implementation of the Emergency Plan, the Control Operators will notify the Senior Shift Supervisor/Shift Supervisor.

In the event that plant conditions degrade or additional abnormal plant conditions arise, the Senior Shift Supervisor/Shift Supervisor/EDO/STA may find additional assessment guidance by use of the Accident Classification Flowchart (although the Flowchart is not intended to replace the Accident Classification Guide). The Flowchart can indicate, for certain combinations of plant conditions, which basic module in the guide contains the Initiating Conditions, EAL's, and applicable Emergency Procedure for the conditions present.

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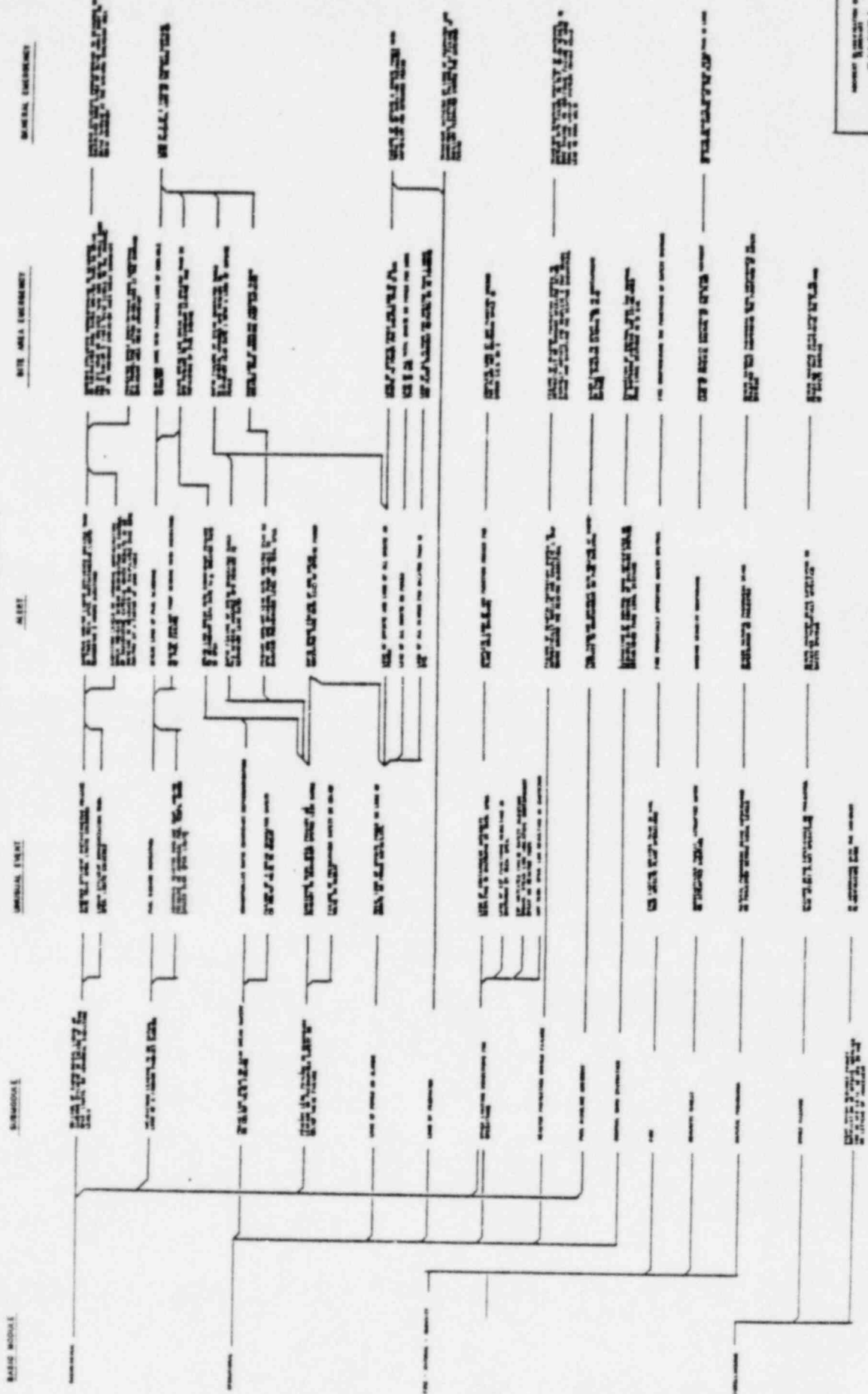
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SALEM GENERATING STATION ACCIDENT CLASSIFICATION GUIDE FLOWCHART



SALEM GENERATING STATION
ACCIDENT CLASSIFICATION GUIDE
REV. 1-0

POST ACCIDENT RMS ASSESSMENT DATA

Salem Generating Station

Date _____

Time _____

Unit No. _____

PLANT VENT FLOW RATE	_____ cfm	
WIND SPEED	EL. 300 _____	EL. 150 _____
WIND DIRECTION (FROM)	EL. 300 _____	EL. 150 _____
$\Delta T (^{\circ}F)$	{300°-13°}	{150°-33°}

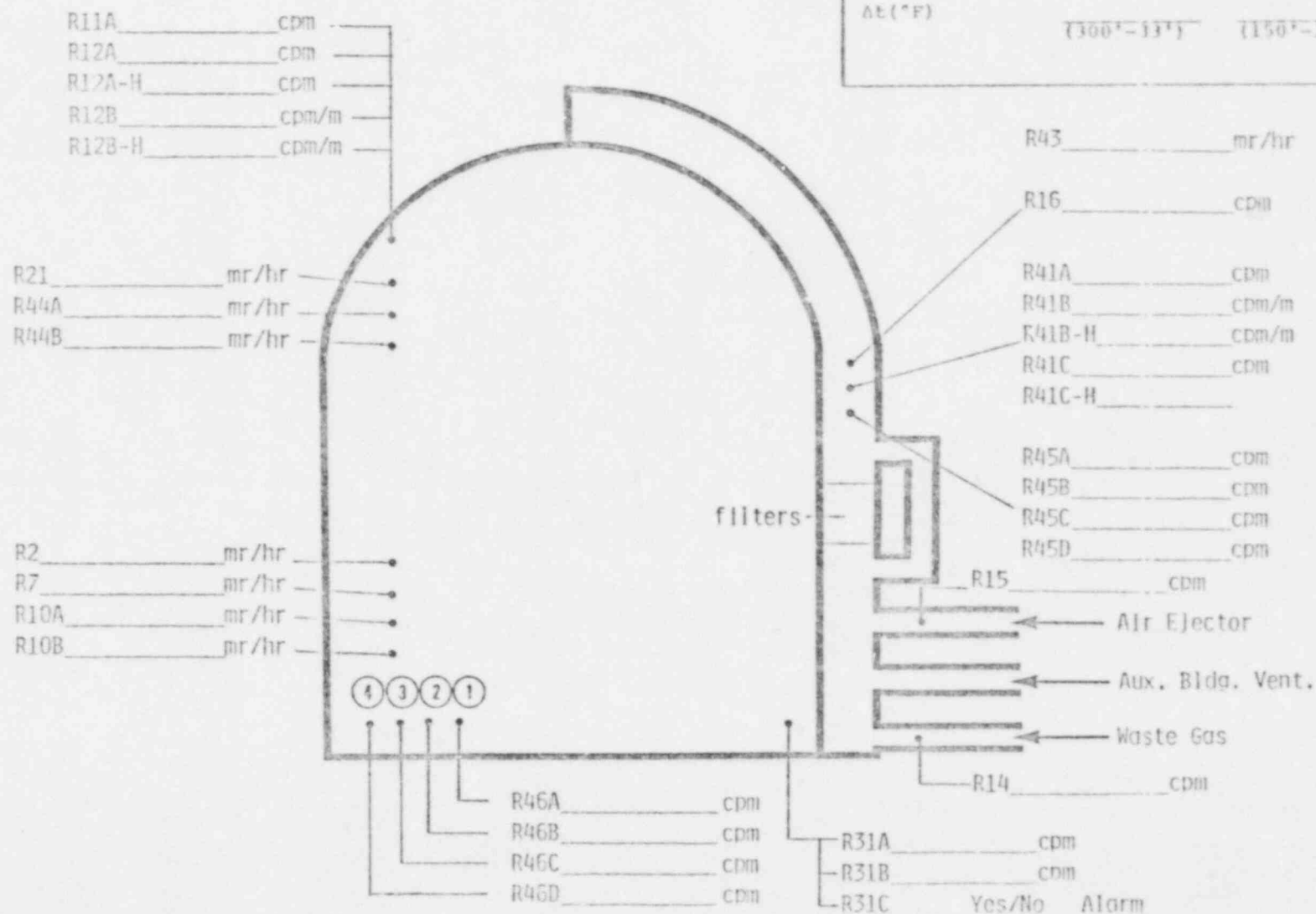


FIGURE NO. 4

REV. 1

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
1. Gaseous effluent instantaneous release rate Technical Specifications limits exceeded for 1 hr. (Appendix B Technical Specification 2.3.3).	<p>A. Any of the following valid process monitor readings for longer than 1 hr. which are greater than:</p> <p>1R-12A: 3.0E4 cpm (vent monitor mode) (1.86E-2 μCi/cc) 1R-12B: 1.5E4 cpm (vent monitor mode)</p> <p>2R-41C: 4.9E5 cpm (1.31 E-2 μCi/cc) 2R-41B: 8.3E4 cpm</p> <p>Conformation by grab sample and laboratory analysis shall be made as soon as possible.</p>	EP I-1
2. Sustained gaseous release (greater than 15 min.) of radiological effluents greater than 10 times Technical Specification instantaneous limits and which is not immediately controllable.	<p>A. Any of the following valid RMS process monitor readings for longer than 15 min. which are greater than:</p> <p>1R-12A: 3.0E5 cpm (vent monitor mode) (1.86E-1 μCi/cc) 1R-12B: 1.5E5 cpm</p> <p>2R-41C: 4.9E6 cpm or high off-scale (1.31E-1 μCi/cc) 2R-41B: 8.3E5 cpm</p>	EP I-2
3. Dose rate at the minimum exclusion area equivalent to 500mR/hr W.B. or 2500mR/hr to the thyroid for 2 minutes.		
A. Based upon Gaseous Effluent Monitors and site specific 5% worst case meteorology.	<p>A. Any of the following valid RMS process monitor readings for longer than two minutes which are greater than:</p> <p>1R-12A: 2.1E6 cpm (3.56E-1 μCi/cc) 1R-12B: 1.0E6 cpm R-43: 5.0E0 mR/hr 2R-41C: 3.4E7 cpm (8.99E-1 μCi/cc) 2R-41B: 5.8E6 cpm</p>	EP I-3
B. Based upon containment radiation levels, design basis leak rate and site specific 5% worst case meteorology.	<p>B. Valid radiation monitor reading as follows:</p> <p>1R-21: Off-scale or 2R-21: 3.7E5mR/hr</p>	EP I-3
C. Based upon dose rate survey.	<p>C. 1) Field team measures whole body dose rates greater than 50 mrem/hr. for 0.5 hr. or greater than 500 mrem/hr. for 2 min. at the MEA.</p> <p>OR</p> <p>2) Field team measures Thyroid dose rates (equivalent I-131 concentrations) greater than:</p> <p>250 mrem/hr (1.0E-7 μCi/cc) for 0.5 hr; or 2500 mrem/hr (1.0E-6 μCi/cc) for 2 min. at the MEA</p>	EP I-3

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
3. (continued)		
Dose rate at the minimum exclusion area equivalent to 500mR/hr W.B. or 2500 mR/hr to the thyroid for 2 minutes.		
D. Projected WB/Thyroid dose using actual meteorology.	D. As indicated by dose calculation procedure EP IV-111, 112 or 113.	EP I-3
4. Dose rate at the minimum exclusion area equivalent to 1R/hr W.B. or 5R/hr to the Thyroid.		
A. Based upon Gaseous Effluent Monitors and site specific 5% worst case meteorology.	A. Any of the following Valid Radiation Monitor Reading as follows: 1R-12A: Off-scale <u>or</u> 1R-12B: Off-scale <u>or</u> R-43: 10mR/hr <u>or</u> 2R-41C: Off-scale <u>or</u> 2R-41B: Off-scale	EP I-4
B. Based upon containment radiation levels, design basis leak rate and site specific 5% worst case meteorology.	B. Valid Radiation Monitor Reading as follows: 1R-21: Off-scale high <u>or</u> 2R-21: 7.5E5 mr/hr	EP I-4
C. Based upon dose rate survey.	C. Field survey team measures 1 R/hr W.B. at the MEA or 5 R/hr Thyroid (I-131 concentration of 2.0E-6 μ Ci/cc).	EP I-4
D. Projected W.B./Thyroid dose using actual meteorology.	D. As indicated by dose calculation procedure EP IV-111, 112, or 113.	EP I-4
5. Radiation levels or airborne contamination which indicate a severe degradation in the control of radioactive materials which results in an increase in measure or calculated dose rate (mR/hr) by a factor of 1000 times.	A. Increase in measured or calculated dose rate (mR/hr) either installed or portable monitoring equipment by a factor of 1000. OR B. Unit 1 verification based on increase of analog strip chart reading over 20 minute period. OR C. Unit 2 verification based on RMS computer trend.	EP I-2

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
6. Liquid effluent concentration specification limits exceeded for 15 min.	<p>*A. Any of the following valid RMS readings for longer than 15 min. which are greater than:</p> <p>1R-18: 1.0E4 cpm or 2R-18: 4.08E4 cpm and</p> <p>B. Isolation valve fails to close.</p> <p><u>OR</u></p> <p>*C. 1R19a, b, c, d: alarm and blowdown to 12SCB tank in progress <u>or</u> 2R19a, b, c, d: alarm and blowdown to 22SCB tank in progress</p>	EP 1-1
7. Fuel Damage indication	<p>A. Radiation Monitor 1(2)R31C (Letdown Monitor) Alarms.</p> <p><u>AND</u></p> <p>B. Sample of RCS confirm equivalent I-131 or gross activity greater than Technical Specification 3.4.8.</p>	EP 1-2
8. Severe loss of fuel cladding	<p>A. Primary coolant sample indicates I-131 concentration equivalent greater than 300 µCi/cc.</p> <p><u>OR</u></p> <p>B. Unit 1 letdown monitor 1R31A in high alarm (off-scale) or Unit 2 letdown monitor 2R31A in high alarm (off-scale) and Laboratory analysis which indicates an increase in failed fuel of 1 percent in 30 min. or a <u>total</u> failed fuel of 5 percent.</p>	EP 1-2
9. Reactor Coolant Pump seizure leading to fuel failure	<p>A. 1) Motor current spiking to the locked rotor value then going to zero.</p> <p><u>OR</u></p> <p>2) Sudden decrease in RCS flow in the affected loop.</p> <p><u>OR</u></p> <p>3) Reactor Coolant Pump vibration or Loose Parts Monitor alarm.</p> <p><u>AND</u></p> <p>B. 1) Radiation Monitor 1(2)R31C (Letdown Monitor) alarms</p> <p><u>AND</u></p> <p>2) Sample of RCS confirm I-131 or gross activity greater than Technical Specification 3.4.8.</p>	EP 1-2

*Confirmation by laboratory analysis. Release permit set point based upon Technical Specification and 10CFR20 limits.

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
10. Degraded core with possible loss of coolable geometry (indicators should include instrumentation to detect inadequate core cooling, coolant activity and/or containment radioactivity levels).	<p>A. 5 or more core exit thermocouples indicate greater than 1200°F.</p> <p><u>OR</u></p> <p>B. Loss of all feedwater and auxiliary feedwater capability with no wide range Steam Generator level and no steam pressure.</p> <p><u>OR</u></p> <p>C. 1) Unit 1 letdown monitor 1R31A in high alarm (off-scale), Unit 2 letdown monitor 2R31A in high alarm (off-scale), <u>and</u></p> <p>2) Laboratory analysis which indicates an increase in failed fuel of one percent in 30 min. or a total failed fuel of 5%.</p> <p><u>OR</u></p> <p>3) Primary coolant sample indicates equivalent I-131 concentration greater than 300 µCi/cc;</p> <p><u>OR</u></p> <p>D. 1) Three of four (3/4) wide range hot leg RTD's indicate greater than 700°F.</p> <p><u>AND</u></p> <p>2) RMS monitors, R11A, R12A or R12B alarm <u>or</u></p> <p>3) Containment sump level greater than 81' 3" <u>or</u></p> <p>4) Containment pressure greater than 4.0 psig. (2/4)</p> <p>The following indicators are representative of:</p> <p>A: Degraded core (cladding failure and/or fuel damage)</p> <p>B: Loss of primary coolant (LOCA)</p> <p>C: Containment failure</p> <p>Thus any combination of two of the above with the potential for the third indicates a "General Emergency" condition and EP 1-4 must be implemented immediately.</p>	EP 1-3
11. Loss of 2 or 3 fission product barriers with a potential loss of 3rd barrier, (e.g. loss of primary coolant boundary, clad failure and high potential for loss of containment).		EP 1-4

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
11. (continued)		
Loss of 2 or 3 fission product barriers with a potential loss of 3rd barrier, (e.g. loss of primary coolant boundary, clad failure and high potential for loss of containment).	<p>A. <u>Degraded Core</u></p> <p>1. a) Unit 1 letdown monitor 1R31C in high alarm (off-scale) <u>or</u> Unit 2 letdown monitor 2R31C in high alarm (off-scale)</p> <p><u>AND</u></p> <p>b) Laboratory analysis which indicates an increase in failed fuel of one percent in 30 min. or a total failed fuel of 5%, <u>or</u></p> <p>c) Primary coolant sample indication equivalent I-131 concentration greater than 300 $\mu\text{Ci/cc}$;</p> <p><u>OR</u></p> <p>2. a) Either one of the following:</p> <p>1) 5 or more core exit thermocouples indicating greater than 1200°F.</p> <p><u>OR</u></p> <p>2) Three of four (3/4) wide range hot leg RTD's indicating greater than 700°F.</p> <p><u>AND</u></p> <p>b) One of the following:</p> <p>1) Rapidly diverging ΔT</p> <p><u>OR</u></p> <p>2) No $\Delta T(T_h - T_c = 0)$</p> <p><u>OR</u></p> <p>3. Loss of all feedwater and auxiliary feedwater with no wide range steam generator level indicated and no steam pressure.</p>	

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
11. (continued)		
Loss of 2 or 3 fission product barriers with a potential loss of 3rd barrier, (e.g. loss of primary coolant boundary, clad failure and high potential for loss of containment.	<p>B. <u>Loss of Primary Coolant Inventory</u></p> <p>1. Primary coolant leakage exceeds makeup capacity low pressurizer level with level decreasing and Charging Pumps' flow at maximum.</p> <p><u>OR</u></p> <p>2. a) Valid containment pressure greater than 4.0 psig.</p> <p><u>AND</u></p> <p>b) Accumulator(s) discharge (while in mode 1, 2, or 3)</p> <p><u>OR</u></p> <p>3. Inadequate sub-cooling, as indicated by P-250 strip chart recorder or manual calculation and the plant in modes 1, 2, or 3.</p> <p><u>OR</u></p> <p>4. The following radiation monitor readings:</p> <p>a) 1(2)R21 indicating 20R/hr or greater.</p> <p><u>AND</u></p> <p>b) Any 2 of 4 of the following RMS channels off-scale</p> <p>1(2)R2 1(2)R7 1(2)R10A 1(2)R10B</p> <p><u>OR</u></p> <p>5. Either one of the following:</p> <p>a) 2 out of 5 Fan Coil Unit Drainage Alarms Actuate, <u>or</u> indication of Containment pressure greater than 4.0 psig, (2/4)</p> <p><u>AND</u></p> <p>b) Containment sump level greater than 81' 3". There is <u>no</u> indication of an in-containment steam line break.</p>	

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
11. (continued)		
Loss of 2 or 3 fission product barriers with a potential loss of 3rd barrier (e.g. loss of primary coolant boundary, clad failure and high potential for loss of containment).	C. <u>Containment Failure (Actual or Likely)</u>	
	1. Containment H ₂ concentration greater than 4%.	
	<u>OR</u>	
	2. Indication of Containment pressure greater than 47 psig and increasing. (2/4)	
	<u>OR</u>	
	3. Either of the following:	
	a) There are less than 5 Fan Coil Units available, with no Containment Spray train capability, <u>or</u>	
	b) There are less than 3 Fan Coil Units available, with only 1 Containment Spray train capability.	
	<u>AND</u>	
	c) Indication of Containment pressure greater than 23.5 psig and increasing. (2/4)	
	<u>OR</u>	
	4. Unisolatable steam line break outside containment with indications of a primary to secondary leak.	
	<u>OR</u>	
	5. Containment penetration isolation value(s) or hatch failure as determined by EDO/SSS (Visual observation or high airborne activities around penetration or hatches).	

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
12. Exceeding primary to secondary rate Technical Specification or primary system leak Technical Specification.	<p>A. Primary to secondary leakage exceeding either of the following:</p> <ul style="list-style-type: none"> 1) 1 gpm total leakage through all steam generators, <u>or</u> 2) 500 gallons per day through any one steam generator. <p><u>OR</u></p> <p>B. Reactor coolant system leakage exceeding any of the following:</p> <ul style="list-style-type: none"> 1) No pressure boundary leakage, <u>or</u> 2) 1 gpm UNIDENTIFIED LEAKAGE, <u>or</u> 3) 10 gpm Identified Leakage, <u>or</u> 4) 40 gpm Controlled Leakage with RCS at Normal Operating Pressure 	EP I-1
13. Failure of a Pressurizer Safety or Relief Valve to Reseat.	<p>A. Pressurizer pressure less than 2200 psig with POPS not armed <u>or</u></p> <p>B. Pressurizer pressure less than 375 psig with POPS armed.</p> <p><u>AND</u></p> <p>C. Relief/Safety valve tail pipe high temperature indication <u>or</u></p> <p>D. Pressurizer Relief Tank level increasing</p>	EP I-1
14. Rapid gross failure of one Steam Generator tube with loss of offsite power.	<p>A. Reactor Trip and Safety Injection initiate on decreasing Pressurizer Pressure.</p> <p><u>AND</u></p> <p>B. Valid Radiation Monitor Alarms are received on channels R15 or R19a, b, c, or d.</p> <p><u>AND</u></p> <p>C. Pressurizer pressure (after initial decrease) recovers to a pressure greater than secondary (main steam) pressure and (if required) steam line atmospheric discharges to control steam pressure.</p> <p><u>AND</u></p> <p>D. Offsite power loss is indicated by Overhead Annunciator or meters on panel RP6 or indication on the Control Console.</p>	EP I-2

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
15. Rapid failure of Steam Generator tubes (e.g., several hundred gpm primary to secondary leak rate).	<p>A. Reactor Trip and Safety Injection initiate on decreasing Pressurizer Pressure.</p> <p>AND</p> <p>B. Valid Radiation Monitor Alarms are received on Channels R15 or R19a, b, c, or d.</p> <p>AND</p> <p>C. Pressurizer Pressure fails to recover to a pressure greater than Steam Generator Pressure.</p>	EP I-2
16. Steam line break with significant (e.g., greater than 10 gpm) primary to secondary leak rate.	<p>A. Steam Line Isolation and Safety Injection initiated on High Steam Line Flow with either Low Tavg or Low Steam Pressure and valid Radiation Monitoring Alarms on Channels R15 or R19a, b, c, or d.</p> <p>OR</p> <p>B. Safety Injection initiated on Steam Line High Differential Pressure and valid Radiation Monitor Alarms on R15 or R19a, b, c, or d.</p>	EP I-2
17. Primary coolant leak rate greater than 50 gpm.	<p>A. In accordance with Technical Specification Section 3.4.6.2 and one charging pump is unable to maintain pressurizer level in accordance with Technical Specification Section 3.4.4.</p>	EP I-2
18. Known Loss of Coolant Accident greater than makeup pump capacity.	<p>A. Low pressurizer level with level decreasing and Charging Pumps' flow at maximum.</p>	EP I-3
19. Rapid failure of Steam Generator tubes (several hundred gpm leakage) with loss of offsite power.	<p>A. Reactor Trip and Safety Injection initiate on decreasing Pressurizer Pressure.</p> <p>AND</p> <p>B. Valid Radiation Monitor Alarms are received on Channels R15 or R19a, b, c, or d.</p> <p>AND</p> <p>C. Pressurizer Pressure fails to recover to a pressure greater than Steam Generator Pressure.</p> <p>AND</p> <p>D. Offsite power loss is indicated by Overhead Annunciators and/or meters on Panel RP6 and on the control console.</p>	EP I-3

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
20. Steam line break with greater than 50 gpm primary to secondary leakage and indication of fuel damage.	<p>A. Steam Line Isolation and Safety Injection initiated on High Steam Line Flow with either Low Tavg or Low Steam Pressure <u>or</u></p> <p>B. Safety Injection initiated on Steam Line High Differential Pressure.</p> <p><u>AND</u></p> <p>C. Valid Radiation Monitor Alarms on Channels R15 or R19a, b, c, or d.</p> <p><u>AND</u></p> <p>D. Unit 1 letdown monitor 1R31A in high alarm (off-scale) Unit 2 letdown monitor 2R31A in high alarm (off-scale)</p> <p><u>AND</u></p> <p>E. Laboratory analysis which indicates an increase in failed fuel of 1 percent in 30 min. or a <u>total</u> failed fuel rate of 5 percent, <u>or</u></p> <p>1) Primary coolant sample indicates I-131 concentration greater than 300 µCi/cc.</p>	EP 1-3
21. Loss of Containment Integrity resulting in a unit shutdown by Technical Specifications.	<p>A. In accordance with Technical Specification Section 3.6.1.</p>	
22. Fuel damage accident with release of radio-activity to containment or fuel handling building.	<p>A. A valid alarm on the following Radiation Monitor</p> <p>1) 1(2)R5: Alarm <u>or</u> 2) 1(2)R9: Alarm <u>or</u> 3) 1(2)R29: Alarm</p> <p><u>AND</u></p> <p>4) 1R12A (in Plant Vent Mode) or 2R41B: Alarm <u>or</u> 5) 1R12B (in Plant Vent Mode) or 2R41C: Alarm</p> <p><u>OR</u></p> <p>B. 2 of the 4 Containment RMS Monitor</p> <p>1) 1(2)R2: Alarm 2) 1(2)R7: Alarm 3) 1(2)R10A: Alarm 4) 1(2)R10B: Alarm</p> <p><u>AND</u></p> <p>1) 1(2)R21: 1R/hr</p> <p><u>AND</u></p> <p>C. Verify fuel handling problem where damage to fuel may have occurred.</p>	EP 1-2

ACCIDENT CLASSIFICATION GUIDE

RADIOLOGICAL: An actual Release of Radioactive material, abnormal radiation levels or indicated failure of a fission product boundary.

INITIATING CONDITION

23. Major damage to spent fuel in containment or fuel handling building (e.g., large object damages fuel or water loss below fuel level).

EMERGENCY ACTION LEVELS

ACCIDENT CLASS

EP 1-3

A. A valid alarm on the following Radiation Monitor

- 1) 1(2)R5: Alarm or
- 2) 1(2)R9: Alarm or
- 3) 1(2)R29: Alarm

OR

B. 2 of the 4 Containment RMS Monitor

- 1) 1(2)R2: Alarm
- 2) 1(2)R7: Alarm
- 3) 1(2)R10A: Alarm
- 4) 1(2)R10B: Alarm

AND

- 1) 1(2)R21: 1R/hr

AND

C. Confirmed fuel damage or loss of water level to below fuel level.

ACCIDENT CLASSIFICATION GUIDE

OPERATIONAL: Any abnormal plant conditions, equipment failures, or combination of the two which could result in a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
1. Manual or automatic actuation of emergency core cooling systems with a discharge to the vessel.	<p>A. Any limit in Technical Specification Table 3.3-3 and 3.3-4 exceeded or manual initiation has been made <u>or</u></p> <p>B. Logic lights for any single or coincidence initiation lit on RP-4, Safeguards Status Display.</p> <p><u>AND</u></p> <p>C. ESF System Actuation is verified by control console indication (flow, valve positions, tank levels, etc.) for any of the following:</p> <ol style="list-style-type: none"> 1) <u>Safety Injection</u> 2) <u>Steam Line Isolation</u> 3) <u>Containment Spray</u> <p><u>OR</u></p> <p>D. Verification that one or more of the limits of Technical Specification Table 2.2-1 has been exceeded or manual initiation has been made <u>and</u></p> <p>E. Rod bottom lights are lit, control console indication (nuclear instruments, rod position indication, etc.) or overhead annunciator (Section F) indicates a <u>Reactor Trip</u>.</p>	EP I-1
2. Uncontrolled rapid secondary depressurization (steam or feedwater line rupture).	<p>A. High Steam Flow <u>or</u></p> <p>B. Abnormal increase in feedwater flow to one or two steam generators</p> <p><u>AND</u></p> <p>C. Any of the following:</p> <ol style="list-style-type: none"> 1) Low steam generator pressure 2) Low T (average) 3) Reduced RCS pressure 	EP I-1
3. Failure of a steam generator Safety or Atmospheric relief valve to reseal.	<p>A. Visual and/or audible indication at the vent stacks of the open valve after pressure restored to desired level.</p> <p><u>OR</u></p> <p>B. Excess feedwater flow or steam flow for the affected generator.</p>	EP I-1
4. Loss of Engineered Safety Feature function requiring shutdown by Technical Specification (because of malfunction, personnel error or procedural inadequacy).	<p>A. In accordance with Technical Specification Section 3.2</p>	EP I-1

ACCIDENT CLASSIFICATION GUIDE

OPERATIONAL: Any abnormal plant conditions, equipment failures, or combination of the two which could result in a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
5. An event which requires initiation of unit shutdown to comply with Technical Specification Limiting Conditions for Operation.	A. In accordance with Technical Specifications.	EP I-1
6. Complete loss of any function needed for plant cold shutdown.	A. Failure of the RHR system to attain or maintain the primary system temperature less than 200°F.	EP I-2
	<u>OR</u>	
	B. Entry into Action Statement a. of Technical Specification Section 3.5.3 (Emergency Core Cooling System).	
7. Complete loss of any function needed for plant hot shutdown.	A. Loss of Main and Auxiliary Feedwater.	EP I-3
	<u>OR</u>	
	B. Loss of Steam Dump system and all Steam Generator Power Operated Relief Valves and Safety Valves.	
8. Total loss of offsite power or loss of on-site AC power capability.	A. Shutdown required in accordance with Technical Specification Section 3.8.1.1.a.	EP I-1
	<u>OR</u>	
	B. Indication of the loss of 500 KV, 13 KV and 4 KV group buses on the control console, RP-6 electrical display and lit overhead annunciators (Section J and K).	
	<u>OR</u>	
	C. Reactor Trip on "Loss of 4 KV Group Buses" (overhead annunciator F-26).	
	<u>OR</u>	
	D. Shutdown required in accordance with Technical Specification Section 3.8.1.1.b.	
	<u>OR</u>	
	E. Indication of loss of 4 KV Vital Buses on the control console and on overhead annunciators (J-17, 18, 19) with inability to energize those buses from the emergency diesels.	

ACCIDENT CLASSIFICATION GUIDE

OPERATIONAL: Any abnormal plant conditions, equipment failures, or combination of the two which could result in a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
9. Loss of offsite power and loss of all onsite AC power.	A. Indication of the loss of 500 KV, 13 KV and 4 KV Group Buses on the control console, RP-6 electrical display and lit overhead annunciators (Section J and K). <u>AND</u> B. Indication of loss of 4 KV Vital Buses on the control console and on the overhead annunciators (J-17, 18, 19) with inability to energize those buses from the emergency diesels.	EP 1-2
10. Loss of offsite power and loss of all on-site AC power for more than 15 minutes.	A. Indication of the loss of 500 KV, 13 KV and 4 KV Group Buses on the control console, RP-6 electrical display and lit overhead annunciators (Section J and K) for greater than 15 minutes. <u>AND</u> B. Indication of loss of 4 KV Vital Buses on the control console and on overhead annunciators (J-17, 18, 19) with inability to energize those buses from the emergency diesels for greater than 15 minutes.	EP 1-3
11. Failure of offsite and onsite power along with total loss of Auxiliary Feedwater System capability for several hours and projected core melt and failure of containment.	A. Loss of 500 KV, 13 KV and 4 KV Group Buses, Vital Buses <u>AND</u> B. Inability to energize 4 KV Vital Buses from emergency diesel generators for greater than 2 hours <u>AND</u> C. Flow indication for Auxiliary Feedwater System shows no flow for greater than 2 hours.	EP 1-4
12. Loss of all onsite DC power.	A. Receipt of all the following valid overhead annunciator alarms: A23, A31, A39, A46 and A47.	EP 1-2
13. Loss of all onsite DC power for more than 15 minutes.	A. Receipt of all the following valid overhead annunciator alarms: A23, A31, A39, A46 and A47. <u>AND</u> B. Inability to restore onsite DC power within 15 minutes of the occurrence.	EP 1-3
14. Loss of all overhead annunciator alarms for more than 15 minutes due to an unknown cause.	A. As Stated.	EP 1-2
15. Loss of all overhead annunciator alarms for more than 1 hour and a plant transient initiated or in progress.	A. As Stated.	EP 1-3

ACCIDENT CLASSIFICATION GUIDE

OPERATIONAL: Any abnormal plant conditions, equipment failures, or combination of the two which could result in a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
16. Failure of the Reactor Protection System to initiate and complete a trip which brings the reactor subcritical.	A. Receipt of Reactor Protection Logic input (see Technical Specification Table 2.2-1) as displayed on panel RP-4. AND B. Not all Rod Bottom lights lit or Nuclear Instrumentation indicates reactor not subcritical.	EP I-2
17. Failure of the Reactor Protection System to automatically, or through control operation action, manually initiate and complete a trip which brings and maintains the reactor subcritical.	A. Receipt of Reactor Protection Logic (see Technical Specification Table 2.2-1) as on panel RP-4. AND B. All Rod Bottom lights not lit or Nuclear Instrumentation indicates reactor not subcritical.	EP I-3
18. Evacuation of Control Room anticipated or required with control of shutdown systems established from local stations.	C. No boration capabilities. A. As Stated.	EP I-2
19. Evacuation of Control Room and control of shutdown systems not established from local stations in 15 minutes.	A. As Stated.	EP I-3
20. Transient initiated by loss of Feedwater and Condensate Systems followed by failure of Auxiliary Feedwater System for extended period and core melting possible in several hours.	A. Reactor trip on low feedwater flow; AND B. Decreasing wide-range steam generators; toward off-scale low on all steam generators; AND C. 1) Auxiliary feedwater flow indicators indicate zero flow 2 minutes after required; or 2) Control Console indication of turbine and motor driven Auxiliary Feedwater pumps indicates pumps not running 2 minutes after required; AND D. Auxiliary Feedwater cannot be restored within 30 minutes.	EP I-4

ACCIDENT CLASSIFICATION GUIDE

OPERATIONAL: Any abnormal plant conditions, equipment failures, or combination of the two which could result in a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
21. Transient requiring operation of shutdown systems with failure to scram which results in core damage or additional failure of core cooling and makeup systems (which could lead to core melt).	A. Reactor remains critical or returns to criticality after trip; <u>AND</u> B. 1) Flow indicators on safety injection systems and RHR systems show zero flow with safety injection initiated; <u>or</u> 2) Status lights show safety injection systems and RHR pumps not running with safety injection initiated.	EP 1-4

ACCIDENT CLASSIFICATION GUIDE

FIRE/NATURAL/SECURITY: Any fire, natural phenomena, or security event affecting the operability of structures or equipment, which could lead to a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
1. Fire lasting greater than 10 minutes that affects plant operation (e.g., causes a reduction in power or a mode change).	A. Observation of a fire lasting greater than 10 minutes that affects plant operation	EP I-1
	OR	
	B. Fire alarm received and confirming observation of a fire lasting greater than 10 minutes that affects plant operation.	
2. Fire potentially affecting safety systems.	A. Observations of a fire in one of the following areas potentially affecting a safety system:	EP I-2
	1) Containment <u>or</u>	
	2) Control Room <u>or</u>	
	3) Relay Room <u>or</u>	
	4) Protection Racks <u>or</u>	
	5) Auxiliary Building <u>or</u>	
	6) Service Water Structure <u>or</u>	
	7) Penetration Areas <u>or</u>	
	8) Fuel Handling Building	
	OR	
	B. Observation of a fire that, in the judgement of the Senior Shift Supervisor/EDO, could affect a safety system.	
3. Fire compromising the function of safety systems.	A. Observation of a fire in one of the following areas that has affected a safety system:	EP I-3
	1) Containment <u>or</u>	
	2) Control Room <u>or</u>	
	3) Relay Room <u>or</u>	
	4) Protection Racks <u>or</u>	
	5) Auxiliary Building <u>or</u>	
	6) Service Water Structure <u>or</u>	
	7) Penetration Areas <u>or</u>	
	8) Fuel Handling Building	
	OR	
	B. Observation of a fire that, in the judgement of the Senior Shift Supervisor/EDO has affected a safety system.	
4. Security Incident		
A. Substantiated Security Threat, attempted entry or attempted sabotage.	A. Implementation of Security Procedures, Section 5.3, event (5), (6), or (8).	EP I-1
B. Ongoing Security Compromise.	B. Ongoing Security event, Security Procedure, Section 5.3, events (5), (6), or (8).	EP I-2

ACCIDENT CLASSIFICATION GUIDE

FIRE/NATURAL/SECURITY: Any fire, natural phenomena, or security event affecting the operability of structures or equipment, which could lead to a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
4. (continued)		
Security Incident		
C. Ongoing Security Compromise involving imminent loss of physical control of the plant.	C. Ongoing Security event which may result in loss of physical control of the plant (physical attack with imminent occupancy of the Control Room, hot shutdown panel or other vital areas), Security Procedures, Section 5.3, events (6) or (8).	EP I-3
D. Ongoing Security Compromise resulting in the loss of physical control of the plant.	D. Ongoing Security event which results in loss of physical control of the plant (physical attack with occupancy of the Control Room, hot shutdown panel or other vital areas of the plant), Security Procedures, Section 5.3, events (6) or (8).	EP I-4
5. Natural phenomena being experienced or projected beyond usual events.		
A. Any earthquake felt in-plant or detected on station seismic instrumentation.	A. Seismic monitoring instrumentation is activated (0.02g), as indicated by all of the following: <ol style="list-style-type: none"> 1) Seismic Monitor Alarm (overhead annunciator B43) actuates in Unit No. 1 Control Room <u>and</u> 2) Observation that seismic monitoring is recording <u>and</u> 3) Verification of a seismic disturbance by calling the National Earthquake Information Center at (303-234-3994). 	EP I-1
B. Unusual flood or low water levels.	B. Tide level recorder indicates 97.5 ft. (PSE&G DATUM) for flood, or 83.1 ft. (PSE&G DATUM) for low water.	EP I-1
C. Any tornado on site.	C. Tornado Funnel observed within the minimum exclusion area.	EP I-1
D. Any hurricane or unusual wind conditions.	D. Sustained winds in excess of 90 mph, as indicated by any of the following Meteorological Instrumentation: <ol style="list-style-type: none"> 1) Nominal Elev. 73 ft. channel for wind speed <u>or</u> 2) Nominal Elev. 150 ft. channel for wind speed <u>or</u> 3) Nominal Elev. 300 ft. channel for wind speed 	EP I-1
b. Severe natural phenomena being experienced or projected.		
A. Earthquake greater than OBE levels.	A. Seismic Monitoring Equipment (strip-chart) indicates (0.1g) or greater <u>and</u> verification of a seismic disturbance by calling the <u>National Earthquake Information Center</u> at (303-234-3994).	EP I-2
B. Flood or low water near design levels.	B. Tide Level recorder indicates 99.0 ft. (PSE&G DATUM) for flood, or 81.0 ft. (PSE&G DATUM) for low water.	EP I-2
C. Any tornado striking facility.	C. Tornado funnel observed within the Security Boundary.	EP I-2

ACCIDENT CLASSIFICATION GUIDE

FIRE/NATURAL/SECURITY: Any fire, natural phenomena, or security event affecting the operability of structures or equipment, which could lead to a radiological incident.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
6. (continued)		
Severe natural phenomena being experienced or projected.		
D. Any hurricane or unusual wind conditions.	D. Sustained winds of 95 mph, as indicated by any of the following Meteorological Instrumentation: 1) Elev. 33 ft. channel for wind speed <u>or</u> 2) Elev. 150 ft. channel for wind speed <u>or</u> 3) Elev. 300 ft. channel for wind speed	EP I-2
7. Severe natural phenomena being experienced or projected that compromises the functions of safety systems.		
A. Earthquake greater than DBE levels.	A. Seismic Monitoring Equipment (strip-chart) indicates (0.2g) or greater and verification of a Seismic Disturbance by calling the National Earthquake Information Center at (303-234-3994).	EP I-3
B. Floor or low water greater than design levels.	B. Tide level recorder indicates 100.5 ft. (PSE&G DATUM) for flood, or 78.4 ft. (PSE&G DATUM) for low water.	EP I-3
C. Any tornado on site affecting safety structures.	C. Tornado funnel on site impacting the following: 1) Turbine Building <u>or</u> 2) Service Building <u>or</u> 3) Auxiliary Building <u>or</u> 4) Containment Building <u>or</u> 5) Service Water Intake Structure <u>or</u> 6) RWST or PWST or AFWST <u>or</u> 7) Fuel Handling Building	EP I-3
D. Any hurricane or unusual wind conditions.	D. Sustained winds in excess of 100 mph as indicated by the following Meteorological Instrumentation: 1) Elevation 33 ft. wind speed <u>or</u> 2) Elevation 150 ft. wind speed <u>or</u> 3) Elevation 300 ft. wind speed	EP I-3

ACCIDENT CLASSIFICATION GUIDE

MISCELLANEOUS: Any event not addressed in the radiological, operational, or fire/natural/security module which could lead to radiological incident or require offsite notification.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
1. Aircraft Crash Occurring:		
A. Nearsite	A. Aircraft crash within the minimum exclusion area or a crash affecting one of the 500 KV transmission lines.	EP I-1
B. On Site	B. Aircraft crash within the security boundary.	EP I-2
C. Onsite affecting plant structures.	C. Aircraft crash causing damage or fire in: <ul style="list-style-type: none"> 1) Turbine Building <u>or</u> 2) Service Building <u>or</u> 3) Auxiliary Building <u>or</u> 4) Containment Building <u>or</u> 5) Service Water Intake Structure <u>or</u> 6) RWST or PWST or AFWST <u>or</u> 7) Fuel Handling Building 	EP I-3
2. Onsite Toxic Flammable Gases:		
A. A release which threatens onsite personnel.	A. Observation of a release or warning from offsite.	EP I-1
B. A release which enters vital areas threatening operability or accessibility.	B. Observation or measurement of gases which exceed flammability or toxicity levels after entering the Control Room <u>or</u> Auxiliary Building ventilation system.	EP I-2
C. A release which enters vital areas compromising the functions of safety systems.	C. Detonation or combustion of a flammable gas in one of the areas actually affecting a safety system. <ul style="list-style-type: none"> 1) Containment <u>or</u> 2) Control Room <u>or</u> 3) Relay Room <u>or</u> 4) Protection Racks <u>or</u> 5) Auxiliary Building <u>or</u> 6) Penetration Areas <u>or</u> 7) Service Water Intake Structure <u>or</u> 8) Fuel Handling Building 	EP I-3
3. Turbine generator failure causing an outer casing penetration.	A. Turbine trip and observation of penetrations through the outer casing.	EP I-1
4. Missile impact onsite resulting in structural damage.	A. Observation of an impact causing severe structural damage to a building within the security boundary.	EP I-2

ACCIDENT CLASSIFICATION GUIDE

MISCELLANEOUS: Any event not addressed in the radiological, operational, or fire/natural/security module which could lead to radiological incident or require offsite notification.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
5. Missile impact onsite resulting in damage to a vital structure.	<p>A. Observation of an impact causing structural damage to the following:</p> <ul style="list-style-type: none"> 1) Turbine Building <u>or</u> 2) Service Building <u>or</u> 3) Auxiliary Building <u>or</u> 4) Containment Building <u>or</u> 5) Service Water Intake Structure <u>or</u> 6) RWST or PWST or AFWST <u>or</u> 7) Fuel Handling Building 	EP I-3
6. Explosion within the security boundary excluding planned activities.		
<p>A. An explosion which affects plant operations (e.g., causes a reduction in power or mode).</p>	<p>A. Observation of an explosion or its consequences.</p>	EP I-1
<p>B. An explosion which potentially affects a safety system.</p>	<p>B. An explosion in one of the following areas potentially affecting a safety system.</p> <ul style="list-style-type: none"> 1) Containment <u>or</u> 2) Control Room <u>or</u> 3) Relay Room <u>or</u> 4) Protection Racks <u>or</u> 5) Auxiliary Building <u>or</u> 6) Penetration Areas <u>or</u> 7) Service Water Intake Structure 	EP I-2
<p>C. An explosion compromising the functions of safety systems.</p>	<p>C. An explosion in one of the following areas that has affected a safety system.</p> <ul style="list-style-type: none"> 1) Containment <u>or</u> 2) Control Room <u>or</u> 3) Relay Room <u>or</u> 4) Protection Racks <u>or</u> 5) Auxiliary Building <u>or</u> 6) Penetration Areas <u>or</u> 7) Service Water Intake Structure <u>or</u> 8) Fuel Handling Building 	EP I-3
7. Other Plant conditions exist that warrant increased awareness on the part of State and local offsite authorities.	<p>A. As judged by the Senior Shift Supervisor/EDO.</p>	EP I-1
8. Other Plant conditions exist that warrant precautionary activation of Technical Support Center.	<p>A. As judged by the Senior Shift Supervisor/EDO.</p>	EP I-2

ACCIDENT CLASSIFICATION GUIDE

MISCELLANEOUS: Any event not addressed in the radiological, operational, or fire/natural/security module which could lead to radiological incident or require offsite notification.

INITIATING CONDITION	EMERGENCY ACTION LEVELS	ACCIDENT CLASS
9. Other Plant conditions exist that warrant precautionary activation of the Technical Support Center and the Emergency Operations Facility and/or notification to the general public.	A. As judged by the Senior Shift Supervisor/EDO.	EP I-3
10. Any <u>seriously injured and contaminated</u> person requiring off-site medical treatment and off-site decontamination.	A. As judged by the Senior Shift Supervisor/EDO.	EP I-1
11. Any of the following items which require notification in accordance with letters of agreement.		
A. Any unit startup or a unit trip (planned/unplanned) from greater than 20% turbine power.	A. As judged by the Senior Shift Supervisor/EDO.	EP I-1
B. Any event requiring a press release be prepared.	B. As judged by the Assistant to Manager/Designee.	EP I-1
C. Unusually large fish kills, large movement of equipment or personnel which <u>could significantly affect local traffic pattern.</u>	C. As judged by the Senior Shift Supervisor/EDO.	EP I-1
D. Significant increase in noise levels steam release on site alarm or sirens which might be heard off-site.	D. As judged by the Senior Shift Supervisor/EDO.	EP I-1
E. Derating caused by a regulatory action.	E. As Stated.	EP I-1

EMERGENCY PROCEDURE EP I-1 NOTIFICATION OF UNUSUAL EVENT/SIGNIFICANT EVENT

The intent of the notification of unusual event is to provide early and/or prompt notification of minor events and/or minor events that could lead to more serious consequences.

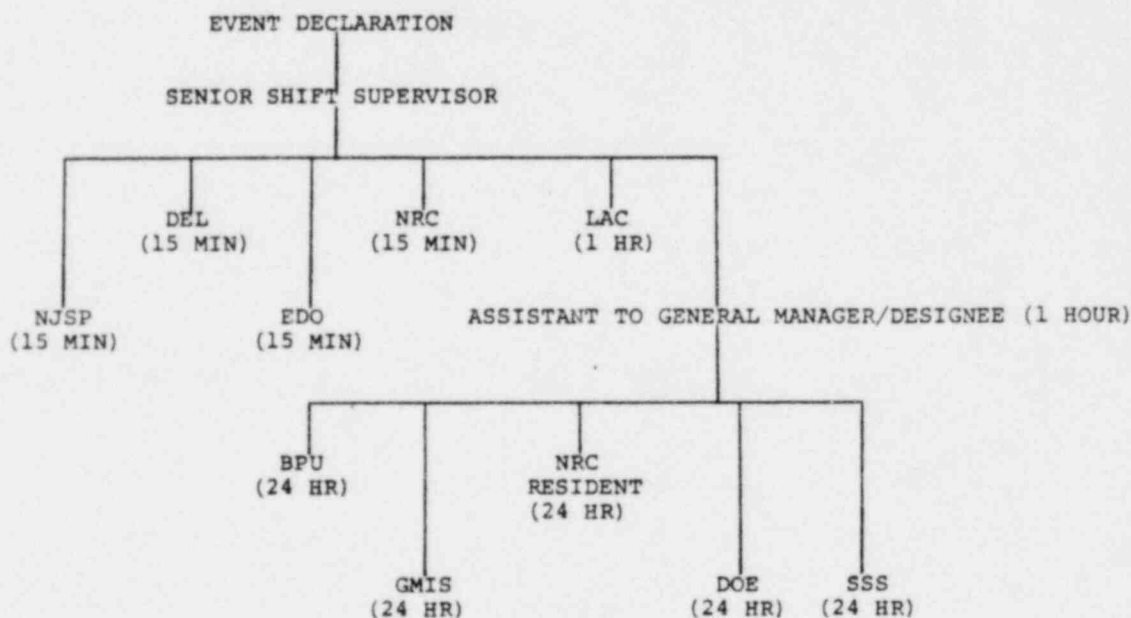
Under this event class there should be no potential release of radioactive material requiring off-site monitoring or action unless further system degradation occurs.

When any of the conditions noted in EP I-0 mandate declaration of an unusual event, the Senior Shift Supervisor/designee shall initiate the notification sequence noted below using Attachments 1 and 2.

When any of the conditions noted in Attachment 3 of this procedure mandate the notification of a significant event to the NRC, the Senior Shift Supervisor shall initiate the notification delineated in Attachment 3.

Any event which satisfies both conditions shall be treated as an unusual event.

FLOWCHART FOR UNUSUAL EVENT NOTIFICATIONS



THE SENIOR SHIFT SUPERVISOR, OR HIS DESIGNEE, SHALL ESTABLISH AND, IF NECESSARY, MAINTAIN COMMUNICATIONS WITH THE NRC OPERATIONS CENTER VIA THE DEDICATED (ENS) LINE. THIS COMMUNICATION LINK SHALL BE CLOSED WHEN NOTIFIED BY THE NRC.

IF IT HAS BEEN DETERMINED BY THE ASSISTANT TO GENERAL MANAGER THAT A PRESS RELEASE IS NECESSARY, AND WHEN THE NECESSARY PHONE CALLS ARE COMPLETED, THE ASSISTANT TO GENERAL MANAGER WILL NOTIFY THE SENIOR SHIFT SUPERVISOR CONCERNING THE BASIC PRESS RELEASE. INCOMING PHONE CALLS TO THE SENIOR SHIFT SUPERVISOR, OR HIS DESIGNEE, REGARDING THE INCIDENT, SHOULD BE ANSWERED WITH THE SAME INFORMATION EXPRESSED IN THE PRESS RELEASE.

If additional information is requested, the Senior Shift Supervisor, or his designee, should refer the caller to the Assistant to General Manager or the PIO. Any requests for information should be recorded in the Control Room Log for the appropriate unit.

Any written follow-up or close out action will be the responsibility of the Assistant to Manager.

NOTE

Forward all completed forms to the Assistant to General Manager (SGS). Attach any referenced completed EP's or attachments.

Prepared By:

George A. Kaysch

Reviewed By:

W. A. Scher
Department Manager

3/17/02
Date

Reviewed By:

W. A. Scher
Emergency Planning Engineer

3/17/02
Date

Reviewed By:

J. K. Stillman
Station Quality Assurance Engineer

3/17/02
Date

SORC Meeting No.:

82-29

3/17/02
Date

Approved By:

H. J. McFadden
General Manager - Salem Operations

4/5/02
Date

Approved By:

Robert A. Muth
Manager - Site Protection

4/5/02
Date

ATTACHMENT 1 UNUSUAL EVENT CALL LIST

DIRECTIONS

The EDO/Senior Shift Supervisor or his designee shall complete the below description of the event and make those notifications as indicated by the asterisk. The Assistant to General Manager/designee will make the remaining notifications, including a call back to the Senior Shift Supervisor indicating completion.

PRIMARY INITIATING CONDITION (from Accident Classification Guide, i.e., EP I, Part 2, No. 5)

EP I-0, PART _____, NO. _____

BRIEF DESCRIPTION OF EVENT: _____

NOTE

In the event of a test, drill or exercise, preface and complete each message with the phrase "THIS IS A DRILL, THIS IS A DRILL".

	<u>PERSON CONTACTED</u>	<u>CALLER</u>	<u>TIME/DATE</u>
1. *EDO	_____	_____	_____
2. *NRC (ENS)	_____	_____	_____
3. *ASSISTANT TO GENERAL MANAGER	_____	_____	_____
4. *LAC DISPATCHER	_____	_____	_____
5. BPU	_____	_____	_____
6. GENERAL MANAGER - INFO SERVICES	_____	_____	_____
7. NRC RESIDENT	_____	_____	_____
8. DOE (N.J.)	_____	_____	_____
9. SENIOR SHIFT SUPERVISOR	_____	_____	_____

NOTE

1. Refer to Addendum No. 1 of the Emergency Plan for required phone numbers.
2. * = Calls to be made by Senior Shift Supervisor, Shift Supervisor or other technical personnel.
3. Return back assignments to the Assistant to General Manager.

Reviewed By: _____
General Manager - Salem Operations

ATTACHMENT 2 INITIAL CONTACT MESSAGE FORM

DIRECTIONS FOR COMMUNICATOR

Upon completion of the below prepared message by the EDO/Senior Shift Supervisor or his designee the assigned communicator shall make the required notifications. No additional information is required to be given at this time. Requests for further information should be directed to the Assistant to General Manager or the Public Information Offices.

PRIMARY INITIATING CONDITION (from Accident Classification Guide, i.e., EP I, Part 2, No. 5)

EP I-0, PART _____, NO. _____

NOTE

In the event of a test, drill or exercise, preface and complete each message with the phrase "THIS IS A DRILL, THIS IS A DRILL".

	<u>PERSON CONTACTED</u>	<u>CALLER</u>	<u>TIME/DATE</u>
1. STATE OF NEW JERSEY (STATE POLICE)	_____	_____	_____
PRIMARY (GRAY PHONE)			
SECONDARY (882-2000)			
2. DELAWARE (STATE POLICE)	_____	_____	_____
PRIMARY (NAWAS)			
SECONDARY (302-736-5851)			

THIS IS _____ (NAME) _____ (TITLE)

SALEM NUCLEAR GENERATING STATION, UNIT NO. _____

THIS IS A NOTIFICATION OF:

- | | |
|---|--|
| <input type="checkbox"/> an UNUSUAL EVENT | <input type="checkbox"/> a SITE AREA EMERGENCY |
| <input type="checkbox"/> an ALERT | <input type="checkbox"/> a GENERAL EMERGENCY |

THE EVENT OCCURRED AT _____ (TIME-24 HOUR CLOCK) ON _____ (DATE)

- ☐ THERE IS NO RELEASE IN PROGRESS.
- ☐ WE HAVE A CONTROLLED RELEASE IN PROGRESS.
- ☐ WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS.

- ☐ NO PROTECTIVE ACTIONS ARE RECOMMENDED.
- ☐ WE RECOMMEND SHELTERING FOR THE FOLLOWING SECTOR(S) _____ (Distance-Miles)
- ☐ WE RECOMMEND EVACUATION FOR THE FOLLOWING SECTOR(S) _____ (Distance-Miles)

NOTE

Return completed attachment to the Assistant to General Manager.

ATTACHMENT 3 SIGNIFICANT EVENT NOTIFICATION

DIRECTIONS

The EDO/Senior Shift Supervisor or his designee shall review the initiating conditions listed below to determine if significant event notification is required. Notification to the NRC (Bethesda) shall be within one (1) hour except as noted.

NOTE

For any event which does not satisfy an initiating condition for an unusual event per EP I-0 or a significant event in accordance with this attachment but is judged as a potential news release item, contact the Assistant to General Manager. If a press release is determined necessary, notifications per Attachments 1 and 2 are required.

SIGNIFICANT EVENT INITIATING CONDITIONS

- | | |
|--|--|
| 1. Any event requiring initiating any section(s) of the Station Emergency Plan Procedures, except for EP I-5, for injuries requiring less than 48 hour hospital stay. | As judged by the Senior Shift Supervisor/EDO. |
| 2. Any accidental, unplanned, or uncontrolled radioactive release. (Normal or expected releases from maintenance or other operational activities are not included.) | As evaluated by the Senior Shift Supervisor/EDO and the Radiation Protection Engineer. |
| 3. Any serious personnel radioactive contamination requiring extensive onsite decontamination or outside assistance. | As evaluated by the Senior Shift Supervisor/EDO and the Radiation Protection Engineer. |
| 4. Any event that results in the plant not being in a controlled or expected condition (Mode 1-6). | As judged by the Senior Shift Supervisor/EDO. |
| 5. Union strikes affecting the availability of operating personnel or the security personnel. | As judged by the Senior Shift Supervisor/EDO. |
| 6. Any serious or fatal injury occurring on site and requiring off-site medical assistance (hospital stay greater than 48 hours). | As judged by the Senior Shift Supervisor/EDO. |
| 7. Any event involving nuclear material which has or may have:

a) Exposure of the whole body to 25 rems or more; exposure of the skin of the whole body of 150 rems or more; or exposure of the feet, ankles, hands or forearms to 375 rems or more.

b) The release of radioactive material in concentrations which, if averaged over a period of 24 hours, would exceed 5,000 times the limits specified for such materials in Appendix B, Table II.

c) A loss of one working week or more of the operation of any facilities affected.

d) Damage to property in excess of \$200,000. | As evaluated by the Senior Shift Supervisor/EDO and the Radiation Protection Engineer. |

8. Any event involving nuclear material which has or may have:

As evaluated by the Senior Shift Supervisor/EDO and the Radiation Protection Engineer.

- a) Exposure of the whole body to 5 rems or more; exposure of the skin of the whole body to 30 rems or more; or exposure of the feet, ankles, hands, or forearms to 75 rems or more.
- b) The release of radioactive material in concentrations which, if averaged over a period of 24 hours, would exceed 500 times the limits specified for such materials in Appendix B, Table II.
- c) A loss of one day or more of the operation of any facilities affected.
- d) Damage to property in excess of \$2,000.

NOTE

Events found in this category must be conveyed to the NRC within 24 hours.

PRIMARY INITIATING CONDITION (this attachment, i.e. 1, 7(a), 8(c)) _____

BRIEF DESCRIPTION OF EVENT: _____

	<u>PERSON* CONTACTED</u>	<u>CALLER</u>	<u>TIME/DATE</u>
1. NRC (ENS)	_____	_____	_____
2. OPERATIONS MANAGER	_____	_____	_____
3. NRC RESIDENT	_____	_____	_____
4. ASSISTANT TO GENERAL MANAGER	_____	_____	_____
5. *LOWER ALLOWAYS CREEK	_____	_____	_____

NOTE

- 1. Refer to Addendum No. 1 of the Emergency Plan for required phone numbers.
- 2. Return both attachments to the Assistant to General Manager.
- 3. *Notification to be made by the Assistant to General Manager.

Reviewed By: _____
General Manager - Salem Operations

EMERGENCY PROCEDURE
EP I-2
ALERT

The purpose of an "alert" status is to assure that emergency personnel are readily available to respond if an emergency status degrades, perform confirmatory radiation monitoring and provide off-site authorities with current status information.

NOTE

Refer to EP I-0, "Accident Classification Guide" for possible escalation to a higher level accident classification or for deescalation to a lower level accident classification. Notification of a change in the emergency classification shall be conveyed via the "Initial Contact Message Form" (Attachment No. 1). Termination of the emergency response and initiation of the recovery phase shall be conveyed via the "Termination Call List" (Attachment No. 4).

ACTION STATEMENTS

<u>TIME*</u>	<u>INITIAL</u>	
_____	_____	1. If necessary, sound Radiation Alert Alarm, announce if possible, the nature of the alert. Request evacuation of affected area(s) if necessary.
_____	_____	2. Announce via the plant Public Address System (P.A.): "Radiation Protection personnel report to your emergency duty stations".
_____	_____	3. Contact the Shift Radiation Protection Technician (Shift RPT) and direct him to initiate procedure EP IV-101 (Radiation Protection Initial TSC Response).
_____	_____	4. Complete the "Initial Contact Message Form" (Attachment No. 1). Protective Action Recommendations are to be based upon EP IV-108 as information becomes available.
_____	_____	5. Direct the communicator to transmit the "Initial Contact Message Form" (Attachment No. 1) in accordance with contained instructions.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

_____ 6. IF:

- a) New Jersey/Delaware State Police cannot be contacted, or
- b) Local contact is requested by New Jersey/Delaware State authorities.

THEN:

Directly contact Salem and Cumberland Counties in New Jersey, Kent and New Castle Counties in Delaware and/or U.S. Coast Guard.

Instruct the communicator that the information transmitted to the Counties shall be in the form of the "Initial Contact Message Form" (Attachment No. 1). Also instruct the communicator that any additional inquiries shall be referred to the respective state emergency management agencies.

_____ 7. Direct a qualified individual to complete the "Station Status Checklist" (Attachment No. 3). Coordinate Emergency Dose Calculations and completion of Attachment No. 3 with the Shift RPT.

_____ 8. Initiate the Alert Call List (Attachment No. 2).

_____ 9. If the EDO/Senior Shift Supervisor decides to activate the EOF:

- a) Contact Plant Manager or his designee and advise him to implement EP II-4, Notification of Corporate Response Personnel.
- b) If Plant Manager or designee cannot be reached the EDO/Senior Shift Supervisor shall assume responsibility for implementing EP II-4.
- c) Dispatch a Security Guard to open the facility as per EP III-2.

ACTION STATEMENTS (CONTINUED)TIME* INITIAL

10. Upon receipt of a phone call from the New Jersey Bureau of Radiation Protection (BRP) or Delaware Division of Emergency Planning and Operations (DEPO) do the following:

a) Provide the "Station Status Checklist" at current level of completion.

b) Exchange contact phone numbers for future updates/information.

_____ 11. Initiate the EDO Checklist (Figure No. 1).

_____ 12. Direct a communicator to proceed to the activated TSC and initiate 15 minute updates to New Jersey BRP and Delaware DEPO. Updates shall be in the form of the "Station Status Checklist" (Attachment No. 3) as information becomes available.

_____ 13. If necessary, account for personnel in accordance with EP I-8.

_____ 14. Direct a technically qualified person to commence data collection in accordance with the Operational and Radiological Status Boards (Figure No. 3 and No. 4, respectively). Transmit this data to the TSC and EOF.

_____ 15. Contact the Assistant to Manager/designee and advise him to appraise the State Board of Public Utilities and Department of Energy of the emergency event.

_____ 16. If the EOF is activated, transfer the responsibility of the 15 minute notifications to the States and the coordination of off-site survey teams to the EOF staff. Update the EOF Manning Chart (Figure No. 2) as appropriate.

ACTION STATEMENTS (CONTINUED)

<u>TIME*</u>	<u>INITIAL</u>
--------------	----------------

_____ 17. Complete the procedure steps as follows:

- a) Radiological Emergencies (18 through 25)
- b) Operational Emergencies (26 through 29)
- c) Fire/Natural/Security Emergencies (30 through 36)
- d) Miscellaneous Emergencies (37 through 40)

NOTE

The previous steps are intended to place personnel on standby in the event of a radiological release. Dispatching survey teams may not be required at this time.

RADIOLOGICAL

- _____ 18. Coordinate emergency on and off-site radiation surveys in accordance with Radiation Protection Procedure EP IV-110 with the Shift RPT and/or the Radiation Protection personnel assigned to the TSC.
- _____ 19. If a radioactive spill caused the emergency, refer to EP I-6.
- _____ 20. Insure the actions required of Emergency Instruction I-4.16 (Radiation Incident) are or have been taken as applicable.
- _____ 21. If a fuel handling incident occurred, refer to EI I-4.25 (Fuel Handling Incident).

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

RADIOLOGICAL (CONTINUED)

- _____ 22. If any personnel have been injured or exposed to radiation in excess of 10CFR limits, refer to EP I-5 (Personnel Emergency).
- _____ 23. If site evacuation becomes necessary, evacuate in accordance with EP I-12.
- _____ 24. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 25. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14, as necessary.

OPERATIONAL

- _____ 26. If the Reactor Protection System fails to bring the plant to Mode 3 when required refer to EI I-4.3 (Reactor Trip).
- _____ 27. On a loss of on or off-site power systems, as noted in the Action Levels, refer to EI I-4.9 (Blackout).
- _____ 28. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 29. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14, as necessary.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

FIRE/NATURAL/SECURITY

- _____ 30. If the Delaware River level is greater than 10.0 feet MSL (99 feet PSE&G datum) and is approaching 11.5 feet MSL (100.5 feet PSE&G datum):
- _____ a) Implement Emergency Instruction EI I-4.1 (Flooding and/or High Winds).
- _____ b) If necessary, evacuate the site in accordance with EP I-12.
- _____ 31. If sustained winds are predicted to be 95 mph:
- _____ a) Implement Emergency Instruction EI I-4.1 (Flooding and/or High Winds).
- _____ b) If necessary, evacuate the site in accordance with EP I-12.
- _____ 32. If a seismic event occurs with a force greater than 0.1g but less than 0.2g consider implementing OI-1.3.5 or 1.3.6, as appropriate (Power Operation to Hot Standby, Hot Standby to Cold Shutdown).
- _____ 33. Refer to EP I-7, "Station Fire", to conduct fire fighting actions.
- _____ 34. If outside assistance is required call the Salem Fire Dispatcher (609-935-4505). Give the location and type of fire and where vehicles will be met by the security personnel. Alert security of incoming emergency vehicles.
- _____ 35. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 36. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14, as necessary.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

MISCELLANEOUS

- _____ 37. If toxic gas, e.g., chlorine, acid vapors, etc., present a safety hazard contact Performance Engineer and/or Senior Supervisor-Chemistry for further direction. (Phone numbers may be found in Addendum No. 1).
- _____ 38. If the Control Room must be evacuated for any reason refer to EI I-4.10 (Control Room Evacuation).
- _____ 39. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 40. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14, as necessary.

Completed By: _____

Senior Shift Supervisor/EDO

_____ Date

NOTE

FORWARD ALL COMPLETED FORMS TO THE ASSISTANT TO MANAGER.
ATTACH ANY REFERENCED COMPLETED EP'S OR ATTACHMENTS.

Prepared By:

George H. Hays

Reviewed By:

W. H. Hays
Department Head3/17/82
Date

Reviewed By:

W. H. Hays
Assistant to Manager3/17/82
Date

Reviewed By:

J. L. Stillman
Station Quality Assurance Engineer3/17/82
Date

SORC Meeting No.:

82 - 293/17/82
Date

Approved By:

W. J. Hays
Manager - Salem Generating Station4/5/82
Date

Approved By:

W. J. Hays
Manager - Emergency Preparedness4/5/82
Date

ATTACHMENT 1
INITIAL CONTACT MESSAGE FORM

DIRECTIONS: This form will be filled out by the Senior Shift Supervisor/EDO and given to a communicator for transmittal to the States of New Jersey and Delaware.

☐ IS

☐ IS

"THIS ☐ IS NOT A DRILL"

"THIS ☐ IS NOT A DRILL"

THIS IS _____
(Name) (Title)

SALEM NUCLEAR GENERATING STATION, UNIT NO. _____

THIS IS NOTIFICATION OF:

☐ an UNUSUAL EVENT

☐ a SITE AREA EMERGENCY

☐ an ALERT

☐ a GENERAL EMERGENCY

THE EVENT DECLARED AT _____ ON _____
(Time-24 hour clock) (Date)

☐ THERE IS NO RELEASE IN PROGRESS.

☐ WE HAVE A CONTROLLED RELEASE IN PROGRESS.

☐ WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS.

☐ NO PROTECTIVE ACTIONS ARE RECOMMENDED AT THIS TIME.

☐ WE RECOMMEND SHELTERING FOR THE FOLLOWING SECTOR(S) _____
(Distance/Miles)

☐ WE RECOMMEND EVACUATION FOR THE FOLLOWING SECTOR(S) _____
(Distance/Miles)

Completed By: _____
Senior Shift Supervisor/EDO

Transmitted By: _____
Communicator

PROCEDURE AND CALL LIST FOR COMMUNICATOR

TIME	NAME OF PERSON CONTACTED	
_____	_____	1. Contact New Jersey State Police Primary: Gray Phone Secondary: 882-2000 Read Initial Contact Message Form.
_____	_____	2. Contact Delaware State Police Primary: NAWAS Secondary: 302-736-5851 Read Initial Contact Message Form.
_____	_____	3. Contact Lower Alloways Creek Township Primary: Direct Line Secondary: (609) 935-7300 ACCIDENT CLASSIFICATION ONLY.
_____	_____	4. Contact General Manager - Information Services Primary: Addendum No. 1 Read Initial Contact Message Form.
_____	_____	5. Inform Senior Shift Supervisor which calls were completed.

ONLY IF DIRECTED BY THE SENIOR SHIFT SUPERVISOR MAKE FOLLOWING CALLS.

NEW JERSEY COUNTIES

_____	_____	Salem County EOC Primary: Direct Line Secondary: 935-4505 Read Initial Contact Message Form.
_____	_____	Cumberland County EOC Primary: Direct Line Secondary: 455-8500 Read Initial Contact Message Form.

DELAWARE COUNTIES

_____	_____	New Castle County EOC Primary: Direct Line Secondary: 302-571-7454/7949 Read Initial Contact Message Form.
_____	_____	Kent County EOC Primary: Direct Line Secondary: 302-678-9111 Read Initial Contact Message Form.

_____	_____	U.S. Coast Guard Primary: 456-1370 Read Initial Contact Message Form.
-------	-------	---

ATTACHMENT 2 ALERT CALL LIST

DIRECTIONS: The EDO/Senior Shift Supervisor shall complete the below information and insure the following communications are completed. Advise and direct those contacted based upon discussion with the EDO.

PRIMARY INITIATING CONDITION (from Accident Classification Guide, i.e., EP I, Part 2, No. 5)

EP I-0, PART _____, NO. _____ TIME/DATE EVENT DECLARED _____
(2400 Hours)

BRIEF DESCRIPTION OF EVENT: _____

NOTE

In the event of a test, drill or exercise, preface and complete each message with the phrase "THIS IS A DRILL, THIS IS A DRILL".

	<u>CONTACT</u>	<u>CALLER</u>	<u>TIME</u>
1. Emergency Duty Officer (EDO)*	_____	_____	_____
2. NRC (ENS Line to Bethesda)	_____	_____	_____
3. Station Manager	_____	_____	_____
4. Chief Engineer/Operating Engineer	_____	_____	_____
5. Station Security	_____	_____	_____
6. Salem Visitors Center	_____	_____	_____
7. Hope Creek (Union Security)	_____	_____	_____
8. Technical Support - On-site	_____	_____	_____
9. NRC Resident	_____	_____	_____

NOTE

Refer to Addendum No. 1 for all phone/beeper numbers.

*Advise the Primary EDO to notify the secondary EDO (Technical Support Supervisor).

Completed By: _____

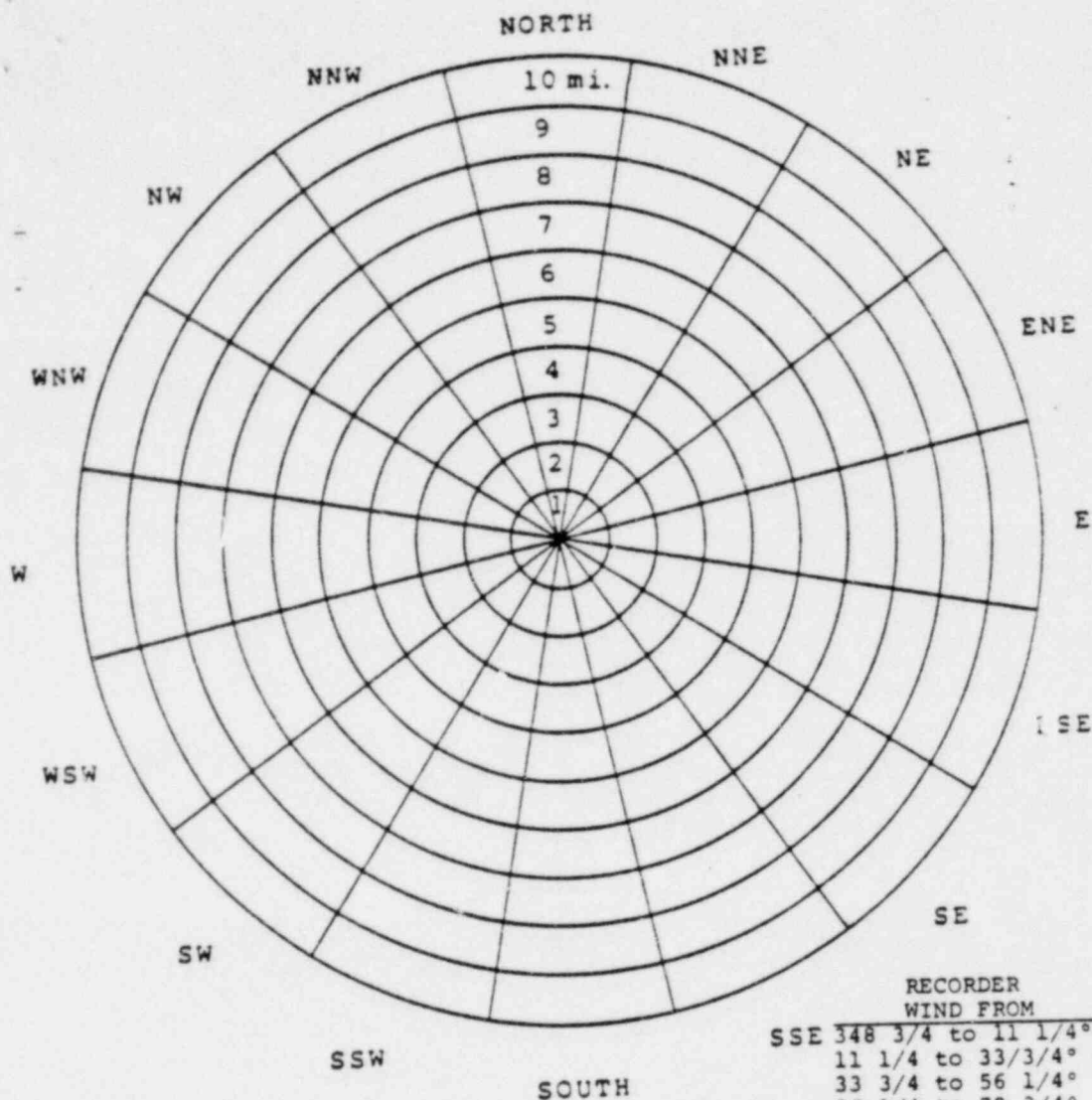
Reviewed By: _____
Senior Shift Supervisor/Shift Supervisor/EDO

Forward completed copies to the Assistant to Manager.

ATTACHMENT 3
ALERT
STATION STATUS CHECKLIST

Reactor and Unit No. _____

1. Date and Time of Incident: Date _____ Time _____ (24 Hour Clock)
2. Accident Classification: ALERT
3. System Involved:
 - a) () Reactor: or
 - b) () Radioactive Waste System: (circle one) Gaseous Liquid: or
 - c) () Fuel Handling: (circle one) Fuel Handling Building Containment
4. Cause of Incident (if known):
5. Is Reactor Tripped: (circle one) Yes No
6. Gaseous Release Information (complete as required):
 - a) Release terminated: (circle one) Yes No
 - b) Anticipated or Known Duration of Release _____ hours.
 - c) Type of Release: (circle one) Ground Elevated
 - d) Wind Speed: _____ mph Wind Direction: (toward; _____
Divide by 2 to get _____ m/sec (from) _____
(Compass Points)
 - e) Stability Class: () Unstable () Neutral () Stable
 - f) Release Rate Iodine: _____ Ci/sec
 - g) Release Rate Noble Gas: _____ Ci/sec
7. Liquid Release Information (complete as required):
 - a) Release Terminated: (circle one) Yes No
 - b) Anticipated or Known Duration of Release _____ hours.
 - c) Estimated Concentration _____ pico Curies/liter.
8. Recommended Off-Site Actions (as soon as data is available):
Use attached Worksheet.
9. Status Checklist Data Relayed to Delaware State: _____ (date/time),
_____ (by), To: _____ (name).
10. Status Checklist Data Relayed to New Jersey: _____ (date/time),
_____ (by), To: _____ (name).
11. Status Checklist Data Relayed to Information Services (PIO): _____ (date/time),
_____ (by), To: _____ (name).
12. Proceed to Supplemental Station Status Checklist as information becomes available (see Addendum No. 2).



RECORDER WIND FROM
SSE 348 3/4 to 11 1/4°
11 1/4 to 33 3/4°
33 3/4 to 56 1/4°
56 1/4 to 78 3/4°
78 3/4 to 101 1/4°
101 1/4 to 123 3/4°
123 3/4 to 146 1/4°
146 1/4 to 168 3/4°
168 3/4 to 191 1/4°
191 1/4 to 213 3/4°
213 3/4 to 236 1/4°
236 1/4 to 258 3/4°
258 3/4 to 281 1/4°
281 1/4 to 303 3/4°
303 3/4 to 326 1/4°
326 1/4 to 348 3/4°

COMPASS DIRECTION FROM
N
NNE
NE
ENE
E
ESE
SE
SSE
S
SSW
SW
WSW
W
WNW
NW
NNW

RECOMMENDED PROTECTIVE ACTIONS WORKSHEET

Designate areas and/or sectors with recommended protective actions symbols as follows:

- S - Take shelter F - Food, water and milk control E - Evacuate
O - Other (specify) _____

Time _____ Wind Direction _____ (from) _____ Wind Speed _____

Completed By: _____

Reviewed By: _____

SSS/EDO/ERM

ATTACHMENT 4 TERMINATION CALL LIST

A. An emergency situation may only be terminated when the following conditions are met:

- _____ 1. No action levels for Alert, Site or General Emergency are applicable.
- _____ 2. Affected unit returned to normal or long term recovery status.
- _____ 3. Concurrence of the state of New Jersey. _____ Contact _____ Time/Date
- _____ 4. Concurrence of the state of Delaware. _____ Contact _____ Time/Date
- _____ 5. Concurrence of the Emergency Response Manager.

_____ Emergency Response Manager _____ Time/Date

B. Contact the listed individuals/agencies and report the following message:

THIS IS _____ (Name) _____ (Title), AT SALEM NUCLEAR
GENERATING STATION UNIT NO. _____ (1 or 2). THIS IS TO NOTIFY YOU THAT THE ALERT
AT THIS FACILITY HAS BEEN TERMINATED EFFECTIVE _____ (Time-24 Hour) _____ (Date).
REPEAT, THE ALERT AT SALEM NUCLEAR GENERATING STATION HAS BEEN TERMINATED.

	CONTACT	CALLER	TIME
1. State of New Jersey (Bureau of Radiation Protection)	_____	_____	_____
2. State of Delaware (Division of Emergency Planning and Operations)	_____	_____	_____
3. NRC (ENS Line)	_____	_____	_____
*4. Station Manager	_____	_____	_____
*5. NRC Resident	_____	_____	_____
*6. General Manager - Information Services	_____	_____	_____
*7. BPU	_____	_____	_____
*8. EA	_____	_____	_____
*9. DOE (New Jersey)	_____	_____	_____

NOTE: The EDO is responsible for completing Part A of this Attachment. Part B may be completed by any designated individual.

*See Addendum No. 1 for the required phone numbers.

Reviewed By: _____
Emergency Duty Officer _____ Date _____

Forward completed sheets to the Assistant to Manager.

EMERGENCY PROCEDURE
EP I-3
SITE AREA EMERGENCY

The purpose of a "site area" status is to assure that emergency personnel respond if events are in progress or have occurred which involve actual or likely major failures of plant functions needed for protection of the public.

NOTE

Refer to EP I-0, "Accident Classification Guide" for possible escalation to a higher level accident classification or for deescalation to a lower level accident classification. Notification of a change in the emergency classification shall be conveyed via the "Initial Contact Message Form" (Attachment No. 1). Termination of the emergency response and initiation of the recovery phase shall be conveyed via the "Termination Call List" (Attachment No. 4).

ACTION STATEMENTS

TIME*

INITIAL

- | | | |
|-------|-------|---|
| _____ | _____ | 1. If necessary sound Radiation Alert Alarm, announce if possible, the nature of the alert. Request evacuation of affected area(s) if necessary. |
| _____ | _____ | 2. Announce via the plant Public Address System (P.A.): "Radiation Protection personnel report to your emergency duty stations". |
| | _____ | 3. Contact the Shift Radiation Protection Technician (Shift RPT) and direct him to initiate procedure EP IV-101 (Radiation Protection Initial TSC Response). |
| | _____ | 4. Complete the "Initial Contact Message Form" Attachment No. 1. Protective action recommendations are to be based upon EP IV-108 as information becomes available. |
| | _____ | 5. Direct the communicator to transmit the "Initial Contact Message Form" (Attachment No. 1) in accordance with contained instructions. |

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

_____ 6. IF:

- a) New Jersey/Delaware State Police cannot be contacted, or
- b) Local contact is requested by New Jersey/Delaware State authorities.

THEN:

Directly contact Salem and Cumberland Counties in New Jersey, Kent and New Castle Counties in Delaware and/or U.S. Coast Guard.

Instruct the communicator that the information transmitted to the Counties shall be in the form of the "Initial Contact Message Form" (Attachment No. 1). Also instruct the communicator that any additional inquiries shall be referred to the respective state emergency management agencies.

_____ 7. Direct a qualified individual to complete the "Station Status Checklist" (Attachment No. 3). Coordinate Emergency Dose Calculations and completion of Attachment No. 3 with the Shift RPT.

_____ 8. Initiate the Site Area Emergency Call List (Attachment No. 2).

_____ 9. Initiate corporate notification:

- a) Contact Plant Manager or his designee and advise him to implement EP II-4, Notification of Corporate Response Personnel.
- b) If Plant Manager or designee cannot be reached the EDO/Senior Shift Supervisor shall assume responsibility for implementing EP II-4.
- c) Dispatch a Security Guard to open the EOF as per EP III-2.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

10. Upon receipt of a phone call from the New Jersey Bureau of Radiation Protection (BRP) or Delaware Division of Emergency Planning and Operations (DEPO) do the following:
- a) Provide the "Station Status Checklist" at current level of completion.
 - b) Exchange contact phone numbers for future updates/information.
- _____ 11. Initiate the EDO Checklist (Figure No. 1).
- _____ 12. Direct a communicator to proceed to the actuated TSC and initiate 15 minute updates to New Jersey BRP and Delaware DEPO. Updates shall be in the form of the "Station Status Checklist" (Attachment No. 3) as information becomes available.
- _____ 13. If necessary, account for personnel in accordance with EP I-8.
- _____ 14. Direct a technically qualified person to commence data collection in accordance with the Operational and Radiological Status Boards (Figure No. 3 and No. 4, respectively). Transmit this data to the TSC and EOF.
- _____ 15. Contact the Assistant to Manager/designee and advise him to appraise the State Board of Public Utilities and Department of Energy of the emergency event.
- _____ 16. When the EOF is activated, transfer the responsibility of the 15 minute notifications to the States and the coordination of off-site survey teams to the EOF staff. Update the EOF Manning Chart (Figure No. 2) as appropriate.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

_____ 17. Complete the procedure steps as follows:

- a) Radiological Emergencies (18 through 25)
- b) Operational Emergencies (26 through 29)
- c) Fire/Natural/Security Emergencies (30 through 36)
- d) Miscellaneous Emergencies (37 through 40)

NOTE

The previous steps are intended to place personnel on standby in the event of a radiological release. Dispatching survey teams may not be required at this time.

RADIOLOGICAL

- _____ 18. Coordinate emergency on and off-site radiation surveys in accordance with Radiation Protection Procedure EP IV-110 with Shift RPT and/or the Radiation Protection personnel assigned to the TSC/OSC.
- _____ 19. If a radioactive spill caused the emergency, refer to EP I-6.
- _____ 20. Insure the actions required of Emergency Instruction I-4.16 (Radiation Incident) are or have been taken as applicable.
- _____ 21. If a fuel handling incident occurred, refer to EI I-4.25 (Fuel Handling Incident).

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

RADIOLOGICAL (CONTINUED)

- _____ 22. If any personnel have been injured or exposed to radiation in excess of 10CFR limits, refer to EP I-5 (Personnel Emergency).
- _____ 23. If site evacuation becomes necessary, evacuate in accordance with EP I-12.
- _____ 24. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 25. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14.

OPERATIONAL

- _____ 26. If the Reactor Protection System fails to bring the plant to Mode 3 when required refer to EI I-4.3 (Reactor Trip).
- _____ 27. On a loss of on or off-site power systems, as noted in the Action Levels, refer to EI I-4.9 (Blackout).
- _____ 28. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 29. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

FIRE/NATURAL/SECURITY

- _____ 30. For Delaware River flood conditions reaching or exceeding 11.5 feet MSL (100.5 feet PSE&G datum):
- _____ a) Implement Emergency Instruction EI I-4.1 (Flooding and/or High Winds).
- _____ b) If necessary, evacuate the site in accordance with EP I-12.
- _____ 31. For sustained high winds (elevation 33 feet) 100 mph:
- _____ a) Implement Emergency Instruction EI I-4.1 (Flooding and/or High Winds).
- _____ b) If necessary, evacuate the site in accordance with EP I-12.
- _____ 32. For seismic events in excess of 0.2g (design basis) implement OI-3.5 or 3.6 (Power Operation to Hot Standby, Hot Standby to Cold Shutdown).
- _____ 33. Refer to EP I-7, "Station Fire", to conduct fire fighting actions.
- _____ 34. If outside assistance is required call the Salem Fire Dispatcher (609-935-4505). Give the location and type of fire and where vehicles will be met by the security personnel. Alert security of incoming emergency vehicles.
- _____ 35. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 36. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

MISCELLANEOUS

- _____ 37. If toxic gas, e.g., chlorine, acid vapors, etc., present a safety hazard contact Performance Engineer and/or Senior Supervisor-Chemistry for further direction. (Phone numbers may be found in Addendum No. 1).
- _____ 38. If the Control Room must be evacuated for any reason refer to EI I-4.10 (Control Room Evacuation).
- _____ 39. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 40. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14.

Completed By: _____

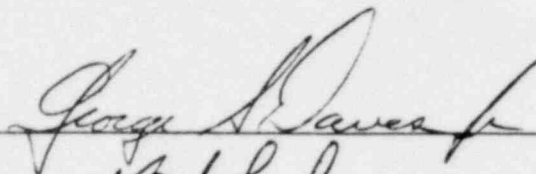
Senior Shift Supervisor/EDO

_____ Date

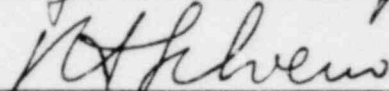
NOTE

FORWARD ALL COMPLETED FORMS TO THE ASSISTANT TO MANAGER.
ATTACH ANY REFERENCED COMPLETED EP'S OR ATTACHMENTS.

Prepared By:



Reviewed By:

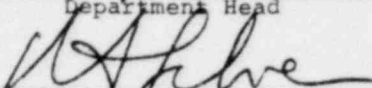


Department Head

3/17/82

Date

Reviewed By:

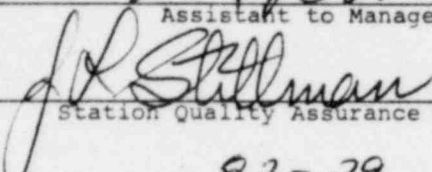


Assistant to Manager

3/17/82

Date

Reviewed By:



Station Quality Assurance Engineer

3/17/82

Date

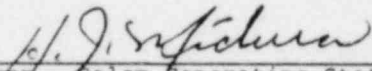
SORC Meeting No.:

82-29

3/17/82

Date

Approved By:

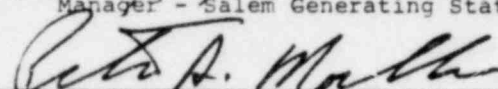


Manager - Salem Generating Station

4/5/82

Date

Approved By:



Manager - Emergency Preparedness

4/5/82

Date

ATTACHMENT 1
INITIAL CONTACT MESSAGE FORM

DIRECTIONS: This form will be filled out by the Senior Shift Supervisor/EDO and given to a communicator for transmittal to the States of New Jersey and Delaware.

☐ IS

☐ IS

"THIS ☐ IS NOT A DRILL"

"THIS ☐ IS NOT A DRILL"

THIS IS _____
(Name) (Title)

SALEM NUCLEAR GENERATING STATION, UNIT NO. _____

THIS IS NOTIFICATION OF:

☐ an UNUSUAL EVENT

☐ a SITE AREA EMERGENCY

☐ an ALERT

☐ a GENERAL EMERGENCY

THE EVENT DECLARED AT _____ ON _____
(Time-24 hour clock) (Date)

☐ THERE IS NO RELEASE IN PROGRESS.

☐ WE HAVE A CONTROLLED RELEASE IN PROGRESS.

☐ WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS.

☐ NO PROTECTIVE ACTIONS ARE RECOMMENDED AT THIS TIME.

☐ WE RECOMMEND SHELTERING FOR THE FOLLOWING SECTOR(S) _____
(Distance/Miles)

☐ WE RECOMMEND EVACUATION FOR THE FOLLOWING SECTOR(S) _____
(Distance/Miles)

Completed By: _____
Senior Shift Supervisor/EDO

Transmitted By: _____
Communicator

PROCEDURE AND CALL LIST FOR COMMUNICATOR

<u>TIME</u>	<u>NAME OF PERSON CONTACTED</u>	
_____	_____	1. Contact New Jersey State Police Primary: Gray Phone Secondary: 882-2000 Read Initial Contact Message Form.
_____	_____	2. Contact Delaware State Police Primary: NAWAS Secondary: 302-736-5851 Read Initial Contact Message Form.
_____	_____	3. Contact Lower Alloways Creek Township Primary: Direct Line Secondary: (609) 935-7300 ACCIDENT CLASSIFICATION ONLY.
_____	_____	4. Contact General Manager - Information Services Primary: Addendum No. 1 Read Initial Contact Message Form.
_____	_____	5. Inform Senior Shift Supervisor which calls were completed.

ONLY IF DIRECTED BY THE SENIOR SHIFT SUPERVISOR MAKE FOLLOWING CALLS.

NEW JERSEY COUNTIES

_____	_____	Salem County EOC Primary: Direct Line Secondary: 935-4505 Read Initial Contact Message Form.
_____	_____	Cumberland County EOC Primary: Direct Line Secondary: 455-8500 Read Initial Contact Message Form.

DELAWARE COUNTIES

_____	_____	New Castle County EOC Primary: Direct Line Secondary: 302-571-7454/7949 Read Initial Contact Message Form.
_____	_____	Kent County EOC Primary: Direct Line Secondary: 302-678-9111 Read Initial Contact Message Form.

_____	_____	U.S. Coast Guard Primary: 456-1370 Read Initial Contact Message Form.
-------	-------	---

ATTACHMENT 2 SITE AREA CALL LIST

DIRECTIONS: The EDO/Senior Shift Supervisor shall complete the below information and insure the following communications are completed. Advise and direct those contacted based upon discussion with the EDO.

PRIMARY INITIATING CONDITION (from Accident Classification Guide, i.e., EP I, Part 2, No. 5)

EP I-0, PART _____, NO. _____

TIME/DATE EVENT DECLARED _____

(2400 Hours)

BRIEF DESCRIPTION OF EVENT: _____

NOTE

In the event of a test, drill or exercise, preface and complete each message with the phrase "THIS IS A DRILL, THIS IS A DRILL".

	<u>CONTACT</u>	<u>CALLER</u>	<u>TIME</u>
1. Emergency Duty Officer (EDO)*	_____	_____	_____
2. NRC (ENS Line to Bethesda)	_____	_____	_____
3. Station Manager	_____	_____	_____
4. Chief Engineer/Operating Engineer	_____	_____	_____
5. Station Security	_____	_____	_____
6. Salem Visitors Center	_____	_____	_____
7. Hope Creek (Union Security)	_____	_____	_____
8. Technical Support - On-site	_____	_____	_____
9. NRC Resident	_____	_____	_____

NOTE

Refer to Addendum No. 1 for all phone/beeper numbers.

*Advise the Primary EDO to notify the secondary EDO (Technical Support Supervisor).

Completed By: _____

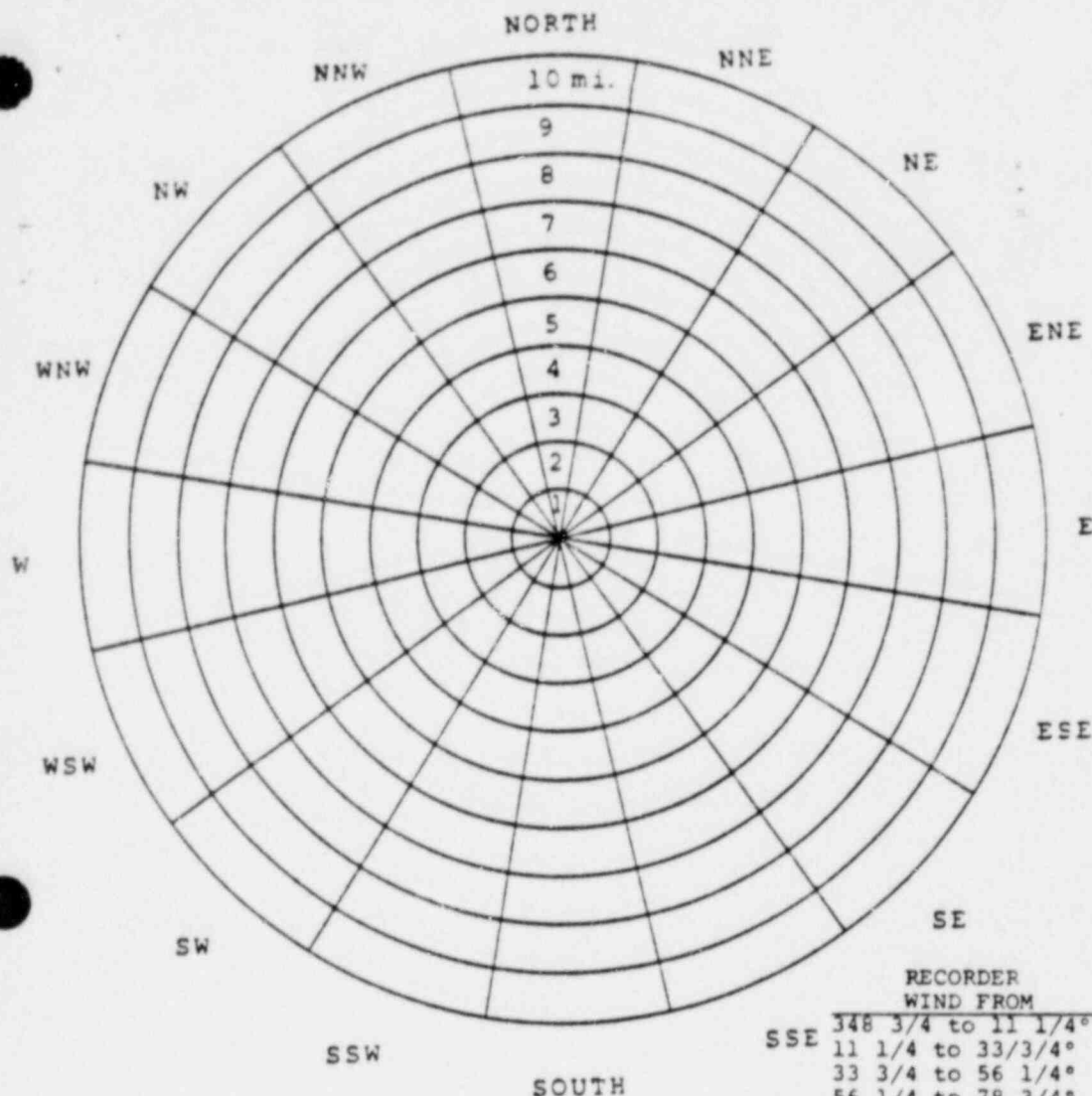
Reviewed By: _____
Senior Shift Supervisor/Shift Supervisor/EDO

Forward completed copies to the Assistant to Manager.

ATTACHMENT 3
SITE AREA EMERGENCY
STATION STATUS CHECKLIST

Reactor and Unit No. _____

1. Date and Time of Incident: Date _____ Time _____ (24 Hour Clock)
2. Accident Classification: SITE AREA EMERGENCY
3. System Involved:
 - a) () Reactor: or
 - b) () Radioactive Waste System: (circle one) Gaseous Liquid: or
 - c) () Fuel Handling: (circle one) Fuel Handling Building Containment
4. Cause of Incident (if known):
5. Is Reactor Tripped: (circle one) Yes No
6. Gaseous Release Information (complete as required):
 - a) Release terminated: (circle one) Yes No
 - b) Anticipated or Known Duration of Release _____ hours.
 - c) Type of Release: (circle one) Ground Elevated
 - d) Wind Speed: _____ mph Wind Direction: (toward) _____
Divide by 2 to get _____ m/sec (from) _____
(Compass Points)
 - e) Stability Class: () Unstable () Neutral () Stable
 - f) Release Rate Iodine: _____ Ci/sec
 - g) Release Rate Noble Gas: _____ Ci/sec
7. Liquid Release Information (complete as required):
 - a) Release Terminated: (circle one) Yes No
 - b) Anticipated or Known Duration of Release _____ hours.
 - c) Estimated Concentration _____ pico Curies/liter.
8. Recommended Off-Site Actions (as soon as data is available):
Use attached Worksheet.
9. Status Checklist Data Relayed to Delaware State: _____ (date/time),
_____ (by), To: _____ (name).
10. Status Checklist Data Relayed to New Jersey: _____ (date/time),
_____ (by), To: _____ (name).
11. Status Checklist Data Relayed to Information Services (PIO): _____ (date/time),
_____ (by), To: _____ (name).
12. Proceed to Supplemental Station Status Checklist as information becomes available (see Addendum No. 2).



RECORDER WIND FROM	COMPASS DIRECTION FROM
SSE 348 3/4 to 11 1/4°	N
11 1/4 to 33 3/4°	NNE
33 3/4 to 56 1/4°	NE
56 1/4 to 78 3/4°	ENE
78 3/4 to 101 1/4°	E
101 1/4 to 123 3/4°	ESE
123 3/4 to 146 1/4°	SE
146 1/4 to 168 3/4°	SSE
168 3/4 to 191 1/4°	S
191 1/4 to 213 3/4°	SSW
213 3/4 to 236 1/4°	SW
236 1/4 to 258 3/4°	WSW
258 3/4 to 281 1/4°	W
281 1/4 to 303 3/4°	WNW
303 3/4 to 326 1/4°	NW
326 1/4 to 348 3/4°	NNW

RECOMMENDED PROTECTIVE ACTIONS WORKSHEET

Designate areas and/or sectors with recommended protective actions symbols as follows:

S - Take shelter F - Food, water and milk control E - Evacuate
O - Other (specify) _____

Time _____ Wind Direction _____ (from) _____ Wind Speed _____

Completed By: _____

Reviewed By: _____
SSS/EDO/ERM

ATTACHMENT 4 TERMINATION CALL LIST

A. An emergency situation may only be terminated when the following conditions are met:

- _____ 1. No action levels for Alert, Site or General Emergency are applicable.
- _____ 2. Affected unit returned to normal or long term recovery status.
- _____ 3. Concurrence of the state of New Jersey. _____ Contact _____ Time/Date
- _____ 4. Concurrence of the state of Delaware. _____ Contact _____ Time/Date
- _____ 5. Concurrence of the Emergency Response Manager.

_____ Emergency Response Manager _____ Time/Date

B. Contact the listed individuals/agencies and report the following message:

THIS IS _____, _____, AT SALEM NUCLEAR
(Name) (Title)
GENERATING STATION UNIT NO. _____, THIS IS TO NOTIFY YOU THAT THE SITE
(1 or 2)
AREA EMERGENCY AT THIS FACILITY HAS BEEN TERMINATED EFFECTIVE _____
(Time-24 Hour)
(Date). REPEAT, THE SITE AREA EMERGENCY AT SALEM NUCLEAR GENERATING
STATION HAS BEEN TERMINATED.

	CONTACT	CALLER	TIME
1. State of New Jersey (Bureau of Radiation Protection)	_____	_____	_____
2. State of Delaware (Division of Emergency Planning and Operations)	_____	_____	_____
3. NRC (ENS Line)	_____	_____	_____
*4. Station Manager	_____	_____	_____
*5. NRC Resident	_____	_____	_____
*6. General Manager - Information Services	_____	_____	_____
*7. BPU	_____	_____	_____
*8. QA	_____	_____	_____
*9. DOE (New Jersey)	_____	_____	_____

NOTE: The EDO is responsible for completing Part A of this Attachment. Part B may be completed by any designated individual.

*See Addendum No. 1 for the required phone numbers.

Reviewed By: _____
Emergency Duty Officer Date

Forward completed sheets to the Assistant to Manager.

EMERGENCY PROCEDURE
EP I-4
GENERAL EMERGENCY

A general emergency has occurred if events are in process which involve substantial core degradation with the potential loss of Containment integrity. The purpose of the General Emergency Procedure is to: initiate predetermined protective actions for the public; provide continuous assessments of on-site radiological measurements; initiate additional actions as required for actual or potential releases; and provide current information for and consultation with the Emergency Operations Facility (EOF).

NOTE

Refer to EP I-0, "Accident Classification Guide" for deescalation to a lower level accident classification. Notification of a change in the emergency classification shall be conveyed via the "Initial Contact Message Form" (Attachment No. 1). Termination of the emergency response and initiation of the recovery phase shall be conveyed via the "Termination Call List" (Attachment No. 4).

ACTION STATEMENTS

TIME* INITIAL

- | | |
|-------|--|
| _____ | 1. If any of the conditions exist as described in Attachment 5, "Plant Parameters Requiring Protective Action Recommendations", immediately transmit the required recommendations to the appropriate State and/or County officials via Attachment No. 1. |
| _____ | 2. Sound Radiation Alert Alarm, announce if possible, the nature of the alert. Request evacuation of affected area(s) if necessary. |
| _____ | 3. Announce via the plant Public Address System (P.A.): "Radiation Protection personnel report to your emergency duty stations". |
| _____ | 4. Contact the Shift Radiation Protection Technician (Shift RPT) and direct him to initiate procedure EP IV-101 (Radiation Protection Initial T3C Response). |
| _____ | 5. Complete the "Initial Contact Message Form" Attachment No. 1. Protective action recommendations are to be based upon EP IV-108 as information becomes available. |

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

6. If immediate evacuation is not required, account for personnel in accordance with EP I-8.

_____ 7. If immediate evacuation at the site is required, perform EP I-12.

_____ 8. Direct the communicator to transmit the "Initial Contact Message Form" (Attachment No. 1) in accordance with contained instructions.

Instruct the communicator that the information transmitted to the Counties shall be in the form of the "Initial Contact Message Form" (Attachment No. 1). Also instruct the communicator that any additional inquiries shall be referred to the respective state emergency management agencies.

_____ 9. Direct a qualified individual to complete the "Station Status Checklist" (Attachment No. 3). Coordinate Emergency Dose Calculations and completion of Attachment No. 3 with the Shift RPT.

_____ 10. Initiate the General Emergency Call List (Attachment No. 2).

_____ 11. Initiate corporate notification:

- a) Contact Plant Manager or his designee and advise him to implement EP II-4, Notification of Corporate Response Personnel.
- b) If Plant Manager or designee cannot be reached the EDO/Senior Shift Supervisor shall assume responsibility for implementing EP II-4.
- c) Dispatch a Security Guard to open the EOF as per EP III-2.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

- _____ 12. Upon receipt of a phone call from the New Jersey Bureau of Radiation Protection (BRP) or Delaware Division of Emergency Planning and Operations (DEPO) do the following:
- a) Provide the "Station Status Checklist" at current level of completion.
- b) Exchange contact phone numbers for future updates/information.
- _____ 13. Initiate the EDO Checklist (Figure No. 1).
- _____ 14. Direct a communicator to proceed to the actuated TSC and initiate 15 minute updates to New Jersey BRP and Delaware DEPO. Updates shall be in the form of the "Station Status Checklist" (Attachment No. 3) as information becomes available.
- _____ 15. If necessary, account for personnel in accordance with EP I-8.
- _____ 16. Direct a technically qualified person to commence data collection in accordance with the Operational and Radiological Status Boards (Figure No. 3 and No. 4, respectively). Transmit this data to the TSC and EOF.
- _____ 17. Contact the Assistant to Manager/designee and advise him to appraise the State Board of Public Utilities and Department of Energy of the emergency event.
- _____ 18. When the EOF is activated, transfer the responsibility of the 15 minute notifications to the States and the coordination of off-site survey teams to the EOF staff. Update the EOF Manning Chart (Figure No. 2) as appropriate.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

_____ 19. If the emergency is a result of an:

a) Excessive gaseous release:

- _____ 1) Insure the actions required of Emergency Instruction I-4.16 (Radiation Incident) are or have been taken.
- _____ 2) Verify that the release has stopped.
- _____ 3) Insure the Containment/Plant Vent Monitor is selected to the plant vent (Unit No. 1 only).
- _____ 4) As soon as possible, perform additional on and off-site surveys and ascertain extent of airborne activity.
- _____ 5) Insure personnel that have become or may be contaminated are "frisked" and begin decontamination as necessary.
- _____ 6) Restrict movement outside the plant buildings to evacuation and surveys until radiation levels due to the release are within the limits specified in 10CFR20.

b) Excessive liquid release:

- _____ 1) Insure the actions required of Emergency Instruction I-4.16 (Radiation Incident) are or have been taken.
- _____ 2) Verify that the release has been stopped.
- _____ 3) Obtain a sample from the system or source of the effluent that was being discharged for analysis.

ACTION STATEMENTS (CONTINUED)

TIME*	INITIAL	
_____	_____	4) If boats or ships are in the immediate vicinity of the circulating water discharge, immediately inform the State of New Jersey and U.S. Coast Guard.
_____	_____	20. If any personnel have been injured and exposed in excess of 10CFR20 limits, refer to EP I-5.
_____	_____	21. Request additional emergency assistance and/or call in additional station personnel in accordance with the appropriate parts of Addendum No. 1, as the situation dictates.
_____	_____	22. Refer to EP I-15 if Stable Iodine Thyroid Blocking is required. Confer with Radiation Protection Engineer as required.
_____	_____	23. Refer to EP I-14 to indicate plant restoration operations when the incident is under control. The incident shall be considered under control for the purpose of initiating plant restoration operations when the following guidelines are met:
		a) Release of radioactive materials from all portions of the plant are controlled.
		b) Radiation levels in all areas are determined to be stable or decreasing with time.
		c) Fires, flooding, and/or equipment malfunctions are controlled.

NOTE

Plant restorations will be conducted in a manner in which each individual operation is evaluated as to its total and individual man REM. All exposures will be maintained within the ICRP recommendations and EP IV-106 and all attempts will be made to maintain exposures within 10CFR20 limits.

ACTION STATEMENTS (CONTINUED)

TIME* INITIAL

- _____ 24. Complete an Operational Incident Report in accordance with Administrative Procedure No. 6.
- _____ 25. Upon termination of the event complete the "Termination Call List", Attachment No. 4 and initiate recovery operations, EP I-14.

Completed By: _____ Senior Shift Supervisor/EDO _____ Date _____

NOTE

FORWARD ALL COMPLETED FORMS TO THE ASSISTANT TO MANAGER, ATTACH ANY REFERENCED COMPLETED EP'S OR ATTACHMENTS. FOR NUCLEAR EMERGENCIES HAVING OFF-SITE CONSEQUENCES NOTIFY AMERICAN NUCLEAR INSURERS (REFER TO ADDENDUM NO. 1).

Prepared By:

George H. Davis

Reviewed By:

W. J. Miller
Department Head

3/17/82
Date

Reviewed By:

W. J. Miller
Assistant to Manager

3/17/82
Date

Reviewed By:

J. Stillman
Station Quality Assurance Engineer

3/17/82
Date

SORC Meeting No.:

82-29

3/17/82
Date

Approved By:

W. J. Miller
Manager - Salem Generating Station

4/5/82
Date

Approved By:

P. A. M. ...
Manager - Emergency Preparedness

4/5/82
Date

ATTACHMENT 1
INITIAL CONTACT MESSAGE FORM

EP I-4
ATT. 1

DIRECTIONS: This form will be filled out by the Senior Shift Supervisor/EDO and given to a communicator for transmittal to the States of New Jersey and Delaware.

NOTE

WHEN CONTACTING NEW JERSEY AND DELAWARE STATE POLICE INFORM THEM THAT SALEM, CUMBERLAND, KENT AND NEW CASTLE COUNTIES WILL ALSO BE NOTIFIED UNLESS OTHERWISE DIRECTED BY STATE AUTHORITIES.

☐ IS

☐ IS

"THIS ☐ IS NOT A DRILL"

"THIS ☐ IS NOT A DRILL"

THIS IS _____
(Name) (Title)

SALEM NUCLEAR GENERATING STATION, UNIT NO. _____

THIS IS NOTIFICATION OF:

☐ an UNUSUAL EVENT

☐ a SITE AREA EMERGENCY

☐ an ALERT

☐ a GENERAL EMERGENCY

THE EVENT DECLARED AT _____ ON _____
(Time-24 hour clock) (Date)

☐ THERE IS NO RELEASE IN PROGRESS.

☐ WE HAVE A CONTROLLED RELEASE IN PROGRESS.

☐ WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS.

☐ NO PROTECTIVE ACTIONS ARE RECOMMENDED AT THIS TIME.

☐ WE RECOMMEND SHELTERING FOR THE FOLLOWING SECTOR(S) _____
(Distance/Miles)

☐ WE RECOMMEND EVACUATION FOR THE FOLLOWING SECTOR(S) _____
(Distance/Miles)

Completed By: _____
Senior Shift Supervisor/EDO

Transmitted By: _____
Communicator

PROCEDURE AND CALL LIST FOR COMMUNICATOR

TIME NAME OF PERSON CONTACTED

1. Contact New Jersey State Police
 Primary: Gray Phone
 Secondary: 882-2000
 Read Initial Contact Message Form.
2. Contact Delaware State Police
 Primary: NAWAS
 Secondary: 302-736-5851
 Read Initial Contact Message Form.
3. Contact Lower Alloways Creek Township
 Primary: Direct Line
 Secondary: (609) 935-7300
 ACCIDENT CLASSIFICATION ONLY.

NEW JERSEY COUNTIES

4. Salem County EOC
 Primary: Direct Line
 Secondary: 935-4505
 Read Initial Contact Message Form.
5. Cumberland County EOC
 Primary: Direct Line
 Secondary: 455-8500
 Read Initial Contact Message Form.

DELAWARE COUNTIES

6. New Castle County EOC
 Primary: Direct Line
 Secondary: 302-571-7454/7949
 Read Initial Contact Message Form.
 7. Kent County EOC
 Primary: Direct Line
 Secondary: 302-678-9111
 Read Initial Contact Message Form.
-
8. U.S. Coast Guard
 Primary: 456-1370
 Read Initial Contact Message Form.
 9. Contact General Manager - Information Services
 Primary: Addendum No. 1
 Read Initial Contact Message Form.
 10. Inform Shift Supervisor which calls were
 completed.

ATTACHMENT 2 GENERAL EMERGENCY CALL LIST

DIRECTIONS: The EDO/Senior Shift Supervisor shall complete the below information and insure the following communications are completed. Advise and direct contacts based upon discussion with the EDO.

PRIMARY INITIATING CONDITION (from Accident Classification Guide, i.e., EP I, Part 2, No. 5)

EP I-0, PART _____, NO. _____ TIME/DATE EVENT DECLARED _____ (2400 Hours)

BRIEF DESCRIPTION OF EVENT: _____

NOTE

In the event of a test, drill or exercise, preface and complete each message with the phrase "THIS IS A DRILL, THIS IS A DRILL".

	CONTACT	CALLER	TIME
1. Emergency Duty Officer (EDO)*	_____	_____	_____
2. NRC (ENS Line to Bethesda)	_____	_____	_____
3. Station Manager	_____	_____	_____
4. Chief Engineer/Operating Engineer	_____	_____	_____
5. Station Security	_____	_____	_____
6. Salem Visitors Center	_____	_____	_____
7. Hope Creek (Union Security)	_____	_____	_____
8. Technical Support - On-site	_____	_____	_____
9. NRC Resident	_____	_____	_____

NOTE

Refer to Addendum No. 1 for all phone/beeper numbers.

*Advise the Primary EDO to notify the secondary EDO (Technical Support Supervisor).

Completed By: _____

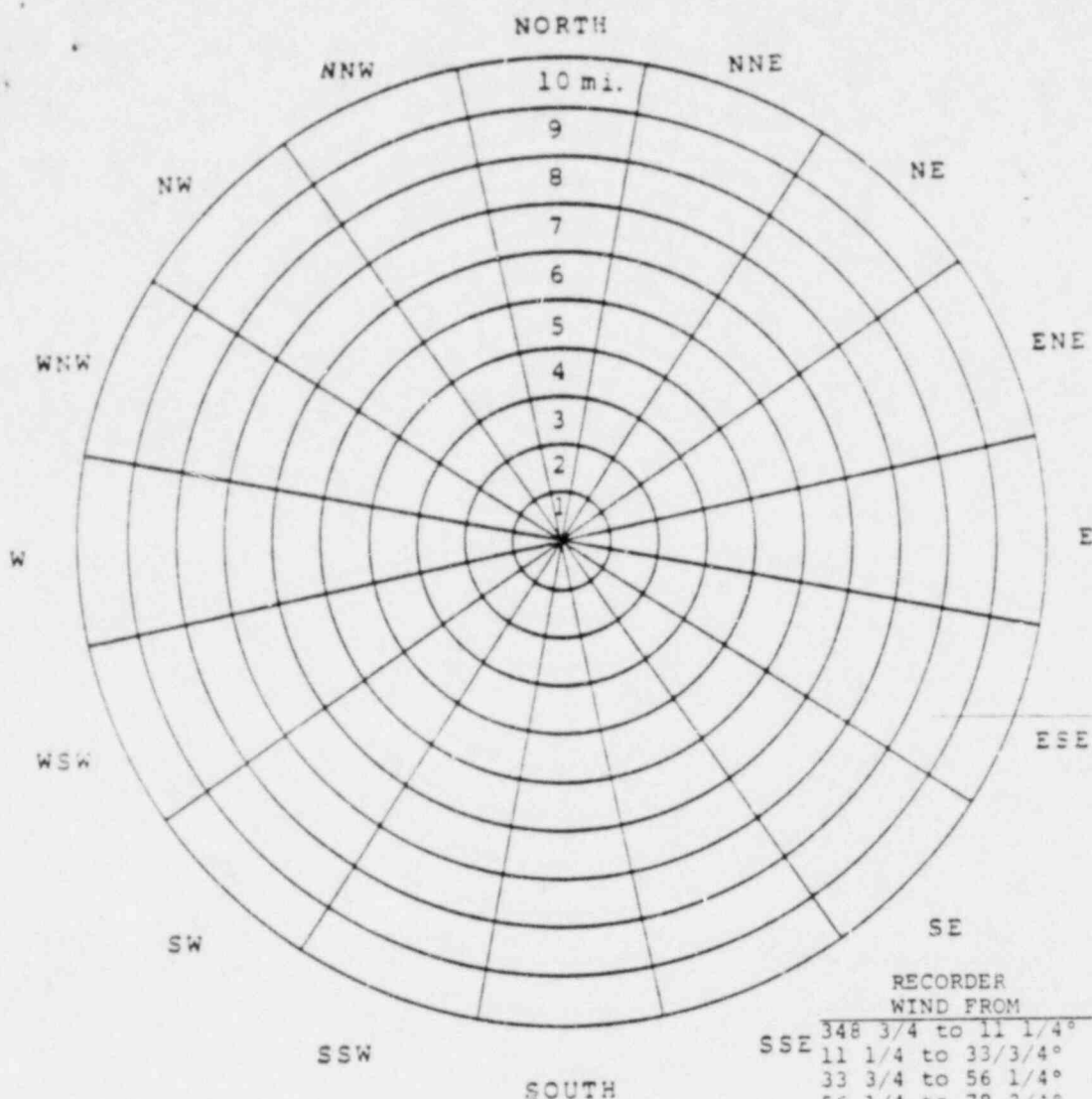
Reviewed By: _____
Senior Shift Supervisor/Shift Supervisor/EDO

Forward completed copies to the Assistant to Manager.

ATTACHMENT 3
GENERAL EMERGENCY
STATION STATUS CHECKLIST

Reactor and Unit No. _____

1. Date and Time of Incident: Date _____ Time _____ (24 Hour Clock)
2. Accident Classification: GENERAL EMERGENCY
3. System Involved:
 - a) () Reactor: or
 - b) () Radioactive Waste System: (circle one) Gaseous Liquid: or
 - c) () Fuel Handling: (circle one) Fuel Handling Building Containment
4. Cause of Incident (if known):
5. Is Reactor Tripped: (circle one) Yes No
6. Gaseous Release Information (complete as required):
 - a) Release terminated: (circle one) Yes No
 - b) Anticipated or Known Duration of Release _____ hours.
 - c) Type of Release: (circle one) Ground Elevated
 - d) Wind Speed: _____ mph Wind Direction: (toward) _____
Divide by 2 to get _____ m/sec (from) _____
(Compass Points)
 - e) Stability Class: () Unstable () Neutral () Stable
 - f) Release Rate Iodine: _____ Ci/sec
 - g) Release Rate Noble Gas: _____ Ci/sec
7. Liquid Release Information (complete as required):
 - a) Release Terminated: (circle one) Yes No
 - b) Anticipated or Known Duration of Release _____ hours.
 - c) Estimated Concentration _____ pico Curies/liter.
8. Recommended Off-Site Actions (as soon as data is available):
Use attached Worksheet.
9. Status Checklist Data Relayed to Delaware State: _____ (date/time),
_____ (by), To: _____ (name).
10. Status Checklist Data Relayed to New Jersey: _____ (date/time),
_____ (by), To: _____ (name).
11. Status Checklist Data Relayed to Information Services (PIO): _____ (date/time),
_____ (by), To: _____ (name).
12. Proceed to Supplemental Station Status Checklist as information becomes available (see Addendum No. 2).



RECORDER WIND FROM	COMPASS DIRECTION FROM
SSE 348 3/4 to 11 1/4°	N
11 1/4 to 33 3/4°	NNE
33 3/4 to 56 1/4°	NE
56 1/4 to 78 3/4°	ENE
78 3/4 to 101 1/4°	E
101 1/4 to 123 3/4°	ESE
123 3/4 to 146 1/4°	SE
146 1/4 to 168 3/4°	SSE
168 3/4 to 191 1/4°	S
191 1/4 to 213 3/4°	SSW
213 3/4 to 236 1/4°	SW
236 1/4 to 258 3/4°	WSW
258 3/4 to 281 1/4°	W
281 1/4 to 303 3/4°	WNW
303 3/4 to 326 1/4°	NW
326 1/4 to 348 3/4°	NNW

RECOMMENDED PROTECTIVE ACTIONS WORKSHEET

Designate areas and/or sectors with recommended protective actions symbols as follows:

S - Take shelter F - Food, water and milk control E - Evacuate

O - Other (specify) _____

Time _____ Wind Direction _____ (From) _____ Wind Speed _____

Completed By: _____

Reviewed By: _____

SSS/EDC/ERM

ATTACHMENT 4 TERMINATION CALL LIST

A. An emergency situation may only be terminated when the following conditions are met:

- _____ 1. No action levels for Alert, Site or General Emergency are applicable.
- _____ 2. Affected unit returned to normal or long term recovery status.
- _____ 3. Concurrence of the state of New Jersey. _____ Contact _____ Time/Date
- _____ 4. Concurrence of the state of Delaware. _____ Contact _____ Time/Date
- _____ 5. Concurrence of the Emergency Response Manager.

_____ Emergency Response Manager _____ Time/Date

B. Contact the listed individuals/agencies and report the following message:

THIS IS _____, _____, AT SALEM NUCLEAR
(Name) (Title)
GENERATING STATION UNIT NO. _____, THIS IS TO NOTIFY YOU THAT THE
(1 or 2)
GENERAL EMERGENCY AT THIS FACILITY HAS BEEN TERMINATED EFFECTIVE _____
(Time-24 Hr)
(Date), REPEAT, THE GENERAL EMERGENCY AT SALEM NUCLEAR GENERATING
STATION HAS BEEN TERMINATED.

	CONTACT	CALLER	TIME
1. State of New Jersey (Bureau of Radiation Protection)	_____	_____	_____
2. State of Delaware (Division of Emergency Planning and Operations)	_____	_____	_____
3. NRC (ENS L ne)	_____	_____	_____
*4. Station Manager	_____	_____	_____
*5. NRC Resident	_____	_____	_____
*6. General Manager - Information Services	_____	_____	_____
*7. BPU	_____	_____	_____
*8. QA	_____	_____	_____
*9. DOE (New Jersey)	_____	_____	_____

NOTE: The EDO is responsible for completing Part A of this Attachment. Part B may be completed by any designated individual.

*See Addendum No. 1 for the required phone numbers.

Reviewed By: _____
Emergency Duty Officer _____ Date _____

Forward completed sheets to the Assistant to Manager.

ATTACHMENT 5
PREDETERMINED PROTECTIVE ACTION RECOMMENDATIONS

DIRECTIONS: If any of the following cases occur, immediately convey the protective action recommendations as required to State/County officials via the "Initial Contact Message Form" (Attachment No. 1). These recommendations shall be made in parallel with that which may have already been made in accordance with Procedure EP IV-108. Cases I through IV consist of probable combinations of 2 or more fission product boundary failures (Core, RCS, Containment failure).

The specific plant conditions indicating these failures are:

DEGRADED CORE

A. 5 or more core exit thermocouples indicate greater than 1200°F

OR

B. 2 or more wide range hot leg RTD's indicate greater than 700°F

AND

C. One of the following:

1) Rapidly diverging ΔT

OR

2) No $\Delta T(T_h - T_c = 0)$

OR

3) R - 31A or 31B Offscale

LOSS OF CONTAINMENT INTEGRITY

A. Containment H₂ concentration greater than 4%

OR

B. Indication of Containment pressure greater than 47 psig and increasing (2/4)

OR

C. The following:

1) Indication of Containment pressure greater than 23.5 psig and increasing (2/4)

AND

2) There are less than 3 Fan Coil Units available, with only 1 Containment Spray train capability

OR

3) There are less than 5 Fan Coil Units available, with no Containment Spray train capability.

LOSS OF COOLANT

- A. R-21 indicator greater than 20 R/HR, and 2 of 4 of the below listed monitors reading offscale:

- 1) R2
- 2) R7
- 3) R10A
- 4) R10B

OR

- B. Inadequate sub-cooling, as indicated by P-250 strip-chart recorder or manual calculation and the plant in modes 1, 2, or 3.

OR

- C. Potential, Unisolatable steam line break outside of containment with indication of a primary to secondary leak in the affected generator.

OR

- D. Either of the following:

- 1) 2 out of 5 Fan Coil Unit Drainage Alarms Actuate

OR

- 2) Indication of Containment pressure greater than 4.0 psig (2/4)

AND BOTH OF THE FOLLOWING:

- 3) Containment Sump level greater than 81'3"

AND

- 4) There is no indication of an In-containment steam line break

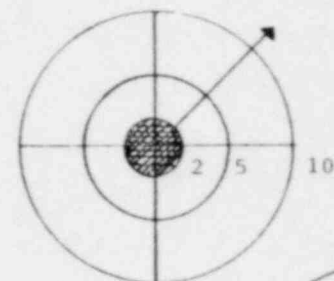
PREDETERMINED PROTECTIVE ACTION RECOMMENDATION

CASE

Case I

Core Degradation with potential for LOCA and failure of Containment Boundary

0 - 2.0 mile evacuation in all four quadrants



Case II

Core Degradation and LOCA with no immediate potential for Containment Boundary Failure

0 - 5.0 mile evacuation in downwind quadrant

0 - 5.0 mile sheltering in unaffected quadrants

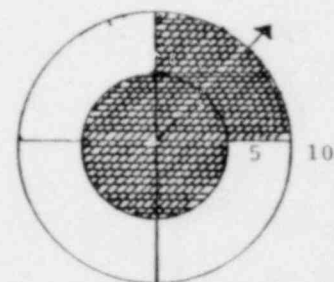


Case III

Core Degradation and LOCA with likely Failure of Containment Boundary as judged by Senior Shift Supervisor/EDO

0 - 5.0 mile evacuation in all four quadrants

5.0 - 10.0 mile evacuation in downwind quadrant

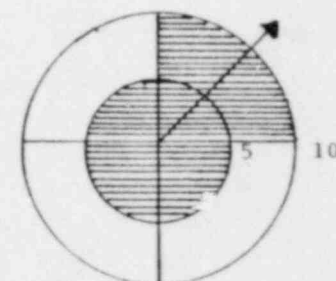


Case IV

Core Degradation and LOCA with imminent Failure of Containment Boundary as judged by Senior Shift Supervisor/EDO

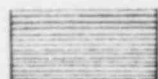
0 - 5.0 mile sheltering in all four quadrants

5.0 - 10.0 mile sheltering in downwind quadrant



NOTE: Recommendation revised from Case III to provide protection to the general public in the event the evacuation is incomplete upon imminent failure.

LEGEND:



= Sheltering



= Evacuation



Nominal Wind Direction

EMERGENCY PROCEDURE
ADDENDUM 1
MASTER PHONE LIST
EMERGENCY ASSISTANCE AND NOTIFICATION

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PREPARED BY

George L. Jones

REVIEWED BY

Robert A. Muth
EMERGENCY PLANNING ENGINEER

4/5/92
DATE

APPROVED BY

Robert A. Muth
MANAGER - NUCLEAR SITE PROTECTION

4/5/92
DATE

EMERGENCY PROCEDURE
 ADDENDUM 1
 MASTER PHONE LIST
 EMERGENCY ASSISTANCE AND NOTIFICATION

PSE&G PERSONNEL

STATION RESPONSEEMERGENCY DUTY OFFICER (EDO)

	OFFICE*	PAGER	HOME
R. SILVERIO.....	510.....	(609) 772-7163....	
J. GUELLER.....	525.....	(609) 342-0554....	
L. MILLER.....	507.....	(609) 342-0551....	
L. FRY.....	624.....	(609) 342-0880....	
F. SCHNARR.....	527.....	(609) 757-1468....	
H. MIDURA.....	501/502.....	(609) 342-0556....	
J. DRISCOLL.....	504/505.....	(609) 342-0555....	
W. RAHL.....	635.....	-	
D. JANSEN.....	635.....	-	
J. PIERSON.....	635.....	-	
V. LOWENSTEN.....	635.....	-	
B. STITT.....	635.....	-	

TECHNICAL SUPPORT SUPERVISOR

	OFFICE*	PAGER	HOME
R. SILVERIO.....	510.....	(609) 772-7163....	
J. GUELLER.....	525.....	(609) 342-0554....	
L. MILLER.....	507.....	(609) 342-0551....	
L. FRY.....	624.....	(609) 342-0880....	
F. SCHNARR.....	527.....	(609) 757-1468....	

SHIFT TECHNICAL ADVISOR (STA)

	OFFICE*	PAGER	HOME
P. OTT.....	576.....	-	
G. ROGGIO.....	576.....	-	
P. STEINHAEUER.....	576.....	-	
E. VILLAR.....	576.....	-	

NOTE

SITE EXTENSIONS REACHED VIA PSE&G SWITCHBOARD.
 (609) 541-5900 OR (609) 234-4499

SHIFT SUPERVISORS (LICENSED)

	OFFICE*	PAGER	HOME
J. STARCEVICH.....	576/692.....	-	
R. BEHRING.....	576/692.....	-	
L. CATALFOMO.....	576/692.....	-	
J. ELLIS.....	576/692.....	-	
J. MORRISON.....	576/692.....	-	
R. NEWMAN.....	576/692.....	-	
W. O'BRIEN.....	576/692.....	-	
V. POLIZZI.....	576/692.....	-	
G. HALKYER.....	576/692.....	-	
S. SAUNDERS.....	576/692.....	-	
M. HERRILL.....	576/692.....	-	
C. TIMM.....	576/692.....	-	
W. GRAU.....	576/692.....	-	
J. SLABY.....	576/692.....	-	

CONTROL OPERATOR/EQUIPMENT OPERATOR

DEPARTMENTAL CALL LIST (OPERATIONS)

COMMUNICATORS

SHIFT CLERKS - DEPARTMENTAL CALL LIST (OPERATIONS)

UTILITY OPERATORS - DEPARTMENTAL CALL LIST (OPERATIONS)

OPERATIONAL SUPPORT CENTER COORDINATOR

	OFFICE*	PAGER	HOME
R. MC CARTHY.....	105.....	-	
D. ESKESEN.....	105.....	-	
P. ISENBURG.....	105.....	-	
A. SEIBERT.....	105.....	-	

NOTE

SITE EXTENSIONS REACHED VIA PSE&G SWITCHBOARD.
 (609) 541-5900 OR (609) 234-4499

DSC SUPPORT STAFF• MECHANICAL/ELECTRICAL MAINTENANCE

DEPARTMENTAL CALL LIST (MAINTENANCE)

I&C MAINTENANCE

DEPARTMENTAL CALL LIST (TECHNICAL)

RADIOLOGICAL ACCIDENT ASSESSMENT - ON SITE

OFFICE*

PAGER

HOME

RADIATION PROTECTION ENGINEERS

J. O'CONNOR.....544.....(800) 612-2224....

W. FERGUSON.....613.....(800) 612-2217....

RADIATION PROTECTION SUPERVISORS

W. HUNKELE.....613.....(800) 612-2218....

R. CISLO.....623.....(800) 612-2219...

L. KRAJEWSKI.....130.....(800) 612-2220...

D. NOCE.....613.....(800) 612-2223...

A. OGUREK.....613.....(800) 612-2221...

L. ADLER.....130.....(800) 612-2216....

COMMON BEEPER FOR ALL SUPERVISORS.....(800) 612-2215.....

RADIATION PROTECTION TECHNICIAN/TECHNICAL ASSISTANT/HELPER

DEPARTMENTAL CALL LIST (RADIATION PROTECTION)

RADIATION PROTECTION COMMUNICATORS

OFFICE*

PAGER

HOME

E. MANTOOTH.....623.....-

C. MASTERS.....623.....-

A. MOSLEY.....623.....-

NOTE

SITE EXTENSIONS REACHED VIA PSE&G SWITCHBOARD.
 (609) 541-5900 OR (609) 234-4499

CHEMISTRY

	OFFICE*	PAGER	HOME
W. JOCHER.....	550.....	-	
T. VANNOY.....	524.....	-	
E. KEATING.....	542.....	-	
P. MERGEN.....	610.....	-	
D. ZAK.....	549.....	-	

TECHNICIANS - DEPARTMENTAL CALL LIST (TECHNICAL)

TECHNICAL SUPPORT - ON SITE (CORE/THERMAL/ELECTRICAL/MECHANICAL

	OFFICE	PAGER	HOME
B. HALL.....	4-228.....	-	
D. LYONS.....	4-233.....	-	
L. CORLETO.....	4-234.....	-	
E. NAGY.....	4-232.....	-	

ADDITIONAL TECHNICAL SUPPORT FROM SITE ENGINEERING WILL BE CALLED OUT IN ACCORDANCE WITH SECTION V PROCEDURES.

ADMINISTRATIVE SUPPORT SUPERVISOR

	OFFICE*	PAGER	HOME
R. VONFISCHER.....	508.....	-	
R. POTTER.....	515.....	-	
J. TIERNEY.....	529.....	-	
L. SUTTON.....	120.....	-	

SECURITY

	OFFICE*	PAGER	HOME
T. LESH.....	514.....	-	

YOH SUPERVISORY PERSONNEL - DEPARTMENTAL CALL LIST (SECURITY)

NOTE

SITE EXTENSIONS REACHED VIA PSE&G SWITCHBOARD.
(609) 541-5900 OR (609) 234-4499

STATION MANAGEMENT/DEPARTMENT HEADS

	OFFICE*	PAGER	HOME
GENERAL MANAGER (H. MIDURA).....	501/502.....	(609) 342-0556.....	
ASSISTANT GENERAL MANAGER (J. DRISCOLL).....	504/505.....	(609) 342-0555.....	
MAINTENANCE MANAGER (J. GALLAGHER).....	506.....	-	
MAINTENANCE ENGINEER			
TECHNICAL MANAGER (L. MILLER).....	507.....	(609) 342-0551.....	
I&C ENGINEER			
CHEMICAL ENGINEER			
TECHNICAL ENGINEER			
OPERATIONS MANAGER (L. FRY).....	624.....	(609) 342-0880.....	
OPERATIONS ENGINEER			
RADIATION PROTECTION ENGINEER			
OFFICE ADMINISTRATOR (R. VON FISCHER).....	508.....	-	
STATION PLANNING ENGINEER (D. WARD).....	559.....	-	

DEPARTMENT SENIOR SUPERVISORS

	OFFICE*	PAGER	HOME
SENIOR MAINTENANCE SUPERVISOR			
F. ROBERTSON.....	151.....	-	
T. SPENCER.....	159.....	-	
D. THOMAS.....	154.....	-	
J. HAGAN.....	154.....	-	
SENIOR SUPERVISOR-I&C (A. ORTICELLI).....	539.....	-	
SENIOR SUPERVISOR-CHEMISTRY (W. JOCHER).....	550.....	-	
SENIOR SUPERVISOR-RP (J. O'CONNOR).....	644.....	(800) 612-2224.....	
SENIOR REACTOR ENGINEERING SUPERVISOR (J. JACKSON).....	621.....	-	

STATION QUALITY ASSURANCE

	OFFICE*	PAGER	HOME
J. STILLMAN.....	512.....	-	
B. LEAP.....	528.....	-	

NOTE

SITE EXTENSIONS REACHED VIA PSE&G SWITCHBOARD.
(609) 541-5900 OR (609) 234-4499

CORPORATE RESPONSEEMERGENCY RESPONSE MANAGER

	OFFICE	PAGER	HOME
R. UDERITZ.....	(609) 935-6010.....	-	
J. ZUPKO.....	(609) 935-6015.....	-	
J. BOETTGER.....	(201) 430-8043.....	-	

PRODUCTION DEPARTMENT SUPPORT MANAGER

	OFFICE	PAGER	HOME
R. STEINKE.....	(201) 430-7328.....	-	
R. FOSTER (ALTERNATE).....	(201) 430-7410.....	-	
M. HONTZ (ALTERNATE).....	(201) 430-7375.....	-	
G. BOWDREN (ALTERNATE).....	(201) 430-7327.....	-	

RADIOLOGICAL EMERGENCY MANAGER

	OFFICE	PAGER	HOME
W. BRITZ.....	(609) 935-6014.....	-	
R. DOUGLAS (ALTERNATE).....	(201) 430-8258.....	-	
R. YEWDALL (ALTERNATE).....	(201) 430-8449.....	-	
N. ALLMAN (ALTERNATE).....	(201) 430-8345.....	-	

RADIATION ASSESSMENT #1

	OFFICE	PAGER	HOME
R. DOUGLAS (STAFF).....	(201) 430-8258.....	-	
R. YEWDALL (STAFF).....	(201) 430-8449.....	-	
N. ALLMAN (STAFF).....	(201) 430-8345.....	-	
R. ZIEGLER (STAFF).....	(201) 430-8008.....	-	
P. GLENNON (STAFF).....	(201) 430-8463.....	-	
J. CLANCEY (STAFF).....	(609) 935-6000.....	-	
J. KOTSCH (STAFF).....	(609) 935-6000.....	-	

RADIATION ASSESSMENT #2

	OFFICE	PAGER	HOME
R. DOUGLAS (STAFF).....	(201) 430-8258.....	-	
R. YEWALL (STAFF).....	(201) 430-8449.....	-	
N. ALLMAN (STAFF).....	(201) 430-8345.....	-	
R. ZIEGLER (STAFF).....	(201) 430-8008.....	-	
P. GLENNON (STAFF).....	(201) 430-8463.....	-	
J. CLANCEY (STAFF).....	(609) 935-6000.....	-	
J. KOTSCH (STAFF).....	(609) 935-6000.....	-	

COMMUNICATOR

	OFFICE	PAGER	HOME
R. TRIPODI (STAFF).....	(201) 430-7304.....	-	
R. ZIEGLER (STAFF).....	(201) 430-8008.....	-	
P. GLENNON (STAFF).....	(201) 430-8463.....	-	
J. DALPAN (STAFF).....	(201) 430-8507.....	-	
M. IVANICK (STAFF).....	(609) 935-6000.....	-	
M. POLLACK (STAFF).....	(609) 935-3152.....	-	

OFF-SITE RADIATION MONITOR #3, #4

	OFFICE	PAGER	HOME
D. PARKS (STAFF).....	557.....	-	
A. HORVATH (STAFF).....	557.....	-	
M. MURPHY (STAFF).....	228.....	-	
M. POLLACK (STAFF).....	557.....	-	
J. BEATTIE (STAFF).....	(609) 935-3317.....	-	
P. HARTMAN (STAFF).....	(609) 678-8266.....	-	
G. LA GARDE (STAFF).....	557.....	-	
K. SPAULDING (STAFF).....	(609) 678-6357.....	-	
R. HORN (STAFF).....	557.....	-	

RADIATION ASSESSMENT LIAISON

	OFFICE	PAGER	HOME
M. GIBBONS.....	(201) 430-7879.....	-	
R. TRIPODI.....	(201) 430-7304.....	-	
D. PECK.....	(201) 430-8827.....	-	

SITE SUPPORT MANAGER

	OFFICE	PAGER	HOME
*J. ZUPKO.....	(609) 935-6015.....	-	
*R. BURRICELLI (ALTERNATE/STAFF)....	(201) 430-7298.....	-	
P. MOELLER (ALTERNATE/STAFF).....	(609) 935-6013.....	-	
C. JOHNSON (ALTERNATE/STAFF).....	(201) 430-6726.....	-	
E. ROSENFELD (STAFF).....	(609) 935-6000.....	-	

*MAY ASSUME POSITION OF EMERGENCY RESPONSE MANAGER.

CORPORATE ENGINEERING SUPPORT MANAGER

	OFFICE	PAGER	HOME
T. MARTIN.....	(201) 430-8316.....	-	
R. BAST (ALTERNATE).....	(201) 430-8296.....	-	
R. RIPPE (ALTERNATE).....	(201) 430-8029.....	-	
F. CHRISTIANA (ALTERNATE).....	(201) 430-8317.....	-	
G. SUPPLEE (ALTERNATE).....	(201) 430-8294.....	-	
E. LOGAN (ALTERNATE).....	(201) 430-8211.....	-	

SITE ENGINEERING SUPPORT MANAGER

	OFFICE	PAGER	HOME
D. JAGT.....	(201) 430-8288.....	-	
W. GAILEY (ALTERNATE).....	(201) 430-8179.....	-	
L. REITER (ALTERNATE).....	(201) 430-8129.....	-	
E. BARRADALE (ALTERNATE).....	(609) 935-6323.....	-	

ADMINISTRATIVE SUPPORT MANAGER

	OFFICE	PAGER	HOME
J. FISCHER.....	(201) 430-7431..	-	
J. CHAMBERLIN (ALTERNATE/EOF STAFF).....	(201) 430-7430.....	-	
V. MCNAMARA (ALTERNATE/CORP. STAFF).....	(201) 430-7378.....	-	
B. MCKEEVER (ALTERNATE/CORP. STAFF).....	(201) 430-7359.....	-	
R. BRYANS (STAFF).....	(201) 430-7364.....	-	
J. LLOYD (STAFF).....	(609) 678-8220.....	-	
J. VAG (EOF STAFF).....	(201) 430-8964.....	-	

ADMINISTRATIVE SUPPORT MANAGER (CONTINUED)

	OFFICE	PAGER	HOME
G. CAMPEN (EOF STAFF).....	(201) 430-7357.....	-	
J. PARRY (EOF STAFF).....	(201) 430-7354.....	-	
R. MOORE (EOF STAFF).....	282.....	-	
K. GAVAN (EOF STAFF).....	(201) 430-6903.....	-	
B. RUSSELL (EOF STAFF).....	544.....	-	
T. WILLIAMS (EOF STAFF).....	121.....	-	
K. SCHUMAN (EOF STAFF).....	546.....	-	
F. BUONOCORE (CORP. STAFF).....	(201) 430-7365.....	-	
T. LAFFAN.....	(201) 430-7321.....	-	
R. BURNS (CORP. STAFF).....	(201) 430-6894.....	-	
E. SMITH (CORP. STAFF).....	(201) 430-6899.....	-	

LICENSING SUPPORT MANAGER

	OFFICE	PAGER	HOME
R. MITTL.....	(201) 430-8217.....	-	
E. LIDEN (ALTERNATE).....	(201) 430-8110.....	-	
J. RECKNAGEL (ALTERNATE).....	(201) 430-7079.....	-	
C. VEPRECK (ALTERNATE).....	(201) 430-8663.....	-	

GENERAL MANAGER - INFORMATION SERVICES

	OFFICE	PAGER	HOME
**A. LENEHAN.....	(201) 430-5980.....	-	
**E. ANDERSON (ALTERNATE).....	(201) 430-5985.....	-	

**IF UNAVAILABLE CALL (201) 430-7000 AND ASK FOR ON DUTY PUBLIC INFORMATION REPRESENTATIVE.

PUBLIC INFORMATION TECHNICAL LIAISON

	OFFICE	PAGER	HOME
B. GORMAN.....	(609) 935-2660.....	-	
J. DILLON.....	(201) 430-5863.....	-	
J. MC CARTHY.....	(201) 430-5864.....	-	

PUBLIC INFORMATION MANAGER

	<u>OFFICE</u>	<u>PAGER</u>	<u>HOME</u>
W. DENMAN.....	(609) 935-2660.....	-	
L. ANTONIK.....	(609) 935-2660.....	-	
B. SMITH.....	(201) 430-7878.....	-	
N. BROWN.....	(201) 430-6017.....	-	

PUBLIC INFORMATION TECHNICAL ASSISTANT

	<u>OFFICE</u>	<u>PAGER</u>	<u>HOME</u>
C. BURGE.	(609) 935-6000.....	-	

PUBLIC INFORMATION COORDINATOR

	<u>OFFICE</u>	<u>PAGER</u>	<u>HOME</u>
L. ANTONIK.....	(609) 935-2660.....	-	
J. REED.....	(609) 935-2660.....	-	
R. WARFIELD.....	(609) 935-2660.....	-	

GOVERNMENT AGENCY RESPONSEFEDERALFEDERAL EMERGENCY MANAGEMENT ADMINISTRATION (FEMA)

HEADQUARTERS (WASHINGTON).....(202) 634-7800
 (202) 287-0538

REGION II (NEW YORK).....(212) 264-4900

REGION III (PHILADELPHIA).....(215) 597-7791
 (AUTO CALL FOR-
 WARDING AFTER
 5:00 P.M. AND
 WEEKENDS TO
 FEMA NATIONAL)

NUCLEAR REGULATORY COMMISSION (NRC)

REGION I, I & E, (KING OF PRUSSIA).....(215) 337-5000

HEADQUARTERS (BETHESDA, MD.).....(301) 492-7000
 (24 HR. SWITCH-
 BOARD)

OFFICEHOME

RESIDENT INSPECTOR (L. NORRHOLM).....(609) 541-5900.....
 EXT. 560

RESIDENT INSPECTOR (B. SUMMER).....(609) 541-5900.....
 EXT. 560

PROJECT INSPECTOR.....IF RESIDENT INSPECTOR CANNOT BE
 CONTACTED, USE THE DIRECT NRC LINE
 IF CALL CAN BE MADE FROM THE
 STATION; IF UNABLE TO USE THE
 DIRECT LINE CALL (215) 337-5000.

U. S. COAST GUARD (GLOUCESTER CITY).....(609) 456-1370

U. S. DEPARTMENT OF ENERGY (ERMAP)

BROOKHAVEN NATIONAL LAB (24 HRS.).....(516) 282-2200

GOVERNMENTAL AGENCY RESPONSENEW JERSEY

BOARD OF PUBLIC UTILITIES.....(201) 648-2204

OFFICE

HOME

OFF HOURS

D. TAYLOR.....(201) 648-4964....
 R. HARTUNG.....(201) 642-2066....
 C. SHEPPA.....(201) 648-2204....
 J. FERRARO.....(201) 648-2203....

BUREAU OF RADIATION PROTECTION (DEP-BRP).....(609) 292-5586

OFFICE

HOME

F. COSOLITO.....(609) 292-5586....
 D. SCOTT.....(609) 292-5586....
 E. FISHER.....(609) 292-5586....
 E. HOTTE.....(609) 292-5586....
 J. FEENEY.....(609) 292-1668....
 J. ROSS.....(609) 292-0697....
 J. STANTON.....(609) 292-5383....
 G. TYLER.....(609) 292-8058....

DEPARTMENT OF ENERGY (DOE)

OFFICE

HOME

OFFICE (NORMAL HOURS).....(201) 648-6290....
 A. RIZZOLO, SR.....(201) 648-2403....
 V. BOZZO.....(201) 648-6290....
 B. PATEL.....(201) 648-4858....
 C. RICHMAN.....(201) 648-3290....
 L. COLEMAN.....(201) 648-2744....

GOVERNMENTAL AGENCY RESPONSENEW JERSEY
(CONTINUED)

OFFICE

HOME

STATE POLICE

EMERGENCY.....(609) 882-4200
 (609) 882-2000
 REQUEST CONNECTION
 WITH SUPERVISOR -
 TELETYPE ROOM

OFFICE OF EMERGENCY MANAGEMENT.....(609) 882-2000
 EXT. 416

NEW JERSEY GOVERNOR PRESS SECRETARY

C. GOLDEN.....(609) 292-8956.....

CUMBERLAND COUNTY

EMERGENCY MANAGEMENT OFFICE.....(609) 455-8500

J. HOFFMAN.....(609) 451-8000

SALEM COUNTY

EMERGENCY MANAGEMENT OFFICE (D. MAY).....(609) 935-4404

SALEM COUNTY FIRE AND AMBULANCE COMPANY DISPATCHER....(609) 935-4505

SALEM COUNTY SHERIFF'S OFFICE.....(609) 935-3000

LOWER ALLOWAYS CREEK

LAC POLICE.....(609) 935-7300

LAC DISPATCHER (24 HOURS).....(609) 935-7300

LAC MAYOR (S. DONELSON).....(609) 935-1678

LAC PUBLIC SAFETY OFFICER (T. DWYER).....(609) 935-4177

GOVERNMENTAL AGENCY RESPONSEDELAWAREEMERGENCY PLANNING AND OPERATIONSOFFICEHOME

OFFICE HOURS.....(302) 834-4531
 C. JESTER.....(302) 834-4531....
 W. BROWN.....(302) 834-4531....
 R. KNAPP.....(302) 834-4531....

DIVISION OF PUBLIC HEALTHOFFICEHOME

DR. E. FANTAZIER.....(302) 571-3410....
 A. TAPERT.....(302) 736-4731....

NATURAL RESOURCES AND ENVIRONMENTAL CONTROLOFFICEHOME

DR. H. OTTO.....(302) 736-4771....
 J. KLIMETS.....(302) 571-3242....

STATE POLICE.....(302) 736-5851

DELAWARE GOVERNOR PRESS SECRETARY

R. PERKINS.....(DOVER) (302) 736-4101....
 (WILMINGTON) (302) 571-3210

KENT COUNTY

KENT COUNTY FIRE BOARD.....(302) 678-9111
 MR. E. GOLDER.....(302) 736-2222

NEW CASTLE COUNTYDEPARTMENT OF PUBLIC SAFETY

COUNTY FIRE BOARD.....(302) 738-3131
 R. KENDALL.....(302) 571-7919

MARYLANDSTATE CIVIL DEFENSE

C. BROWN ET AL.....(301) 486-4422

PENNSYLVANIABUREAU OF RADIATION PROTECTION

M. REILLY.....(717) 787-3479
 FEMA.....(717) 783-8150

MISCELLANEOUS OFFSITE RESPONSE

	OFFICE	HOME
AMERICAN NUCLEAR INSURANCE (ANI).....	(203) 677-7305.....	

ENERGY RESEARCH CORPORATION (MAPLEWOOD)

	OFFICE	HOME
J. O'GRADY.....	8-312-1982..... (201) 761-1982	
H. ERDMAN.....	8-312-1983..... (201) 761-1983	
(ENVIRONMENTAL & RADIOLOGICAL MONITORING)		
M. JEPSON.....	8-312-1390..... (201) 761-1390	
W. POLHEMUS.....	8-312-1399..... (201) 761-1399	

ICHTHYOLOGICAL ASSOCIATES

	OFFICE	HOME
V. SCHULER.....	(302) 378-9881....	
A. MAIDEN.....	(302) 378-9881....	
C. MILLER.....	(302) 378-9881....	
W. CONKEL.....	(302) 378-9881....	
H. BRUNDAGE.....	(302) 378-9881....	

INPO (INSTITUTE OF NUCLEAR POWER)

	OFFICE	HOME
EMERGENCY CALL NO.....	(404) 953-0904.....	
EMERGENCY TELECOPIER NO.....	(404) 953-7526.....	

MEDICAL CONSULTANTS

	OFFICE	HOME
G. OSTRUM, M.D.....	(609) 769-0226....	
J. MADARA, M.D.....	(609) 935-1477....	

METEOROLOGICAL EVALUATION SERVICES.....	(516) 691-3392.....	
---	---------------------	--

NUCLEAR ELECTRIC INSURANCE LIMITED (NEIL)

B. PIMER.....	(809) 295-3278.....	
---------------	---------------------	--

MISCELLANEOUS OFFSITE RESPONSE
(CONTINUED)

PORTER CONSULTANTS

OFFICE

HOME

(215) 896-5353.....

(717) 948-8438

RADIATION MANAGEMENT CORP. (RMC).....(215) 387-5013 (PHIL. ELECT. L.D. -
24 HR.)

(215) 243-2990 (WORKDAY)

OFFICE

HOME

SALEM MEMORIAL HOSPITAL.....(609) 935-1000.....

WESTINGHOUSE - WATER REACTOR DIVISION - EASTERN SERVICE REGION EMERGENCY RESPONSE PLAN

(CALL IN INDICATED ORDER)

OFFICE

HOME

D. CAMPBELL.....(412) 256-7844....

D. LOKAY.....(412) 256-7648....

R. VON OSINSKI.....(412) 256-5899...

J. LEBLANG.....(412) 256-7783...

J. MILLER.....(412) 256-5879..

H. RUPPEL.....(412) 256-5611..

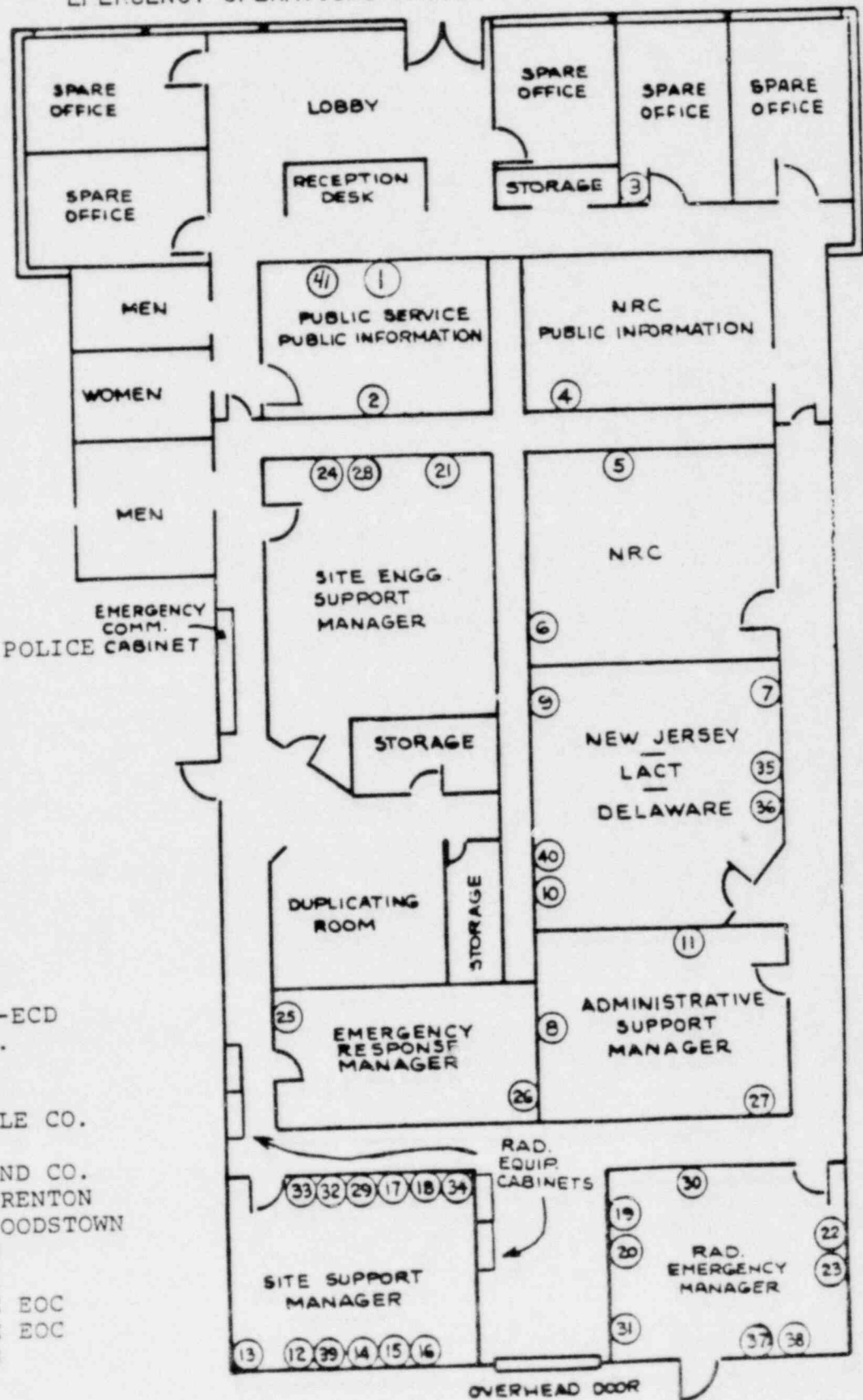
R. LEHR.....(412) 256-5401 .

M. MANGAN.....(412) 373-4328...

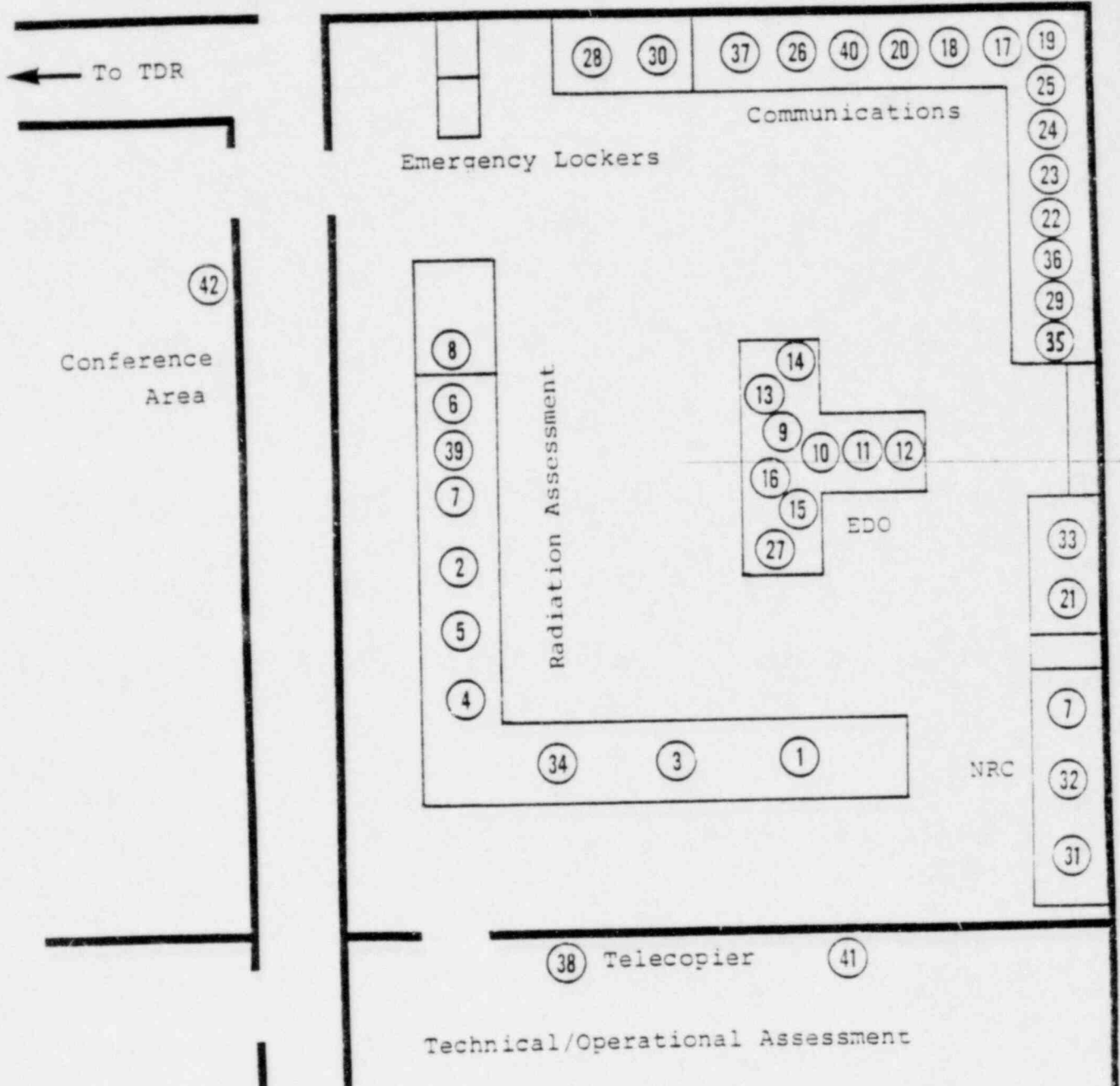
WALKER DIVING.....

QUINTON TRAINING CENTER LAYOUT AS EMERGENCY OPERATIONS FACILITY

TEL. LOC.	TEL. NO.
1	935-7152
2	935-7356
3	935-7453
4	935-7509
5	935-7508
6	935-7676
7	935-7609
8	935-7608
9	935-7607
10	935-7606
11	935-7605
12	935-7680
13	NAWAS
14	NJ STATE POLICE
15	LACT
16	NRC/ENS
17	SSM-EPD
18	935-7733
19	935-7898
20	935-7783
21	935-7784
22	REM-TSC
23	NRC/HPN
24	935-7995
25	935-7996
26	935-7997
27	935-7998
28	SESM-TSC-ECD
29	SALEM CO.
30	935-7999
31	935-7988
32	NEW CASTLE CO.
33	KENT CO.
34	CUMBERLAND CO.
35	NJSP - TRENTON
36	NJSP - WOODSTOWN
37	935-1688
38	935-1882
39	DELAWARE EOC
40	DELAWARE EOC
41	ENC/GMIS



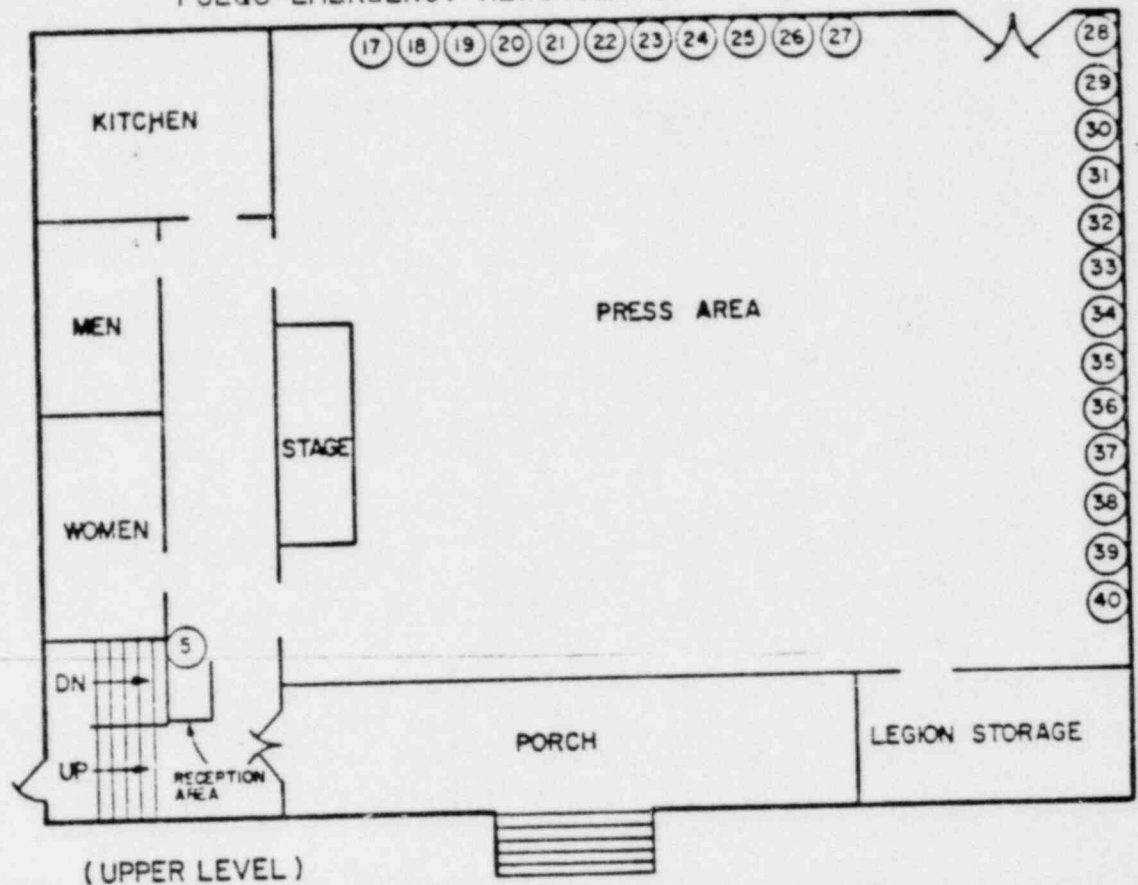
"B" BUILDING, SECOND FLOOR
LAYOUT AS
TECHNICAL SUPPORT CENTER



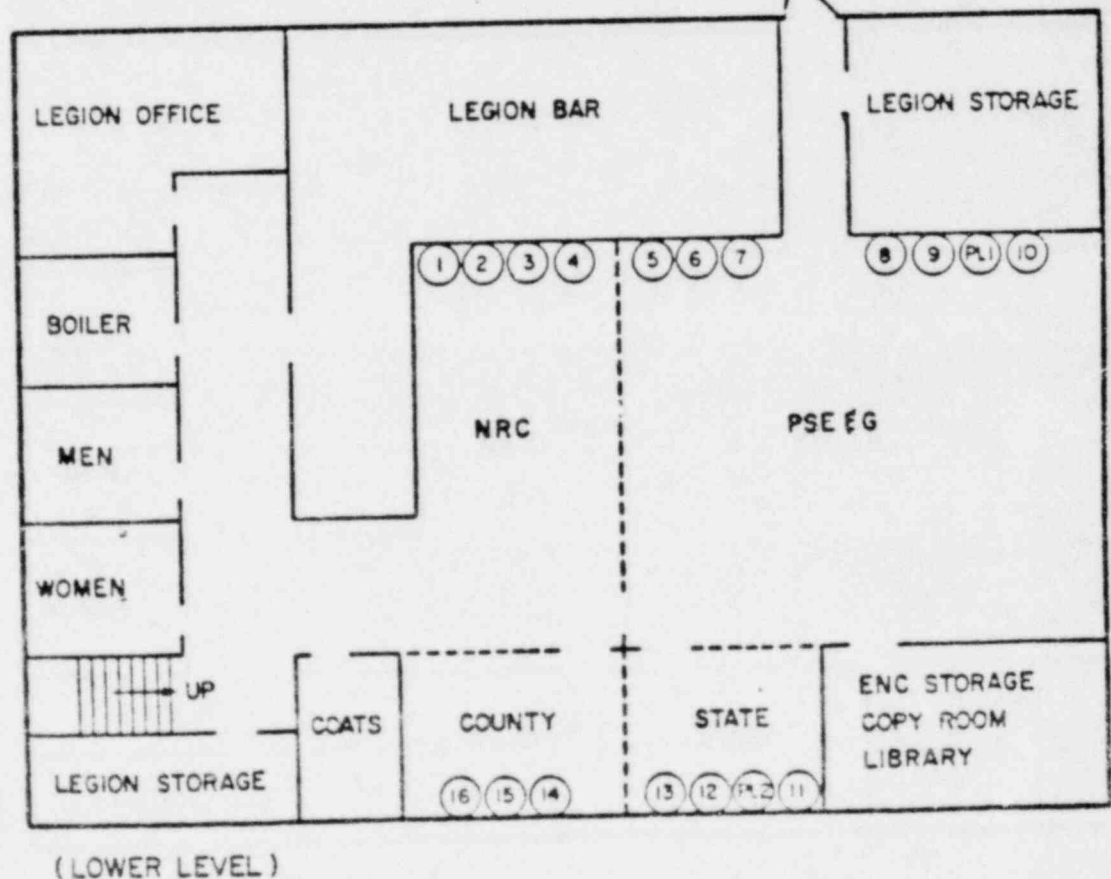
TEL. LOC.	TEL. NO.	TEL. LOC.	TEL. NO.	TEL. LOC.	TEL. NO.
1	935-2264	15	EXT. 201	29	EXT. 207
2	EOF (REM)	16	ESC/CHERC/SS/EOF	30	935-7574
3	935-2415	17	TSC/NJEOC	31	935-3762
4	935-2271	18	NJSP/TRENTON	32	935-4233
5	EXT. 200	19	LAC	33	935-2866
6	935-6191	20	NAWAS	34	EXT. 206
7	HPN	21	NRC/ENS	35	935-6112
8	EXT. 289	22	KENT	36	935-4948
9	EXT. 209	23	NEW CASTLE	37	935-6320
10	TSC/CR NO. 1	24	CUMBERLAND	38	935-6860
11	TSC/SSS	25	SALEM	39	EXT. 210
12	TSC/CR NO. 2	26	EXT. 208	40	DEL/EOC
13	SSM	27	935-7323	41	EXT. 139/619/683
14	935-6167	28	935-6940	42	EXT 108

SALEM AMERICAN LEGION HALL
LAYOUT AS
PSE&G EMERGENCY NEWS CENTER

TEL. LOC.	TEL. NO.
5	935-8155
17	935-0300
18	935-0388
19	935-0395
20	935-0753
21	935-3308
22	935-3450
23	935-3515
24	935-3518
25	935-3952
26	935-4610
27	935-4611
28	935-4612
29	935-5313
30	935-5317
31	935-5320
32	935-5382
33	935-5450
34	935-7375
35	935-7391
36	935-7470
37	935-0616
38	935-7841
39	935-7911
40	935-7929



TEL. LOC.	TEL. NO.
1	935-8150
2	935-8151
3	935-8152
4	935-8153
5	935-8155
6	935-8154
7	935-8156
8	935-8157
9	935-8158
10	935-8159
11	935-8162
12	935-8161
13	935-8160
14	935-8165
15	935-8163
16	935-8164
PL1	EOC-ENC-NEWARK PIO
PL2	ENC-TRENTON



COMMUNICATIONS/EOF MANNING

NAME

PHONE

SHIFT

PSE&G

Emergency Response Manager

Site Support Manager

Corporate Engineering Support Manager

Site Engineer Support Manager

Prod. Dept. Support Manager

Administrative Support Manager

Radiological Emerg. Manager

Public Information Manager

Public Information Tech. Liaison

STATE AND LOCAL

NJ Bureau of Radiation Protection Rep.

Del. Emergency Operations Rep.

NJ State Police Rep.

Salem County CD Rep.

LAC Twp. Rep.

FEDERAL

Nuclear Regulatory Commission Rep.

FEMA Region II (NJ)

FEMA Region III (Del.)

FRMAP Rep.

79
10/24/88
B

AREA/PROCESS RMS DATA

AREA CHANNELS							
NAME	BACKGROUND	DATA (MR/HR)	TIME	DATA (MR/HR)	TIME	DATA (MR/HR)	TIME
R1A CONTROL ROOM	_____	_____	_____	_____	_____	_____	_____
R3 RADIOCHEM LAB	_____	_____	_____	_____	_____	_____	_____
R4 CHARGING PUMP AREA	_____	_____	_____	_____	_____	_____	_____
R5 FUEL HANDLING BUILDING	_____	_____	_____	_____	_____	_____	_____
R6A SAMPLING ROOM	_____	_____	_____	_____	_____	_____	_____
R9 FUEL HANDLING BUILDING	_____	_____	_____	_____	_____	_____	_____
R20B COUNTING ROOM	_____	_____	_____	_____	_____	_____	_____
R23 CONTROL POINT (PSE&G)	_____	_____	_____	_____	_____	_____	_____
R34 MECHANICAL PEN (EL. 100)	_____	_____	_____	_____	_____	_____	_____
R40 CONDENSATE FILTER	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PROCESS CHANNELS							
NAME	BACKGROUND	DATA (CPM)	TIME	DATA (CPM)	TIME	DATA (CPM)	TIME
R1B CONTROL ROOM INTAKE DUCT	_____	_____	_____	_____	_____	_____	_____
R19A NO. 1 S.G. BLOWDOWN	_____	_____	_____	_____	_____	_____	_____
R19B NO. 2 S.G. BLOWDOWN	_____	_____	_____	_____	_____	_____	_____
R19C NO. 3 S.G. BLOWDOWN	_____	_____	_____	_____	_____	_____	_____
R19D NO. 4 S.G. BLOWDOWN	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____
 TIME: _____
 2400 HOURS

OFFSITE DOSE SUMMARY SALEM GENERATING STATION

RMS DATA						PLANT VENT FLOW RATE _____ CFM	
R11A _____ CPM	R41A _____ CPM	R45A _____ CPM			WIND SPEED _____		
R12A _____ CPM/M	R41B _____ CPM/M	R45B _____ CPM			EL. 300 _____ EL. 150 _____		
R12B _____ CPM	R41B-H _____ CPM/M	R45C _____ CPM			WIND DIRECTION (FROM) _____		
R43 _____ MR/HR	R41C _____ CPM	R45D _____ CPM			EL. 300 _____ EL. 150 _____		
	R41C-H _____ CPM	R45D _____ CPM/M			$\Delta t (^{\circ}F)$ _____		
					(300' - 33') _____ (150' - 33') _____		

CURRENT DOSE RATES						TIME _____
MEA		LPZ		EPZ		OTHER
CALCULATED	MEASURED	CALCULATED	MEASURED	CALCULATED	MEASURED	
WHOLE BODY _____	_____	_____	_____	_____	_____	_____
THYROID _____	_____	_____	_____	_____	_____	_____

PROJECTED DOSE THROUGH _____						2400 HOURS
MEA		LPZ		EPZ		OTHER
WHOLE BODY _____	_____	_____	_____	_____	_____	_____
THYROID _____	_____	_____	_____	_____	_____	_____

INTEGRATED DOSE THROUGH _____						2400 HOURS
MEA		LPZ		EPZ		OTHER
WHOLE BODY _____	_____	_____	_____	_____	_____	_____
THYROID _____	_____	_____	_____	_____	_____	_____

CURRENT PROTECTIVE ACTION RECOMMENDATIONS						

P. 10114-5

P. 10114-5