W3P85-1277

ATTACHMENT 2

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WATERFORD 3 STEAM ELECTRIC STATION

EMERGENCY PLAN IMPLEMENTING DOCUMENT

WATERFORD 3 SES
PLANT OPERATING MANUAL

LOUISIANA POWER & LIGHT
MIDDLE SOUTH UTILITIES SYSTEM

POM VOLUME 18
POM SECTION 2

EP-2-010
REVISION 7

Emergency Plan Implementing Procedure

Notification and Communication

PORC Meeting No. 84-105

Reviewed: _____
PORC Chairman

Approved: _____ 10/25-/84
Plant Manager-Nuclear Approval Date

Fuel Load
Effective Date

Chg #1
11/9/84
Rev 2

REVIEW COVER SHEET

REVIEW OF: EP-2-010 - Notifications and Communications (Rev. 7)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent	T. Payne	✓		10/11/84
	Operations Superintendent	Lee W. Myers	✓		10-11-84 ~~10-11-84~~
	Radiation Protection Superintendent	R.W. Hemming	✓		10/11/84
	Plant Quality Manager	[illegible]	✓		10/11/84
	Technical Support Superintendent				
	Assistant Plant Manager				
	PORC Chairman	[illegible]	✓		10/11/84

PORC Meeting No. 84-105 Item No. 11 Date: 10-11-84

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to implementation? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Chg #2 9-13-84 MHB

Comments:

Approved by N/A DATE N/A
Plant Manger-Nuclear

REVIEW COVER SHEET

REVIEW OF: EP-2-010 - (Change 2) Notification and Communications (Rev. 7)

[redacted] REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent				
	Operations Superintendent				
	Radiation Protection Superintendent	[signature]	✓		4/25/85
	Plant Quality Manager	[signature]	✓		4/25/85
	Technical Support Superintendent	[signature]	✓		4/25/85
	Assistant Plant Manager				
[redacted]	PORC Chairman	[signature]	✓		4-25-85

PORC Meeting No. 85-13 Item No. 10 Date: 4-25-85

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES -- ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to PM-N approval? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

[redacted] roved by [signature] for RPB DATE 4/29/85
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST |X|POM |_|PORC-S/C

Procedure No. EP-2-010 Title Notification and Communications

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. 2 |X|Permanent |_|Deviation Expiration Date _____

B. Revision No. 7

C. Deletion |_|YES |X|NO

DESCRIPTION OF CHANGE OR REVISION

Incorporated use of new type of emergency answering machine.

REASON FOR CHANGE, REVISION, OR DELETION

Replace old answering machine with new style.

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE 4/2/85

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 4/2/85

TECHNICAL REVIEW [signature] DR for RGA DATE 4-12-85

GROUP HEAD REVIEW [signature] for RG. Francis DATE 4-12-85

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

REVIEW COVER SHEET

REVIEW OF: EP-2-010 - (Change 1) Notification and Communication (Rev. 7)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent				
	Operations Superintendent	Lewis W. Myers	✓		11-15-84
	Radiation Protection Superintendent				
	Plant Quality Manager	[signature]	✓		11/15/84
	Technical Support Superintendent	[signature]	✓		11/15/84
	Assistant Plant Manager				
	PORC Chairman	[signature]	✓		11/15/84

PORC Meeting No. 84-124 Item No. 24 Date: 11-15-84

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to implementation? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

Approved by [signature] DATE 11/19/84
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST |X|POM |_|PORC-S/C

Procedure No. CP-2-010 Title Notification and Communication

Effective Date Fuel Load (if different from approval date)

Complete A, B, and C

A. Change No. 1 |X|Permanent |_|Deviation Expiration Date _____

B. Revision No. 2

C. Deletion |_|YES |_|NO

DESCRIPTION OF CHANGE OR REVISION

Corrected Title page to have an Effective Date of Fuel Load. Revised the position of ANI within the body of the text to reflect the order and format of Attachment 7.13. Corrected ANI on Page 38 to be consistent with remarks of Attachment 7.12.

REASON FOR CHANGE, REVISION, OR DELETION

To update procedure

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE Nov 9 1984

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE Nov 9 1984

TECHNICAL REVIEW N/A DATE 11/12/84

GROUP HEAD REVIEW [signature] DATE 11/12/84

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

WATERFORD 3 SES

PLANT OPERATING MANUAL — Check Block Below

CHANGE/REVISION/DELETION REQUEST |_|POM |_|PORC-S/C

Procedure No. EP-2-010 Title Notification & Communication

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. N/A |_|Permanent |_|Deviation Expiration Date _____

B. Revision No. 2

C. Deletion |_|YES |X|NO

DESCRIPTION OF CHANGE OR REVISION

To upgrade the procedure to reflect how we actually are doing business and to delete all phone numbers from the procedure which are proprietary in nature

REASON FOR CHANGE, REVISION, OR DELETION

To incorporate approved comments

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE 10/1/84

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 10/1/84

TECHNICAL REVIEW [signature] DATE 10-1-84

GROUP HEAD REVIEW [signature] DATE 10-2-84

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

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LIST OF EFFECTIVE PAGES

Title	Revision 7
1-6, 13-42	Revision 7
9-11	Revision 6
7, 8, 12	Revision 5
Title, 16, 27, 38	Change 1
2, 6A-C, 7-9, 9A	Change 2

| Chg #1 11/10/87 Rev
| Chg #2 11/2/95 Rev

1.0 PURPOSE

This procedure provides guidance for making notifications during an emergency and outlines the methods for activating the LP&L Emergency Response Organization.

2.0 REFERENCES

2.1 Waterford 3 SES Emergency Plan
2.2 State of Louisiana Peacetime Radiological Response Plan
2.3 EP-2-100, Technical Support Center (TSC) Activation, Operation, and Deactivation
2.4 EP-2-150, Emergency Plan Implementing Records
2.5 Emergency Management Resources Book
2.6 EP-3-060, Emergency Communications Guidelines
2.7 EP-3-070, Emergency Communications Systems Routine Testing
2.8 UNT-7-018, First Aid and Medical Care

3.0 RESPONSIBILITIES

The Emergency Communicator, TSC Lead Communicator and/or the EOF Communications Coordinator is responsible for carrying out the actions outlined in this procedure. When activated, the Licensing Coordinator is responsible for maintaining contact with the NRC on the Emergency Notification System (ENS) line.

4.0 INITIATING CONDITIONS

This procedure is to be initiated upon any of the following conditions:

4.1 Declaration of any of the following emergency conditions:
4.1.1 Unusual Event

4.1.2 Alert

4.1.3 Site Area Emergency

4.1.4 General Emergency

5.0 PROCEDURE

5.1 ACTIVATION AND NOTIFICATION OF THE EMERGENCY RESPONSE ORGANIZATION.

5.1.1 The Emergency Coordinator evaluates plant and off-site conditions. If hazardous conditions exist, he/she provides instructions to the responding personnel, i.e. alternate routes, special consideration, etc., by completing Attachment 7.3 and forwarding it to the Emergency Communicator.

5.1.2 Place the answering machines in operation in accordance with Attachment 7.1

5.1.3 Call out the on-site (TSC/OSC) emergency organization by activating the Emergency Pager System in accordance with the Emergency Management Resources Book.

5.2 Make critical off-site notifications as per Attachment 7.4, document initial notification on Attachment 7.13 Off-Site Notification Log. Phone numbers are provided in the Emergency Management Resources Book.

5.3 On completion of the Initial Notification, verify the Emergency Pager callout of the onsite (TSC/OSC) Emergency Organization in accordance with Attachment 7.2.

NOTE

When re-classifying the emergency or when a significant change occurs a brief statement should be transmitted to the offsite agencies/personnel on a standard Communication Log (Attachment 7.1 of EP-2-150). Document the message on Attachment 7.13, Off-Site Notification Log. The message should be followed with a Followup Notification Report in accordance with Attachment 7.6.

NOTE

When information is transmitted to offsite agencies on standard Communication Logs (Attachment 7.1 of EP-2-150) the message should be clearly prefaced by the statement "THIS IS NOT A FUN REPORT".

5.4 Provide updates to the offsite agencies/personnel on a frequent basis (approximately every 30 minutes for stable conditions and within 15 minutes for changing conditions) as per Attachment 7.6 Follow-Up Notification Procedure (FUN Report) and document the notification on Attachment 7.13 Off-Site Notification Log.

5.5 Request off-site assistance as directed in accordance with Attachment 7.8, Request for Offsite Assistance. For medical assistance refer to EP-2-020, Contaminated Injured Person or UNT-7-018, First Aid and Medical Care.

5.6 Off-Site Communication Responsibility transfers between Emergency Facilities.

5.6.1 Control Room Emergency Communicator shall transfer communications to the TSC Communicator in accordance with Attachment 7.9.

5.6.1.2 TSC Communicator shall accept communications in accordance with Attachment 7.10.

5.6.2 Between TSC and EOF

5.6.2.1 The TSC (EOF) Communicator shall transfer communication responsibilities as per Attachment 7.11.

5.6.2.2 The EOF (TSC) Communicator shall receive responsibility for communication in accordance with Attachment 7.12.

5.7 The Control Room Emergency Communicator shall, if required by the NRC Operations Center Duty Officer, maintain communications with the NRC on the ENS line. When activated, the Licensing Coordinator shall maintain communications with the NRC.

5.8 When the emergency classification changes, verify that the answering machine message tapes are changed to reflect the current emergency situation or that the respective facility activated message tape is installed on the answering machine.

5.9 Maintain records in accordance with EP-2-150.

6.0 FINAL CONDITIONS

Use of this procedure shall be terminated when directed by the Emergency Coordinator.

7.0 ATTACHMENTS

7.1 Operation of the Answering Machines

7.2 Response Verification/Backup Activation of the Emergency Response Organization

7.3 Answering Machine Message

7.4 Initial Notification Procedure

7.5 Part I - Initial Notification for State, Parish and Secondary Agencies; Part II - NRC Operations Center Event Notification Form

7.6 Follow-Up Notification Procedure

7.7 Part I - Follow-Up Notification for State, Parish and Secondary Agencies; Part II - NRC Supplementary Event Notification Information

7.8 Request for Offsite Assistance

7.9 Control Room Checklist for Transferring Communications Responsibilities to the TSC

7.10 TSC Checklist for Accepting Responsibility for Communications Systems from the Control Room

7.11 TSC (EOF) Checklist for Transferring Communications Responsibilities to the EOF (TSC)

7.12 EOF Checklist for Accepting Communications Responsibilities from the TSC

7.13 Off-Site Notification Log

NOTE

1. A flashing green READY light indicates that un-reviewed messages exist on the MESSAGE cassette.
2. If the switch lineup is in question refer to Attachment 7.4 of EP-3-070 to verify the switch lineup.
3. The answering machine volume is normally set at the minimum position. The volume control is located at the base of the unit on the right hand front corner next to the unit power switch.
4. The answering machine will automatically return to the answer mode after 8 seconds.

CAUTION

Use pre-record message tapes unless hazardous conditions exist (See Step 5.1.1). Provide Attachment 7.3 for the Emergency Coordinator to complete.

I. TO ACTIVATE THE EMERGENCY PAGERS

A. Perform the following steps for each of the available answering machines.

1. Lift the panel door and place the "ANS.ONLY" switch (to the left of the ANNOUNCE tape) in the OFF position.
2. Lift out and remove the prerecorded "Situation Normal" cassette tape from the ANNOUNCE tape drive.
3. Place the prerecorded "Message Tape" in the ANNOUNCE tape drive, by holding the exposed tape portion of the cassette tape toward the front of the unit, insert the rear portion of the microcassette so it presses against and below the top curved edge of the cassette retaining clip. Ensure that full tape spool is to right side of the cassette.

4. Set the VOLUME to the mid position and verify that the correct tape has been installed by pressing CHECK (under the panel door to the right of the MESSAGE cassette). After reviewing the announcement return the VOLUME control to minimum.

B. Activate the Emergency Pager System by dialing the pager activation phone number(s) listed in the Emergency Management Resources Book, under the Emergency Pager Assignment tab.

II. TO RECORD A MESSAGE

A. Place the cassette tape you desire to record the announcement on in the ANNOUNCE tape drive.

B. Press and hold down the ANN.REC (under the panel door to the right of the MESSAGE cassette drive). Wait one second and begin dictating your announcement into the built-in microphone (MIC). Position yourself 6-12 inches from the microphone (MIC) for the best results.

C. Release the ANN.REC button when you complete the announcement. This will automatically place a "beep" at the end of your announcement.

D. Verify your message by positioning the volume control in the midposition.

E. Then press CHECK (under the panel door to the right of the MESSAGE cassette drive).

III. TO ERASE A MESSAGE TAPE

A. After reviewing the tape [(or advancing the tape to the end of messages using F.FWD (Fast Forward)] press and hold the MEMO button and then momentarily press the REW (Rewind) button. Once the tape begins moving release the MEMO and the REW button.

NOTE

The cassette you desire to erase must be in the MESSAGE cassette drive.

IV. TO RETURN THE ANSWERING MACHINES TO A NORMAL NON-EMERGENCY CONFIGURATION

A. Lift the panel door and place the "ANS.ONLY" switch (to the left of the ANNOUNCE tape) in the ON position.

B. Lift out and remove the prerecorded "Message Tape" cassette from the ANNOUNCE tape drive.

C. Place the prerecorded "Situation Normal" cassette tape in the ANNOUNCE tape drive.

> NOTE
>
> If you desire to review the message again press PLAY. You may also move ahead by pressing F.FWD (Fast Forward) or back by pressing REW (Rewind).

D. Erase the MESSAGE cassette by pressing and holding the MEMO button and then momentarily pressing the REW (Rewind) button. Once the tape begins moving release the MEMO and the REW button.

E. Set the VOLUME to the midposition and verify that the correct tape has been installed by pressing CHECK (under the panel door to the right of the MESSAGE cassette). After reviewing the announcement return the VOLUME control to minimum.

See 6A thru 6C

~~OPERATION OF THE ANSWERING MACHINES~~

Delete

NOTE

Use pre-record message tapes unless hazardous conditions exist (See Step 5.1.1). Provide Attachment 7.3 for the Emergency Coordinator to complete.

1) The answering machines are normally in the "Announcement Only" mode. To change functions:

   Press MODE
   Press STOP

2) To install or remove Outgoing or Incoming Cassettes:

   Pull down the EJECT lever

3) To deliver a message and record incoming calls:

   Install the appropriate cassette
   Press STOP
   Press REWIND
   Press ANSWER
   Ensure that the proper mode is selected (Refer to Step 1).

dlg #2 4/2/85 Rev

See page 6A - 6C

~~OPERATION OF THE ANSWERING MACHINES~~

Delete

4) To verify correct information:

Call telephone number on the front of the answering machine and listen for the correct message and tone

5) To play back incoming messages:

Press STOP
Press REWIND
Press PLAYBACK

6) To record new messages:

Install the appropriate cassette
Press STOP
Press RECORD (a tone will sound)
Speak into the microphone
Press STOP (the message will automatically replay)

CR4 #2
4/2/93
BWC

See insert page 9A

RESPONSE VERIFICATION/BACKUP ACTIVATION OF THE EMERGENCY RESPONSE ORGANIZATION

Page Deleted

1.0 Verification of response to the Emergency Pager Activation.

1.1 Attain a copy of Attachment 7.2, Page 3, Onsite Emergency Response Verification to record answering machine responses.

1.2 Press STOP, Press REWIND, then Press PLAYBACK to play back called-in messages.

1.3 When the machine starts playing back the message, the display will show for each message the following:

Message number
Date of call
Time of call

1.4 Record the responders on Attachment 7.2 (3 of 3), Onsite Emergency Response Verification.

1.5 The answering machine will automatically stop after the last message has been played.

1.6 Press ANSWER to start receiving calls after listening to the last message.

1.7 To erase all messages previously received, press REWIND ERASE and then press REWIND.

1.8 Update the Emergency Coordinator as to the status of the responders using Page 3 of this attachment, Onsite Emergency Response Verification.

1.9 Call out personnel to fill unverified positions as directed by the Emergency Coordinator, use Section 2 below.

#2 CN 4/2/95 BLC

RESPONSE VERIFICATION/BACKUP ACTIVATION OF THE EMERGENCY RESPONSE ORGANIZATION

1.0 Verification of response to the Emergency Pager Activation.

1.1 Attain a copy of Attachment 7.2, Page 3, Onsite Emergency Response Verification to record answering machine responses.

1.2 Press PLAY to play back called-in messages. Record the responders on Attachment 7.2 (3 of 3), Onsite Emergency Response Verification.

NOTE

The answering machine will automatically stop after the last message has been played and return to the "ANSWER" mode within 8 seconds.

1.3 Erase all messages previously received, press and hold down the MEMO button and then momentarily press the REW (Rewind) button. Once the tape begins moving release the MEMO and the REW button.

1.4 Update the Emergency Coordinator as to the status of the responders using Page 3 of this attachment, Onsite Emergency Response Verification.

1.5 Call out personnel to fill unverified positions as directed by the Emergency Coordinator, use Section 2 below.

2.0 BACKUP METHOD FOR ACTIVATING THE ON-SITE (TSC/OSC) EMERGENCY RESPONSE ORGANIZATION

2.1 Using the Emergency Management Resources Book, attempt to contact the individuals in the Emergency Response Organization via telephone. Upon reaching them, announce:

NOTE

Do not engage in a discussion of the situation with the individual. If questions arise, inform the individual he/she will be briefed upon arrival on site.

THIS IS_____, THE EMERGENCY
(YOUR NAME)
COMMUNICATOR AT WATERFORD 3. WE HAVE DECLARED AN/A
_____ EMERGENCY AT
(Unusual Event, Alert, Site Area, General) WATERFORD 3. YOUR IMMEDIATE RESPONSE TO THE SITE IS REQUIRED. WHAT IS YOUR ANTICIPATED ARRIVAL TIME?

2.2 Record Responders Response time on Page 3 of this attachment. In the event that you are unable to reach the first individual on the list, call out alternate personnel for the position as listed in the Emergency Management Resources Book.

2.3 Using Page 3 of this attachment advise the Emergency Coordinator on the call out status.

ONSITE EMERGENCY RESPONSE VERIFICATION

	NAME	TITLE/POSITION	ESTIMATED ARRIVAL TIME
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

ANSWERING MACHINE MESSAGE

1.) To be completed by the Emergency Coordinator.

2.) Include special travel instruction where hazardous conditions exist.

3.) Provide completed message to the Emergency Communicator.

AN (Unusual Event, Alert, Site Area or General) EMERGENCY HAS BEEN DECLARED AT WATERFORD 3 DUE TO _____

_____

_____

_____

_____

YOUR IMMEDIATE RESPONSE TO THE SITE IS REQUIRED. AFTER THE SOUND OF THE FOLLOWING TONE, LEAVE YOUR NAME, ANTICIPATED ARRIVAL TIME AND TITLE OF EMERGENCY POSITION AT THE END OF THIS MESSAGE.

_____

Emergency Coordinator - Time

INITIAL NOTIFICATION PROCEDURE

1.0 Receive from the Emergency Coordinator a completed Attachment 7.5, Part I - Initial Notification for State, Parish and Secondary Agencies.

2.0 Perform initial notifications to St. Charles Parish EOC, St. John the Baptist Parish EOC, Louisiana Nuclear Energy Division (LNED) and Louisiana Office of Emergency Preparedness (LOEP) via the Operational Hotline.

> NOTE
>
> The Initial Notification Message No shall be "F-1". All Follow-Up Notification Reports will be sequentially numbered beginning with "F-2".

2.1 Lift the Operational Hotline receiver and push the ring button. Hold the ring button down for at least 5 to 10 seconds.

2.2 As each agency representative identifies himself, respond with WATERFORD 3 STEAM ELECTRIC STATION - STAND BY and note the title of the agency responding.

2.3 After all agencies have identified themselves or two minutes have elapsed, make the following statement:

THIS IS _____ AT THE WATERFORD 3 STEAM ELECTRIC STATION.
(name/title)

THE FOLLOWING IS A NOTIFICATION OF AN EMERGENCY. OBTAIN A COPY OF THE PART I - INITIAL NOTIFICATION FOR STATE, PARISH AND SECONDARY AGENCIES FORM AND STAND BY TO RECORD INFORMATION.

Allow a few moments for the agencies' representatives to obtain the form.

2.4 Read slowly the information on the Initial Notification Form one line at a time and allow agency representatives time to fill in their forms.

> NOTE
>
> Do not supply any information not listed on the form. Inform agency representatives that more information will be forthcoming.

2.4.1 Record contact with the agencies on Attachment 7.13, OFF-SITE NOTIFICATION LOG.

2.5 After the agencies on the Operational Hotline have recorded the information on the initial notification form, contact any of the agencies listed that did not respond when the hotline was activated.

NOTE

A verification is required as per Section 5 of this Attachment if St. Charles Parish EOC, St. John the Baptist Parish EOC, the LNED or LOEP is notified via any method other than the Operational Hotline.

2.5.1 Dial the phone number of the appropriate agency as listed in the Emergency Management Resource Book and perform steps 2.3 and 2.4 above.

2.5.2 If contact cannot be made by dialing the appropriate agency's phone number, then activate the State Civil Defense radio transmitter and repeat steps 2.3 and 2.4 above.

NOTE

LNED does not have the State Civil Defense radio. Request LOEP to contact LNED if the State Civil Defense radio is used.

2.5.3 Ensure that the Emergency Communicator/TSC Lead Communicator/ Communications Coordinator receives verification of transmittal. (See Section 5.0, this Attachment).

2.5.4 Emergency Communicator/TSC Lead Communicator/Communications Coordinator notifies the Emergency Coordinator/EOF Director of verification of transmittal.

2.6 Update Attachment 7.13, Off-Site Notification Log.

2.7 Notify Waterford 1 and 2 SES via the LP&L Emergency Dial Network, see the Emergency Management Resources Book for telephone numbers.

2.7.1 When Waterford 1 and 2 comes on the line, repeat the information on the Initial Notification Form.

3.0 NOTIFICATION VIA THE NRC EMERGENCY NOTIFICATION SYSTEM

> NOTE
>
> Communications with the NRC may be continuously maintained.

3.1 Lift the receiver for the NRC Emergency Notification System phone. Once a response is obtained, make the following statement:

THIS IS _____ AT THE LP&L WATERFORD 3 STEAM ELECTRIC
(Name/Title)
STATION.
THE FOLLOWING IS A NOTIFICATION OF AN EMERGENCY.

3.2 Provide the NRC representative with the information written on the initial notification form, Part II - NRC Operations Center Event Notification Form.

> NOTE
>
> Do not supply any information not listed on the form or answer any other questions which may be posed to you. Should the representative need additional information, contact the Emergency Coordinator and have him discuss the situation with the representative.

3.2.1 If the NRC Emergency Notification System (ENS) is not operational, refer to the Emergency Management Resources Book for commercial telephone numbers.

3.3 Update Attachment 7.13, Off-Site Notification Log.

3.4 Until relieved by the Licensing Coordinator or an NRC Representative, continue with communications duties.

4.0 SECONDARY NOTIFICATION

4.1 The following notifications will be performed after the initial notifications:

> NOTE
>
> Refer to the Emergency Management Resources Book for telephone numbers.

4.1.1 Middle South Utilities

4.1.2 Institute of Nuclear Power Operations (INPO), Atlanta, GA.

4.1.3 American Nuclear Insurers (ANI), Farmington, CT

4.1.4 Document contact on Attachment 7.13, Off-Site Notification Log.

4.2 Secondary notifications will be made at the direction of the Emergency Coordinator or the Emergency Operations Facility Director and recorded on Attachment 7.13, Off-Site Notification Log.

4.2.1 U. S. Coast Guard

4.2.2 Missouri Pacific Railroad (Chief Dispatcher).

~~4.2.3 American Nuclear Insurers (ANI), Farmington, CT~~

5.0 VERIFICATION CALL

> NOTE
>
> If St. Charles Parish EOC, St. John the Baptist Parish EOC, the LNED or LOEP is notified via any method other than the Operational Hotline, then a verification call is required. Record required information below.

5.1 Record agencies making verification calls.

5.1.1 St. Charles Parish EOC _____
(time/name)

5.1.2 St. John the Baptist Parish EOC _____
(time/name)

5.1.3 Louisiana Nuclear Energy Division _____
(time/name)

5.1.4 Louisiana Office of Emergency Preparedness _____
(time/name)

PART I: INITIAL NOTIFICATION FOR STATE, PARISH AND SECONDARY AGENCIES

Line Number

1 This is _____ (Name) with Message No. _____, at _____ (Time) hrs.,

2 on _____ (Date) with _____ (Site) Telephone No. _____

3 Events are such that a/an: ___Unusual Event ___Site Area Emergency

4 ___Alert ___General Emergency

5 was declared at _____hrs.

6 Brief description of event(s): _____

7 _____

8 _____

THE FOLLOWING INFORMATION APPLIES:

9 Release _____ NO

10 _____ YES - Liquid; Gaseous; Other _____

11 Wind Speed _____ mph

12 Wind Direction from _____ (degrees) into Sector(s) _____ (A-R).

13 Recommend Protective Actions: _____ None

14 _____ Shelter

15 _____ Other _____

16 _____

A comprehensive assessment of conditions is in progress at this time. Additional information will be provided to you as the situation develops.

_____
EMERGENCY COORDINATOR / TIME

PLEASE ACKNOWLEDGE RECEIPT OF THIS MESSAGE AS YOUR STATION IS CALLED.

LNED _____ St. Charles EOC _____

LOEP _____ St. John EOC _____

_____ _____
TIME TRANSMITTAL VERIFICATION - COMMUNICATOR'S SIGNATURE

PART II - NRC OPERATIONS CENTER EVENT NOTIFICATION FORM

TIME OF NOTIFICATION_____EVENT TIME AND ZONE:_____NRC REGION:_____
DATE: _____/_____/_____GET CALL BACK NUMBER:_____ _____
M D Y
FACILITY OR ORGANIZATION:_____CALLER'S NAME_____

EVENT CLASSIFICATION:

1._____50.72 (NON-EMERGENCY)
2._____UNPLANNED RELEASE
3._____NOTIFICAITON OF UNUSUAL EVENT
4._____ALERT
5._____SITE AREA EMERGENCY
6._____GENERAL EMERGENCY
7._____TRANSPORTATION EVENT
8._____PHYSICAL SECURITY/SAFEGUARDS
9._____OTHER

POWER REACTOR EVENT:

POWER PRIOR TO EVENT?_____POWER AT TIME OF REPORT_____RESIDENT INFORMED_____

TRIP?_____INITIATING SIGNAL?_____
SAFETY INJECTION OR ECCS?_____INITIATING SIGNAL?_____
ECCS ACTUATION?_____
LCO ACTION STATEMENT?_____
EVENT DESCRIPTION/CAUSE:_____
_____
_____
_____
RADIOACTIVE RELEASES? (QUANTITY):_____
_____
PLANNED ACTIONS/PRESS RELEASES?_____
_____
_____
OUTSIDE AGENCY OR PERSONNEL NOTIFIED BY LICENSEE:_____STATE(S)_____LOCAL_____

OTHER_____

DUTY OFFICER_____

_____/_____
EMERGENCY COORDINATOR'S SIGNATURE / TIME

_____/_____
TIME TRANSMITTAL VERIFIED / EMERGENCY COMMUNICATOR'S SIGNATURE

PLEASE CALL BACK WITH ANY CHANGES OR ADDITIONAL INFORMATION

USE PAGE 2 AND ATTACH AS NECESSARY

PART II - NRC OPERATIONS CENTER EVENT NOTIFICATION FORM

EVENT NOTIFICATION

TIME OF NOTIFICATION: _____ EVENT TIME AND ZONE: _____ NRC REGION _____

DATE: ____/____/____ GET CALL BACK NUMBER: _____

M D Y

OTHER NRC ACTIONS OR FEEDBACK:

ADDITIONAL SPACE:

FOLLOW-UP NOTIFICATION PROCEDURE

1.0 Guidelines for filling out the Follow-up Notification Report (Attachment 7.7) (FUN Report)

> NOTE
>
> Follow-Up Notification Report may be generated manually or by computer in the dose assessment area.

1.1 The FIRST Follow-up Notification Report shall have ALL information blanks filled in sections where information appears. Where specific information is unavailable or not applicable "NONE" or "N/A" will be used to complete the information blank. Where an entire section is "N/A" check the N/A blank. No information should appear in a section which has been N/A.

1.2 For those Follow-Up Notification Reports which follow the FIRST Follow-Up Notification Report each section should fall within three categories:

1.2.1 "N/A" - Not applicable for the first Report and has remained not applicable for the additional Follow-up Notification Reports.

1.2.2 New Information - One or more of the section's categories have changed. Ensure that ALL information blanks contain information, None or N/A in a "New Information" Section.

1.2.3 Unchanged - The Information presented in this section has not changed from earlier Follow-up Notification Form. Check "Unchange", no other information blanks should contain data in this section.

1.3 Guidelines for transmitting a Follow-Up Notification Report

1.3.1 Read slowly and clearly

1.3.2 For sections that are marked "N/A"

Example

"Line 9, N/A" (the line where the block appears)
"Line 10 through 21 N/A" (lines affected)

1.3.3 For section(s) that are marked "New Information" transmit the line number followed by the appropriate information. In cases where only part of the information for a given section has changed; all blocks which are unchanged, but contained information on earlier Reports should be completed and the earlier information re-transmitted. Such that the section contains no blank information blocks.

1.3.4 For sections that are "Unchanged"

Example

"Line 10, Unchanged" (line where block appears)
"Line 11-21 Unchanged" (line effected)

2.0 Receive from the Emergency Coordinator/EOF Director a completed Attachment 7.7, Follow-Up Notification for State, Parish and Secondary Agencies.

NOTE

The Initial Notification Message No. shall be "F-1". All Follow-Up Notification Reports will be sequentially numbered beginning with "F-2".

NOTE

Notify only the appropriate personnel/agencies of conditions that change.

3.0 Renotify St. Charles Parish EOC, St. John the Baptist Parish EOC, Louisiana Nuclear Energy Division (LNED) and Louisiana Office of Emergency Preparedness (LOEP) via the Operational Hotline.

3.1 Lift the Operational Hotline receiver and push the ring button. Hold the ring button down for at least 5 to 10 seconds.

3.2 As each agency representative identifies himself, respond with WATERFORD 3 STEAM ELECTRIC STATION - STAND BY and note the title of the agency responding.

3.3 After all agencies have identified themselves, or two minutes have elapsed, make the following statement:

THIS IS _____ AT THE WATERFORD 3 NUCLEAR POWER STATION.
(name/title)

THE FOLLOWING IS A FOLLOW-UP NOTIFICATION OF AN EMERGENCY AT WATERFORD 3. OBTAIN A COPY OF THE FOLLOW-UP NOTIFICATION FORM AND STAND BY TO RECORD INFORMATION.

Allow a few moments for the agencies' representatives to obtain the checklist.

3.4 Read slowly information on the Follow-Up Notification one line at a time and allow agency representatives time to fill in their forms.

3.5 After agencies have recorded the information on the Follow-Up Notification, contact any of the agencies listed that did not respond when the hotline was activated.

3.5.1 Dial the appropriate agency's phone number as listed in the Emergency Management Resources Book.

3.5.2 If contact cannot be made by dialing the appropriate agency's phone number, then activate the State Civil Defense radio transmitter and repeat steps 3.3 and 3.4 above.

NOTE
LNED does not have the State Civil Defense Radio. Request LOEP to contact LNED if the State Civil Defense Radio is used.

3.5.3 Ensure that the TSC Lead Communicator/Communications Coordinator receives verification of transmittal, in accordance with section 5.0 of Attachment 7.4.

3.5.4 Update Attachment 7.13, Off-Site Notification Log.

3.5.5 TSC Lead Communicator/Communications Coordinator notifies the Emergency Coordinator/EOF Director of verification of transmittal.

3.6 Notify Waterford 1 and 2 SES on the LP&L Emergency Dial Network, see the Emergency Management Resources Book for telephone numbers.

3.6.1 The Emergency Coordinator/EOF Director shall complete and approve the Waterford 1 & 2 message and forward it to the Emergency Communicator/TSC Lead Communicator/Communications Coordinator.

3.6.2 When Waterford 1 and 2 come on the line, deliver the following message:

MESSAGE NUMBER _____

THIS IS _____ AT THE WATERFORD 3 STEAM ELECTRIC
(name/title)
STATION. WE HAVE DECLARED A(N) _____ AT
(emergency classification)
_____ HOURS. WE _____ HAD A RADIOACTIVE RELEASE.
(time) (have/have not)
(Provide a brief description of the event) _____
_____
_____
_____
_____

WATERFORD 3 SES REQUESTS THAT _____
_____
(Protective actions, etc.)

_____
Emergency Coordinator/EOF Director - Time

4.0 NUCLEAR REGULATORY COMMISSION (NRC) VIA NRC EMERGENCY NOTIFICATION SYSTEM (ENS)

NOTE
Communications with the NRC may be continuously maintained.

4.1 Lift the receiver for the NRC Emergency Notification System phone. Once a response is obtained, make the following statement:

THIS IS _____ AT THE LP&L WATERFORD 3 STEAM ELECTRIC
(name/title)
STATION. THE FOLLOWING IS AN UPDATE OF INFORMATION REGARDING OUR DECLARED EMERGENCY.

4.2 Provide the NRC representative with the information written on the NRC Supplementary Event Notification Information Form.

NOTE
Do not supply any information not listed on the form or answer any other questions which may be posed to you. Should the representative need additional information, contact the Emergency Coordinator and have him discuss the situation with the representative.

4.2.1 If the NRC Emergency Notification System (ENS) is not operational, contact the NRC by using the commercial telephone, telephone numbers are listed in the Emergency Management Resources Book.

4.3 Ensure that the Emergency Coordinator receives verification of transmittal.

4.4 Update Attachment 7.13, Off-Site Notification Log.

4.5 Until relieved by an NRC Representative or the Licensing Coordinator, continue with communications duties.

5.0 SECONDARY NOTIFICATIONS

5.1 The following notifications will be performed after the followup notification:

These notifications are only required at an emergency classification or change of classification or at the direction of the Emergency Coordinator/EOF Director.

NOTE
Refer to the Emergency Management Resources Book for telephone numbers.

5.1.1 Middle South Utilities.

5.1.2 Institute of Nuclear Power Operations (INPO), Atlanta, Ga.

5.1.3 American Nuclear Insurers (ANI), Farmington, CT.

5.1.4 Document contact on Attachment 7.13, Off-Site Notification Log.

5.2 Secondary followup notifications will be made at the direction of the Emergency Coordinator or the EOF Director.

NOTE
Refer to the Emergency Management Resources Book for telephone numbers.

5.2.1 U. S. Coast Guard.

5.2.2 Missouri Pacific Railroad (Chief Dispatcher).

~~5.2.3 American Nuclear Insurers (ANI), Farmington, CT.~~

PART I: FOLLOW-UP NOTIFICATION FOR STATE, PARISH AND SECONDARY AGENCIES

Line Number

1 This is _____ with Message No._____, at _____ hrs.,
(Name) (Time)

2 on _____ with _____ Telephone No. _____
(Date) (Site)

3 Events are such that a/an: _____ Unusual Event _____ Site Area Emergency

4 _____ Alert _____ General Emergency

5 was declared at _____ hrs.
This classification is (Escalated, De-escalated,Unchanged,Terminated) from the last report.

6 Reason for reclassification: _____
7 _____
8 _____

THE FOLLOWING INFORMATION APPLIES:

9 SECTION A: Radiological Release Information _____ N/A

10 This information is: A) New Information B) Unchanged

11 (1) Type of Radiological Release: Liquid, Gaseous: Other _____
12 (2) Time of Reactor Shutdown: _____ hrs.
13 (3) Initial Time of Release _____ hrs.
14 (4) Release Terminated: NO, YES TIME TERMINATED _____ hrs.
15 (5) Duration of Release: KNOWN _____ or TOTAL PROJECTED _____
(hours) (hours)

16 (6) Release Rate: Noble Gas _____ Ci/sec Monitored; Calculated
17 Iodine _____ Ci/sec Monitored; Calculated
18 Particulate _____ Ci/sec Monitored; Calculated

19 (7) Release Elevation: Ground Level: Elevated
20 (8) Estimate of Surface Contamination In-Plant, Onsite, or Offsite: _____
21 _____

22 SECTION B: Meteorology _____ N/A
23 This information is: A) New Information B) Unchanged
24 (1) Wind: Speed _____ mph
25 Direction from _____ into Sector(s) _____
(degrees) (A-R)

26 (2) Stability Class: A B C D E F G
27 (3) Precipitation: None; Rain; Sleet; Snow; Hail

E
Line
Number

FOLLOW-UP NOTIFICATION - Page 2

SECTION C: Offsite Radiological Dose Consequences _____ N/A

This is: A) New Information B) Unchanged

(1) Projected Whole Body Dose At:	Dose Rate	Projected Duration	Projected Dose
A) Site Boundary	____mR/hr	_____	_____mRem
B) 2 Miles	____mR/hr	_____	_____mRem
C) 5 Miles	____mR/hr	_____	_____mRem
D) 10 Miles	____mR/hr	_____	_____mRem

(2) Projected Thyroid Dose Commitment At:	Projected Dose
A) Site Boundary	_____mRem
B) 2 Miles	_____mRem
C) 5 Miles	_____mRem
D) 10 Miles	_____mRem

(3) Affected Sectors _____

SECTION D: Emergency Response Considerations _____ N/A

This is: A) New information B) Unchanged

(1) Recommended Protective Actions: None; Other (Describe)_____

_____

_____

(2) Licensee Emergency Actions Underway: None; Other (Describe)_____

_____

_____

(3) Request for Offsite Support: None; Other (Describe)_____

_____

_____

(4) Prognosis for Worsening or Terminaiton of Event Based on Plant Information:
None; Other (Describe) _____

_____

_____

(5) Other Comments: None; Other (Describe) _____

_____

_____

_____

_____

EMERGENCY COORDINATOR'S/EOF DIRECTOR - TIME

PART II - NRC SUPPLEMENTARY EVENT NOTIFICATION INFORMATION

THIS IS LOUISIANA POWER & LIGHT COMPANY - W3SES WITH A SUPPLEMENTARY EVENT NOTIFICATION NUMBER _____ AT _____ HOURS, ON _____.
(date)

Further Licensee Actions
Taken _____
Planned _____
Property Damage _____

Radioactivity Released (or Increased Release)?
Liquid/Gas? _____ Location/Source of Release _____ Elevation _____
Release Rate _____ Duration _____ Stopped _____
Release Monitored? _____ Amount of Release _____
Increased Radiation Levels in Plant: Location(s) _____
Radiation Level(s) _____ Areas Evacuated _____
Maximum Offsite Dose Rates _____
Integrated Dose _____

Meteorology
Wind Direction From _____
Wind Speed _____ (Meter/sec or miles/hr)
Delta T _____ (°C or °F) Sigma Theta _____ Temperature _____ (°C or °F)
Stability Class A B C D E F Raining (Yes/No)

Projected Doses: I

	Dose Rates	Integrated Dose
2 mi	_____	_____
5 mi	_____	_____
10 mi	_____	_____
Sectors	_____	_____

Contamination (Surface): Inplant _____ Onsite _____ Offsite _____
_____
_____
_____

Reactor Operations:

Reactor System Status
Power Level _____
Pressure _____ Temp. _____ Flow (pumps on) _____
Cooling Mode _____ ECCS Operating/Operable _____

Containment Status
Containment Isolated? _____ Containment Temp. _____
Containment Pressure _____ Containment Radiation _____ R/hr
Standby Gas Treat Sys (BWR) _____

Reactivity Controls
Control Rods Inserted _____ Status of Emer. Boration System _____

PART II - NRC SUPPLEMENTARY EVENT NOTIFICATION INFORMATION

Team Plant Status S/G Levels _____ Equip. Failure _____
Feedwater Source/Flow _____ S/G Isolated? _____
MSIVs (BWR) Closed _____
Electrical Dist. Status : Normal Offsite Power Available? _____
Major Busses/Loads Lost _____
Safeguards Busses Power Source _____
D/G Running? _____

Security/Safeguards:

Bomb Threat: Search Conducted? _____
Search Results _____ Site Evacuated? _____

Extortion: Source (Phone, letter,etc)? _____
Location of Letter _____

Intrusion: Insider? _____ Outsider? _____
Furthest Point of Intrusion _____
Fire arms related? _____ Stolen/Missing Material? _____

RX Oper./Demonstration. Size of Group _____ Demands _____
Violence? _____ Fire arms related? _____

Sabotage/Vandalism: Radiological? _____ Arson Involved? _____
Stolen/Missing Material? _____

Transportation:

Mode (Road/Rail/Air/etc.) _____ Carrier _____
Exact Location _____
Type of Material (HEU/Spent Fuel/Cat III/Other) _____
Description of Shipment _____
Labels: (On Material Package) _____ (On Vehicle) _____
Spillage _____ Surveys _____
Physical damage to container? _____
Fire/Smoke _____ Missing material? _____

Materials and Fuel Facilities:

Kind of Licensee (processor, radiographer, medical, etc.) _____
_____ Isotopes involved _____
Solid/Liquified? _____ Sealed/Loose? _____

_____/_____
Emergency Coordinator/EOF Director Signature/Time

Transmittal Verified _____/_____
Communicator Signature/Time

REQUEST FOR OFFSITE ASSISTANCE

1.0 Request for Assistance Format

1.1 Message should include at minimum the Communicator's name, time, date, Waterford 3 and the approval signature of the Emergency Coordinator or the EOF Director.

1.2 Message number entered and documented on Attachment 7.13, Off-Site Notification Log.

1.3 Request should be made using the Follow-Up Notification, Attachment 7.7, of this procedure, or the Communications Log Form, Attachment 7.1, of EP-2-150, or the appropriate form for notification of fire or medical emergency.

2.0 REQUESTS FOR OFFSITE ASSISTANCE

NOTE
Telephone numbers are available in the Emergency Management Resources Book.

2.1 FIRE

Call: Hahnville Volunteer Fire Department (783-6631)

Advise: St. Charles Parish EOC that the fire department has been called.

2.2 MEDICAL EMERGENCY

CAUTION
If the injured/ill individual is possibly contaminated GO TO EP-2-020, Contaminated Injured/Ill Personnel. DO NOT USE THIS FORMAT.

2.2.1 AMBULANCE SERVICES

A. Call: St. Charles Hospital

Method: Industrial Hotline via St. Charles Sheriff's Dispatcher on Operational Hotline (St. Charles Parish)

B. Call. West Jefferson General Hospital (1-800-382-4006) (Air Care Helicopter Service)

Method: PABX

C. Advise: St. Charles Parish EOC of all made above.

D. Advise: Waterford 3 Security of ambulance service that was called in above and estimated time of arrival.

2.2.2 HOSPITALS

CAUTION
If the injured/ill individual is possibly contaminated GO TO EP-2-020, Contaminated Injured/Ill Personnel. DO NOT USE THIS FORMAT.

A. Primary: St. Charles Hospital (785-6242)

B. Support: West Jefferson General Hospital (1-800-382-4006)

Ochsner Foundation Hospital (838-3000)

2.3 EXCLUSION AREA CONTROL

A. Call: 1.) Missouri Pacific Railroad Company

2.) St. Charles and St. John the Baptist Parish EOC's

3.) United States Coast Guard

2.4 ADDITIONAL ASSISTANCE

As listed in the appropriate procedure.

CONTROL ROOM CHECKLIST FOR TRANSFERRING COMMUNICATIONS RESPONSIBILITIES TO THE TSC

1. When the TSC is activated and is ready to accept the responsibilities for all off-site and on-site communications, the Control Room Emergency Communicator will establish communications with the TSC Lead Communicator and provide the following information:
   A. Communications lines on which the Control Room is currently communicating
   B. Individual/agency at the other end of the lines
   C. Latest information transmitted over the lines
   D. Latest information received over the lines

2. When communication activities are at a low level and allow for the transfer of offsite communication responsibilities perform the following activities:
   A. When contacted by the TSC on the PABX, pass the off-site communication responsibilities to the TSC Communicator.
   B. The TSC Communicators will immediately announce to the offsite agencies that the TSC is responsible for communications and provide them with a new call back phone number.

3. Upon completion of the transfer, the Control Room Emergency Communicator will perform the following functions:
   A. Inform the SS that communications have been transferred to the TSC ECC.
   B. Deliver all dispatched or developed Initial Notification, Follow-Up Notification and Communication Logs to the TSC Lead Communicator for his rentention and review.
   C. Return to the Control Room and assume other responsibilities as directed by the SS.
   D. Insert the "TSC Activated" message tape on the answering machines.

TSC CHECKLIST FOR ACCEPTING RESPONSIBILITY
FOR COMMUNICATIONS SYSTEMS FROM THE CONTROL ROOM

1. The TSC Lead Communicator will go to the Control Room and get a copy of each Initial Notification, Follow-Up Notification and Communications Log Sheet disseminated by the Control Room Emergency Communicator and, if required, make a copy of the Shift Supervisor Log Book.

2. TSC Lead Communicator will disseminate these reports to the staff in the TSC and assign communicators in the Emergency Control Center who can perform the following actions.
   a. Review the material to become familiar with communications to this point.
   b. Monitor the active communications lines and listen to any transmissions occurring at the time.

NOTE
Do not respond; allow the Control Room Emergency Communicator to continue handling communications.

   c. At the direction of the Emergency Coordinator "to shift communications to the TSC," contact the Control Room on the PABX and inform them that you are taking responsibility for off-site communications. Then make the following announcement to the offsite agencies: WATERFORD 3 TECHNICAL SUPPORT CENTER IS NOW RESPONSIBLE FOR COMMUNICATIONS. PLEASE DIRECT ALL REQUESTS FOR ADDITIONAL INFORMATION TO THE TECHNICAL SUPPORT CENTER AT,_____ (Give new call-back phone number).
   d. Contact the Control Room and advise them that the offsite agencies have been contacted and give them the new call-back number.

3. After the above steps have been completed, inform the Emergency Coordinator in the TSC that communications responsibilities have been shifted to the TSC.

TSC (EOF) CHECKLIST FOR TRANSFERRING COMMUNICATIONS RESPONSIBILITIES TO THE EOF (TSC)

1. Establish communications with the EOF (TSC) Communicator and provide the following information:

   A. Communication line(s) on which TSC (EOF) is currently communicating
   B. Individual/agency on the other end of the line(s)
   C. Latest information transmitted over the line(s)
   D. Latest information received over the line(s)

2. When communication activities are at a low level and allow for the transfer of offsite communication responsibilities perform the following activities:

   A. When contacted by the EOF (TSC) on the PABX pass the offsite communication responsibilities to the EOF (TSC) Communicator.
   B. The EOF (TSC) Communicator will immediately announce to the offsite agencies that the EOF (TSC) is responsible for communications and provide them with a new call back phone number.
   C. Inform the Emergency Coordinator (EOF Director) that communications have been transferred.

3. When communication are transferred change the message tape to reflect the organization that is responsible for Off-Site communications.

EOF (TSC) CHECKLIST FOR ACCEPTING COMMUNICATIONS RESPONSIBILITIES FROM THE TSC (EOF)

1. Establish communications with the TSC (EOF) Communicator and discuss the following information in the areas in which responsibility is to be transferred.
   a. Communication line(s) on which TSC (EOF) is currently communicating
   b. Individual/agency on the other end of the line(s)
   c. Latest information transmitted over the line(s)
   d. Latest information received over the line(s)
2. Offsite communications:
   a. EOF (TSC) Communicator directs the TSC (EOF) Communicator to shift communications to the EOF (TSC).
   b. The EOF (TSC) Communicator picks up the line, monitors any transmissions occurring at the time and logs the communication on the Communications Log Sheet (Attachment 7.1, EP-2-150, Emergency Plan Implementing Records).

NOTE
Do not respond; allow the TSC (EOF) Communicator to continue handling communications.

   c. At a point when there is little to no traffic on the line, contact the TSC (EOF) Communicator on the PABX and inform them that you are taking responsibility for communications. Then the EOF (TSC) Communicator announces the following: THE WATERFORD 3 EMERGENCY OPERATIONS FACILITY (TECHNICAL SUPPORT CENTER) IS NOW RESPONSIBLE FOR COMMUNICATIONS. PLEASE DIRECT ALL REQUESTS FOR ADDITIONAL INFORMATION TO THE EMERGENCY OPERATIONS FACILITY (TECHNICAL SUPPORT CENTER) AT _____. (Give new call-back phone number).
   d. Contact the TSC (EOF) Communicator and advise him that the offsite communications are transferred to the EOF (TSC) and that the call-back phone number is _____.
   e. The Communications Coordinator shall notify the EOF Director that off-site communications have been transferred.
3. Verify that the "EOF (TSC) Activated" message tape is on the answering machines, by calling the answering machines. Refer to the Emergency Management Resources Book for telephone numbers.

OFF-SITE NOTIFICATION LOG

1.0 Heading

1.1 Enter the time that the individual log sheet is started next to the applicable FACILITY. If communications are transferred, enter the time of the transfer next to the Facility which is responsible for off-site communication.

1.2 Enter the DATE.

1.3 Enter the Page Number.

> **NOTE**
>
> Complete the " of ____" section of "Page ___ of ____" at midnight and when the facility is de-activated.

2.0 Operations

2.1 Circle the current emergency classification.

> **NOTE**
>
> The Initial Notification Message No. shall be "F-1". All Follow-up Notification Reports will be sequentially numbered beginning with "F-2".

2.2 Message Number - Enter assigned message number.

2.3 Initial and time each respective block for each agency contacted for each logged message number.

2.4 For message received

2.4.1 Circle current emergency classification:

2.4.2 Enter the Message Number and "IN" (for incoming) in the MESSAGE NUMBER block.

2.4.3 Initial and time the respective block for the agency from which the message was received.

2.5 Use of the OTHER blocks.

2.5.1 For an agency which you are frequently communicating with enter the name in the column with the listed agencies. Then use the form as per 2.1 - 2.4.

2.5.2 For an agency which is infrequently communicated with, divide the block diagonally and place the agencies' name above the line and time and initials below the line.

2.6 The Emergency Communicator/TSC Lead Communicator/Communications Coordinator should review and initial the lower right corner when the page is completed.

OFF-SITE NOTIFICATION LOG

FACILITY: CR CR#5
TSC 1200
EOF

DATE: 9/2/84 Page 1 of

	CLASSIFICATION (CIRCLE ONE)	UE / ALERT	SAE / GE	UE / ALERT	SAE / GE	UE / ALERT	SAE / GE	UE / ALERT	SAE / GE	UE / ALERT	SAE / GE
	MESSAGE NUMBER	F-1		5		C-1 (Ini)		F-2		E-2	
PRIMARY NOTIFICATION	St. Charles EOC	TC 0901						TC 1005			
PRIMARY NOTIFICATION	St. John EOC	TC 0901						TC 1005			
PRIMARY NOTIFICATION	LNED	TC 0901						TC 1005			
PRIMARY NOTIFICATION	LOEP	TC 0901						TC 1005			
PRIMARY NOTIFICATION	WATERFORD 1&2	TC 0905						TC 1010			
SECONDARY NOTIFICATION	US NRC			LP 0920				LP 1012			
SECONDARY NOTIFICATION	Middle South Utilities			LP 0935							
SECONDARY NOTIFICATION	INPO										
SECONDARY NOTIFICATION	ANI										
EAB CONTROL	US Coast Guard [2]									LP 1018	
EAB CONTROL	Missouri Pacific R.R. [2]									LP 1020	
FIRE	Hahnville V.F.D. [2]										
MEDICAL ASSISTANCE	St. Charles Hospital [2]										
MEDICAL ASSISTANCE	Ochsner Clinic [2]										
MEDICAL ASSISTANCE	West Jefferson Hospital [2]										
OTHER	Lake Gypsy			LP 0940				WP 1015			
OTHER						Emerg. Coord. Notified 0945					

EXAMPLE!!

Note 1: Classification Codes: UE – Unusual Event
ALERT – Alert
SAE – Site Area Emergency
GE – General Emergency

Note 2: These Agencies Contacted As Directed By Emergency Coordinator or EOF Director

OFF-SITE NOTIFICATION LOG

FACILITY: CR _____
TSC _____
EOF _____ DATE: _____ Page ___ of ___

	CLASSIFICATION (CIRCLE ONE)	UE SAE	ALERT GE	UE SAE	ALERT GE	UE SAE	ALERT GE	UE SAE	ALERT GE	UE SAE	ALERT GE
	MESSAGE NUMBER										
PRIMARY NOTIFICATION	St. Charles EOC										
	St. John EOC										
	LNED										
	LOEP										
	WATERFORD 1&2										
SECONDARY NOTIFICATION	US NRC										
	Middle South Utilities										
	INPO										
	ANI										
EAB CONTROL	[illegible] ast Guard [2]										
	Missc / Pacific R. [2]										
FIRE	Hahnville V.F.D. [2]										
MEDICAL ASSISTANCE	St. Charles Hospital [2]										
	Ochsner Clinic [2]										
	West Jefferson Hospital [2]										
OTHER											

Note 1: Classification Codes: UE – Unusual Event
ALERT – Alert
SAE – Site Area Emergency
GE – General Emergency

Note 2: These Agencies Contacted As Directed By Emergency Coordinator or EOF Director

POM VOLUME 18

POM SECTION 2

EP-2-061

REVISION 3

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY ENVIRONMENTAL MONITORING

PORC Meeting No. 85-68

Reviewed _____ / 4-9-85
PORC Chairman DATE

Approved _____ / 4/12/85
Plant Manager-Nuclear DATE

_____
Effective Date

REVIEW COVER SHEET

REVIEW OF: EP-2-061 - Emergency Environmental Monitoring (Rev. 3)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent		✓		4/9/85
	Operations Superintendent		—		4/9/85
	Radiation Protection Superintendent		✓		4/9/85
	Plant Quality Manager		✓		4/9/85
	Technical Support Superintendent		✓		4/9/85
	Assistant Plant Manager				
	PORC Chairman		✓		4-9-85

PORC Meeting No. 85-68 Item No. 4 Date: 4-9-85

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to PM-N approval? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

Approved by N/A DATE N/A
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST |X| POM |_| PORC-S/C

Procedure No. EP-2-061 Title Emerg. Environmental Monitoring

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. 0 |_| Permanent |_| Deviation Expiration Date _____

B. Revision No. 3

C. Deletion |_| YES |X| NO

DESCRIPTION OF CHANGE OR REVISION

Update field monitoring points

REASON FOR CHANGE, REVISION, OR DELETION

Incorporate update

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE 3/5/85

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 3/5/85

TECHNICAL REVIEW [signature] DATE 3/21/85

GROUP HEAD REVIEW [signature] DATE 3/21/85

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

TABLE OF CONTENTS

LIST OF EFFECTIVE PAGES

Title	Revision 3
1-25	Revision 3

1.0 PURPOSE

This procedure provides the instructions for environmental monitoring during and after a radiological emergency at Waterford 3. It is designed to be used in conjunction with EP-2-060, Radiological Field Monitoring.

2.0 REFERENCES

2.1 HP-2-900, Collection and Preparation of Water Samples

2.2 HP-2-902, Collection and Preparation of Milk Samples

2.3 HP-2-904, Collection and Preparation of Sediment Samples

2.4 HP-2-905, Collection and Preparation of Vegetation Samples

2.5 HP-2-907, Collection and Preparation of Fish Samples

2.6 HP-2-908, Collection and Preparation of Environmental Air Samples

2.7 HP-2-909, Preparation and Distribution of Panasonic Environmental Thermoluminescent Dosimeters

2.8 HP-2-911, Environmental Sample Shipment

2.9 HP-2-912, REMP Sample Recording

2.10 HP-1-230, Offsite Dose Calculation Manual

2.11 EP-2-050, Offsite Dose Assessment (Manual)

2.12 EP-2-060, Radiological Field Monitoring

2.13 General Services Agreement between Teledyne Isotopes and Louisiana Power and Light Company

2.14 HP-2-351, Operation of the Panasonic Automatic TLD Reader UD-710A

2.15 HP-2-353, Operation of the Panasonic Manual TLD Reader UD-702E

3.0 RESPONSIBILITIES

3.1 The Health Physics Coordinator (HPC)/Radiological Assessment Coordinator (RAC) are responsible for ensuring the implementation of this procedure.

3.2 The TSC Dose Assessment Coordinator (DAC)/EOF Field Team Controller and field monitoring teams are responsible for implementing this procedure.

4.0 INITIATING CONDITIONS

4.1 This procedure is initiated upon any of the following conditions:

4.1.1 Declaration of any of the following emergency classifications in which the event includes an actual or potential release of radioactive material to the environment:

4.1.1.1 Alert

4.1.1.2 Site Area Emergency

4.1.1.3 General Emergency

4.1.2 At the discretion of the Health Physics Coordinator or Radiological Assessment Coordinator.

4.1.3 As directed by the Emergency Coordinator or EOF Director.

5.0 PROCEDURE

> NOTE
>
> Collection of environmental samples during emergency situations should be performed in conjunction with location and evaluation of the liquid and/or gaseous effluent. Samples should normally be collected after the initial radiological effluent evaluation and should be collected for purposes of further evaluation of the release.

5.1 Environmental sampling in an emergency situation as outlined in section 5.7 of this procedure will be performed as directed by either the Health Physics Coordinator/Radiological Assessment Coordinator

or the Dose Assessment Coordinator/Field Team Controller and in accordance with routine Radiological Environmental Monitoring Program (REMP) sampling procedures (see References section) and instructions provided in this procedure.

5.2 Sampling equipment (with the exception of environmental TLD's) to be used in emergency situations is made available to field monitoring team personnel in the field monitoring kits specified in EP-2-060. Additional equipment is available onsite.

5.3 All samples shall be labeled with date and time the sample was taken, the location, type of sample and name of person taking the sample, as a minimum. Samples shall be labeled in accordance with the HP-900 series of procedures (see References section) and instructions provided in this procedure.

5.4 All samples collected in emergency situations should be returned to the OSC as directed by the Dose Assessment Coordinator/Field Team Controller and prepared for analysis in accordance with routine REMP procedures. The Dose Assessment Coordinator/Field Team Controller shall direct the type(s) of analysis to be performed in accordance with the parameters of the effluent release (type of release, type of sample and suspected contaminants).

5.4.1 Samples collected in emergency situations via section 5.7 of this procedure shall be initially surveyed as necessary by LP&L and then prepared for shipment to the REMP anlysis contractor (Teledyne Isotopes) in accordance with HP-2-911.

NOTE

Upon notification that an emergency exists at Waterford 3 SES, Teledyne will perform analysis in accordance with Reference 2.13 and results wil be supplied within 24 hours of sample receipt.

5.4.2 Samples may also be prepared and analyzed using Arkansas Power and Light Company, Gulf States Utilities or Mississippi Power and Light Company facilities and equipment as necessary in accordance with existing agreements.

5.5 DISPATCHING OF TEAMS

5.5.1 Teams are dispatched in accordance with EP-2-060 and the activities in this procedure should coincide with activities performed under EP-2-060.

5.5.2 Teams should normally be dispatched to locations selected from those listed in Attachments 7.1, Emergency Radiological Environmental Monitoring Points; and 7.4, REMP Sample Location Table. Attachments 7.2, 7.3, 7.5, 7.6 and 7.7 are maps to aid in finding these locations.

5.6 Emergency environmental sampling activities shall be coordinated with the Louisiana Nuclear Energy Division and the NRC, as appropriate.

5.7 The following samples will be collected in accordance with the impact of the radiological effluent release(s) and at the discretion of, and as directed by, either the Health Physics Coodinator/Radiological Assessment Coordinator or the Dose Assessment Coordinator/Field Team Controller.

5.7.1 Airborne Release

5.7.1.1 Air Sampling

A. Change out routine (REMP) air samples in affected areas in accordance with HP-2-908.

B. Obtain air samples in affected areas with portable air samplers in accordance with EP-2-060.

5.7.1.2 Direct Radiation Readings (TLD)

A. Change out routine (REMP) TLD's in affected areas in accordance with the appropriate section of HP-2-909.

B. Set out additional TLD's at locations of interest in accordance with HP-2-909.

C. TLD's collected in emergency situations will be analyzed in accordance with the appropriate sections of HP-2-351 or HP-2-353.

5.7.1.3 Vegetation Sampling

A. REMP vegetation samples (grass, broad-leafed vegetation and food products) should be collected in emergency situations in accordance with HP-2-905.

B. Additional vegetation samples should be collected at locations of interest in accordance with HP-2-905.

5.7.1.4 Milk Sampling

A. REMP milk samples should be collected in emergency situations in accordance with HP-2-902.

B. Additional milk samples may be collected at locations of interest in accordance with HP-2-902.

C. In situations where radioiodines have been assumed to constitute a percentage of the accidental gaseous effluent release, additional milk and grass sampling should be performed at least once every two days following the initial release until radioiodine activity reaches an acceptable level.

5.7.1.5 Soil Sampling

A. Soil sampling is not a REMP routine sample, but in emergency situations HP-2-904 will be used to collect soil samples at locations of interest.

5.7.1.6 Contamination Surveys

A. Contamination surveys may be performed on selected surfaces by smearing the swipe paper over an approximate 100 cm^2 area.

B. Place the swipes in the provided envelopes and label in accordance with step 5.3.

5.7.1.7 Water Sampling

A. Obtain surface and potable water samples in accordance with HP-2-900 at locations of interest, as necessary.

5.7.2 Liquid Release

5.7.2.1 Obtain REMP liquid samples in accordance with HP-2-900.

5.7.2.2 Depending on the magnitude of liquid effluent released, REMP sediment and fish samples should be collected in accordance with HP-2-904 and HP-2-907, respectively.

5.7.2.3 Additional waterborne sampling may be performed at locations of interest in accordance with HP-2-900, HP-2-904 and HP-2-907.

5.8 Field monitoring kits are equipped with sampling equipment. In some cases, it may be necessary for teams to return to the site for additional supplies.

5.9 Frequency of sampling and number of sampling locations may be increased or decreased as necessary for both REMP and emergency sampling. The emergency environmental monitoring program will be

established by either the Health Physics Coordinator/Radiological Assessment Coordinator or the Dose Assessment Coordinator/Field Team Controller.

6.0 FINAL CONDITIONS

Emergency condition is terminated and all samples have been collected.

7.0 ATTACHMENT

7.1 Emergency Radiological Environmental Monitoring Points

7.2 Emergency Survey Points - 914 Meter Exclusion Area Boundary

7.3 Emergency Survey Points - 10 Miles

7.4 REMP Sample Location Table

7.5 REMP Sample Locations Within 2 Miles of Waterford 3

7.6 REMP Sample Locations Within 10 Miles of Waterford 3

7.7 REMP Sample Locations Within 50 Miles of Waterford 3

EMERGENCY RADIOLOGICAL ENVIRONMENTAL MONITORING POINTS

The following table lists and describes the location of each of the Emergency Survey (monitoring) Points. During emergencies, the appropriate survey (monitoring) points will be used to key the Field Monitoring Teams to specific locations downwind from the site. At the monitoring point, the team(s) will obtain dose rates, air samples and any additional samples as requested by the Health Physics Coordinator or Radiological Assessment Coordinator.

LOCATION	CORRESPONDING REMP LOCATION	DESCRIPTION	DISTANCE FROM WATERFORD 3 REACTOR
A-3 (East Bank)	NONE	River Road (Hwy. 628) at Parish Line	2-3 miles
A-4 (East Bank)	NONE	River Road (Hwy. 628) at sign "LaPlace Marine Service - Mile 132"	3-4 miles
A-5 (East Bank)	NONE	Intersection of Hwy. 61 and Hwy. 51	4-5 miles
B-1 (East Bank)	B1	River Road (Hwy. 628) at high line tower next to Little Gypsy	1 mile
B-2 (East Bank)	NONE	Intersection of Evangeline Road and River Rod (Hwy. 628)	1-2 miles
B-3 (East Bank)	NONE	Evangeline Road between two sets of railroad tracks, at gas pipeline on west side of road.	2-3 miles
B-4 (East Bank)	B4	Weigh Station on Hwy. 61 just west of St. John the Baptist Parish line	3-4 miles
B-7 (East Bank)	NONE	Hwy. 51 at Interstate 10	6-7 miles
C-1 (East Bank)	C1, APC-1	Little Gypsy Intake Structure	1 mile
C-3 (East Bank)	NONE	Hwy. 628 at first railroad track	2-3 miles
C-4 (East Bank)	NONE	Hwy. 61 at Hwy. 628	3-4 miles
D-2 (East Bank)	NONE	St. Charles Parish Road 12 (Spillway Road) at Hwy. 628	1-2 miles

EMERGENCY RADIOLOGICAL ENVIRONMENTAL MONITORING POINTS

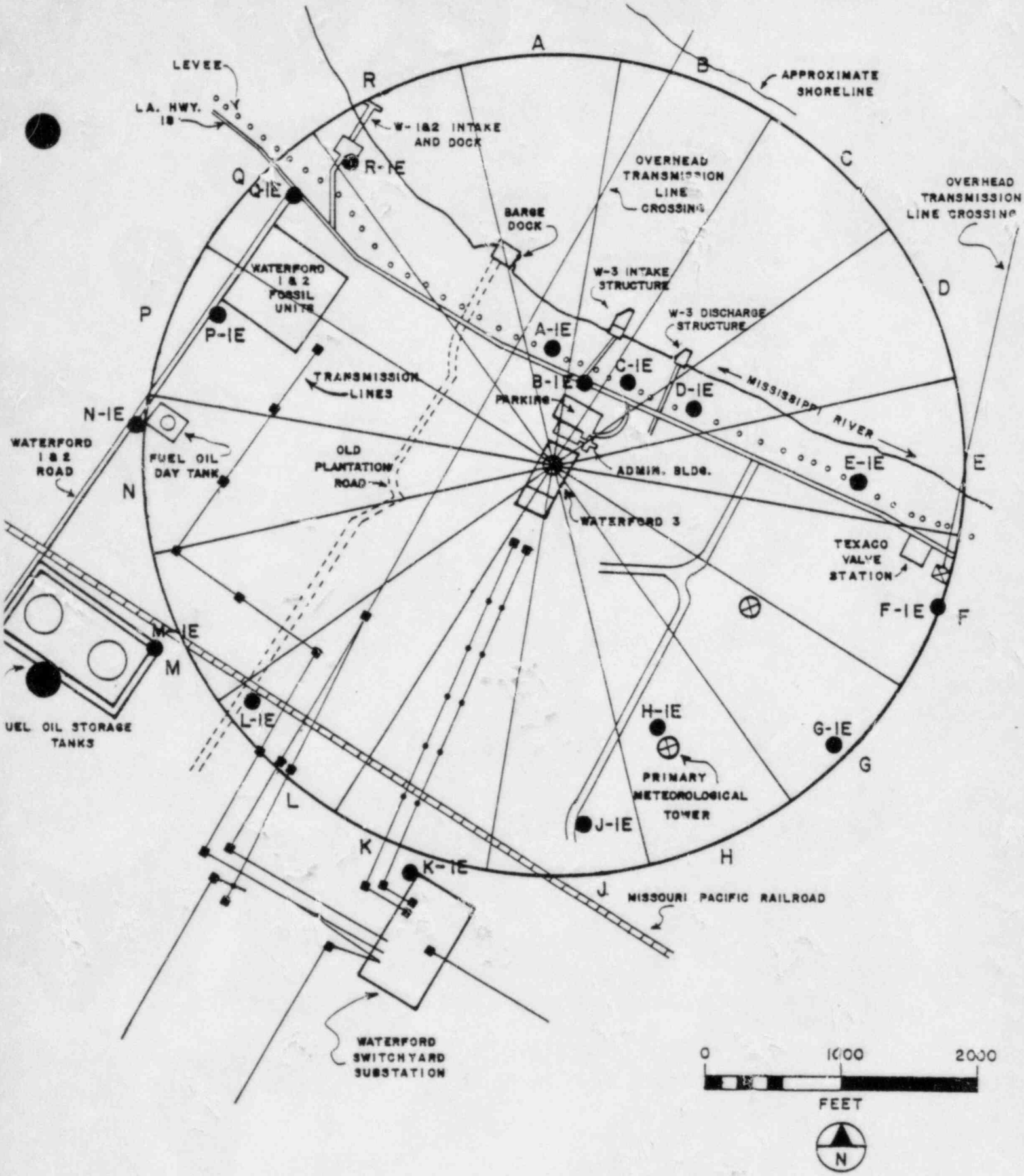
LOCATION	CORRESPONDING REMP LOCATION	DESCRIPTION	DISTANCE FROM WATERFORD 3 REACTOR
D-5 (East Bank)	D5	Intersection of Apple Street (Hwy. 48) and Hwy. 61	4-5 miles
E-3 (East Bank)	NONE	Levee off Hwy. 48 opposite Shell Norco Plant (where pipeline crosses levee)	2-3 miles
E-4 (East Bank)	NONE	Intersection of Apple Street and River Road	3-4 miles
E-5 (East Bank)	NONE	Intersection of River Road and Hwy. 627 (Prospect Ave.)	4-5 miles
E-7 (East Bank)	NONE	Intersection of Hwy. 61 and Ormond Estates Blvd.	6-7 miles
F-2 (West Bank)	NONE	Intersection of River Road (Hwy. 18) and Hwy. 3142	1-2 miles
F-4 (West Bank)	NONE	Hahnville Post Office off River Road (Hwy. 18)	3-4 miles
F-5 (West Bank)	NONE	River Road (Hwy. 18) at St. Charles Parish Courthouse	4-5 miles
F-6 (East Bank)	NONE	Intersection of Ormond Estates Blvd. and River Road (Hwy. 18)	5-6 miles
F-7 (East Bank)	NONE	Levee off River Road (Hwy. 48) at Luling-Destrehan Bridge	6-7 miles
F-9 (East Bank)	F9	Levee off River Road (Hwy. 48) across from Bunge Corporation Grain Elevator	8-9 miles
G-2 (West Bank)	NONE	Hwy. 3142 at Railroad Bridge	1-2 miles
G-4 (West Bank)	G4	Hwy. 3160 at Railroad Crossing	3-4 miles

EMERGENCY RADIOLOGICAL ENVIRONMENTAL MONITORING POINTS

LOCATION	CORRESPONDING REMP LOCATION	DESCRIPTION	DISTANCE FROM WATERFORD 3 REACTOR
G-7 (West Bank)	NONE	River Road (Hwy. 18) at Luling-Destrehan Bridge	6-7 miles
G-8 (West Bank)	NONE	First Pentecostal Church on west side of Hwy. 52 between River Road (Hwy. 18) and Boutte northern town limits	7-8 miles
G-9 (West Bank)	NONE	Entrance to Monsanto at traffic light on Hwy. 90	8-9 miles
G-10 (West Bank)	NONE	Intersection of Barton Avenue (Hwy. 3060) and Hwy. 90	9-10 miles
H-2 (West Bank)	NONE	Intersection of Hwy. 3127 and Hwy. 3142	1-2 miles
H-9 (West Bank)	NONE	Intersection of Hwy. 3127 and Hwy. 90	8-9 miles
J-2 (West Bank)	J2	Hwy. 3127, ½ mile west from intersection of Hwy. 3127 and Hwy. 3142 (no landmarks to reference)	1-2 miles
K-2 (West Bank)	NONE	Hwy. 3127 1.0 miles west from intersection of Hwy. 3127 and Hwy. 3142, 4 culverts in drainage ditch (½ mile west of J-2)	1-2 miles
L-2 (West Bank)	NONE	Hwy. 3127 1.5 miles west from intersection of Hwy. 3127 and Hwy. 3142, near transmission tower (½ mile west of K-2)	1-2 miles
M-2 (West Bank)	NONE	Hwy. 3127 2 miles west from intersection of Hwy. 3127 and Hwy. 3142, 4 culverts in drainage ditch (½ mile west of L-2)	1-2 miles
N-1 (West Bank)	N1	Killona Elementary School - take Post Street off River Road (Hwy. 18) to first left (Short Street), to school	1 mile

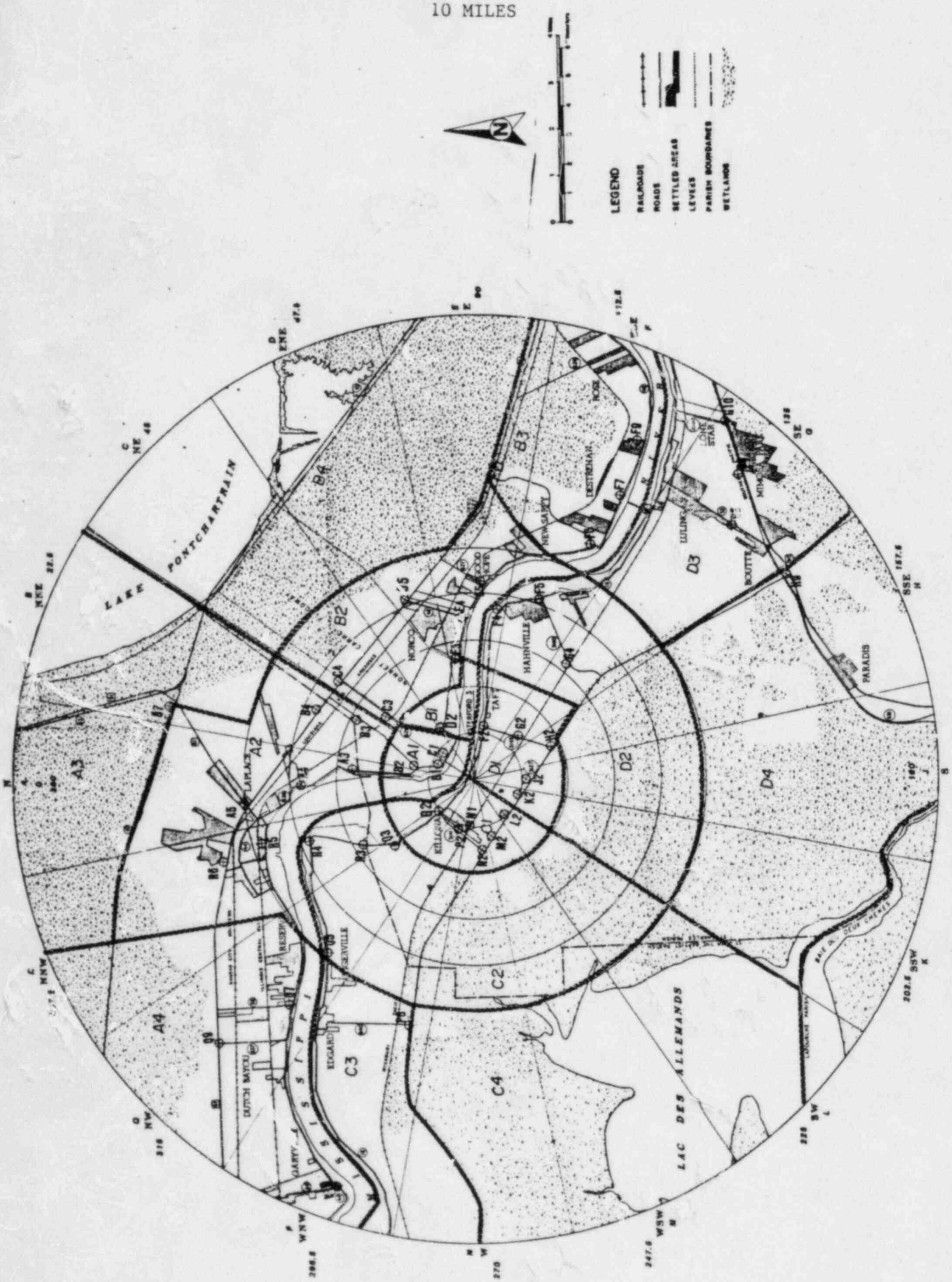
EMERGENCY RADIOLOGICAL ENVIRONMENTAL MONITORING POINTS

LOCATION	CORRESPONDING REMP LOCATION	DESCRIPTION	DISTANCE FROM WATERFORD 3 REACTOR
N-2 (West Bank)	NONE	Intersection of Hwy. 3127 and Hwy. 3141	1-2 miles
P-2 (West Bank)	NONE	Hwy. 3141 between Hwy. 18 and Hwy. 3127 at baseball fields	1-2 miles
P-6 (West Bank)	NONE	Intersection of Hwy. 640 and Hwy. 3127	5-6 miles
P-10 (East Bank)	NONE	River Road (Hwy. 44) at Hwy. 54 (Garyville)	9-10 miles
Q-2 (West Bank)	NONE	Intersection of River Road (Hwy. 18) and Hwy. 3141	1-2 miles
Q-3 (West Bank)	NONE	River Road (Hwy. 18) at Trailer Park (1.1 miles west of intersection at Hwy. 3141)	2-3 miles
Q-5 (West Bank)	Q5, MKQS	Intersection of River Road (Hwy. 18) and Gold Mine Plantation Road (entrance to plantation)	4-5 miles
Q-7 (East Bank)	NONE	Intersection of River Road (Hwy. 44) and Hwy. 53	6-7 miles
Q-9 (East Bank)	NONE	Hwy. 61 at Hwy. 637	8-9 miles
R-3 (West Bank)	NONE	River Road (Hwy. 18) at Parish line	2-3 miles
R-4 (West Bank)	NONE	River Road (Hwy. 18) at Lucy Water Tower	3-4 miles
R-5 (East Bank)	NONE	Split of River Road (Hwy. 44) and Hwy. 636-3	4-5 miles
R-6 (East Bank)	NONE	Percy Hebert Building, LaPlace St. John the Baptist Parish EOC (off Hwy. 61)	5-6 miles



914 METER EXCLUSION AREA BOUNDARY
(EMERGENCY PLANNING SITE BOUNDARY)

EMERGENCY SURVEY POINTS
10 MILES



REMP SAMPLE LOCATION TABLE

LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
DIRECT RADIATION (TLD)			
A-2	(Eastbank) On fence enclosure surrounding water tower west of Little Gypsy opposite Etienne St. Access from River Road (LA 628). The TLD's are located on the fence opposite (S) the entrance gate to the water tower.	1.1	N
B-1	(Eastbank) On fence enclosing the transmission tower 0.3 miles west (up-river) from Little Gypsy. Access from River Road (LA 628). TLD's are located at SW corner of fence enclosure.	0.8	NNE
C-1	(Eastbank) On fence enclosing the Little Gypsy Cooling Water Intake. Access is from River Road (LA 628) across from Little Gypsy Power Station entrance. TLD's are on the south side (inside) of the Cooling Water Intake fence enclosure, directly opposite the entrance gate.	0.8	NE
D-2	(Eastbank) Located at USGS Witness Post Survey Marker approximately 0.3 miles east of Little Gypsy Power Station. Access from River Road (LA 628) near the west end of the Bonnet Carre Spillway. TLD's are on the back of the Survey Marker Sign (located on levee).	1.1	ENE
E-1	(Westbank) Located on utility pole along River Road (LA 18) approximately 0.3 miles east of Waterford 3 plant entrance. Access from LA 18. TLD's are on the third utility pole east of the construction entrance road.	0.2	E

REMP SAMPLE LOCATION TABLE

LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
F-2	(Westbank) Located on fence enclosure surrounding the LP&L substation on LA 3142. Access from LA 3142 approximately 0.2 miles south of LA 18. TLD's are on the southeast corner of the fence enclosure.	1.1	ESE
G-2	(Westbank) Located on utility pole on East side of LA 3142 near Witco entrance gate (Next to Union Carbide Star Plant Gate 3). Access from LA 3142 approximately 0.2 miles north of railroad overpass.	1.2	SE
H-2	(Westbank) Located on fence enclosure to shell road off of LA 3142. Access from LA 3142 south of railroad overpass on east side of LA 3142. TLD's are on the south side of the gate for shell road. (Just south of Texaco pipeline station).	1.2	SSE
J-2	(Westbank) Located on northeast corner of fence enclosing Texaco valve station south of LA 3127. Access from LA 3127, approximately 0.6 miles west of LA 3127/3142 intersection.	1.3	S
K-1	(Westbank) Located behind "Private Road" sign at Gate 8 entrance off of LA 3127. Access from LA 3127, approximately 1.3 miles west of LA 3127/3142 intersection. (Gate 8 is the access to the Waterford 3 switchyard station.)	1.0	SSW
L-1	(Westbank) Located behind "Private Road" sign at LP&L Gate 9 entrance off of LA 3127, approximately 1.6 miles west of LA 3127/3142 intersection. (Gate 9 is an access road for Waterford 3.)	1.0	SW

REMP SAMPLE LOCATION TABLE

LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
M-1	(Westbank) Located on outh gate into the Waterford 1 and 2 fuel oil storage tank enclosure. Access is either thru LP&L Gate 8, Gate 9 off of LA 3127, the shell access road from LA 18 between Waterford 3, or thru the Waterford 1 and 2 access road.	0.7	WSW
N-1	(Westbank) Located behind the "No Trespassing" sign off on Short Street, in Killona, just south of the entrance to Killona Elementary School.	0.9	W
P-1	(Westbank) Located behind "no Trespassing" sign on Short Street, in Killona, approximately 0.1 miles south of air sample station.	0.8	WNW
Q-1	(Westbank) Located on fence enclosing air sample station approximately 0.5 miles west of Waterford 1 and 2 on River Road (LA 18).	0.8	NW
R-1	(Westbank) Located on fence enclosure for Waterford 1 and 2 Cooling Water Intake Structure. Access is from River Road (LA 18) opposite Waterford 1 and 2. TLD's are on the southwest corner of fence.	0.5	NNW
A-5	(Eastbank) Located on utility pole just east of the Shady Nook Trailer Park on Hwy. 61 in LaPlace. TLD's are on second utility pole east of trailer park on north side of Hwy. 61 (eastern end of LaPlace).	4.5	N

REMP SAMPLE LOCATION TABLE

LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
B-4	(Eastbank) Located on utility pole just east of shell access road to South Central Bell transmission tower on south side of Hwy. 61. Transmission tower is just east of Weigh Station at St. John/St. Charles Parish line. TLD's are on first utility pole east of access road.	3.8	NNE
D-5	(Eastbank) Located on fence gate on shell access road to Big 3 Chemical Plant. Shell access road is approximately 0.1 miles west of Hwy. 61/48 intersection (at black and yellow gate). TLD's are on fence gate 0.1 miles north on shell access road from Hwy. 61.	4.2	ENE
E-5	(Eastbank) Located on the Norco Substation fence enclosure. Access from River Road (LA 48) onto Wesco St. (adjacent to Norco Shell Chemical Plant), take Wesco St. to the dead end. TLD's are located on sixth fence post south of the north substation gate.	4.2	E
F-4	(Westbank) Located on utility pole behind blonde brick house on Aquarius St. in Hahnville. Access from River Road (LA 18) and turn onto Oak St. Follow Oak St. to Hickory St., turn right on Hickory St. and follow to Aquarius St. and turn left. Blond brick house is second house on right (west) side of Aquarius St. heading south.	3.5	ESE
G-4	(Westbank) Located on railroad sign northwest side of LA 3160/railroad track intersection. Access from either LA 3127 or River Road (LA 18) onto LA 3160.	3.2	SE

REMP SAMPLE LOCATION TABLE

LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
H-6	(Westbank) Located on a construction sign on the southwest side of the second canal bridge east of LA 3160 along LA 3127.	5.7	SSE
P-6	(Westbank) Located on utility pole at southwest corner of LA 640/ railroad track intersection. Utility pole is just west of LA 640 and east of radio transmission tower.	5.5	WNW
Q-5	(Westbank) Located on fence post surrounding (green) river marker on levee just east of Edgard. Fence post is located along River Road (LA 18) across from the Webre's house.	5.0	NW
R-6	(Eastbank) Located on fence enclosing LP&L Laydown Yard on LA 3223 in LaPlace. Access from Hwy. 61 onto Elm St. (LA 3223), take Elm St. to the northeast corner of LA 3223/railroad intersection. TLD's are located on the southeast corner of fence enclosure.	5.3	NNW
F-9	(Eastbank) Located on entrance gate to Destrehan Substation. Access from River Road (LA 48), approximate 0.3 miles east of old Luling-Destrehan Ferry ramp, onto Destrehan Road (west of Bunge Corp. Grain Elevator), and proceed to substation gate.	8.2	ESE
G-9	(Westbank) Located on back fence of LP&L District Office in Luling. Access via Ellington St. from either River Road (LA 18); or Second or Third St. from Paul Maillard Rd. (LA 52) to Ellington St.	8.1	SE

REMP SAMPLE LOCATION TABLE

LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
E-15	(Eastbank) Located on Kenner Substation fence enclosure. Access from either River Road (LA 48) or Hwy. 61, turn onto Alliance Ave. TLD's are located on the north side of the fence enclosure, near a light pole.	11.8	E
J-15	(Westbank) Located on fence enclosure surrounding LP&L switchyard at LA 631/Hwy. 90 intersection in Des Allemands. TLD's are on the northwest corner of fence. Access from LA 631 via shell road.	12.0	S
E-30*	(Westbank) Located on fence at LP&L General Office on Delaronde St. in Algiers. TLD's are on the fence, facing the Mississippi River, in the passageway to the transformer shop.	27.0	E
AIRBORNE			
APP-1	(Westbank) Located in soybean field at northwest corner of Short St. in Killona.	0.8	WNW
APQ-1	(Westbank) Located at northwest corner of soybean field on east side of Killona. Access from River Road (LA 18) approximately 0.6 miles east of LA 18/3141 intersection.	0.8	NW
APG-1	(Westbank) Located at the north side of the Secondary Metrology Tower.	0.5	SE
APC-1	(Eastbank) Located inside the Little Gypsy Cooling Water Intake Structure fence enclosure.	0.8	NE
APE-30*	(Westbank) Located on the roof of the LP&L General Office building on Delaronde St. in Algiers.	27.0	E

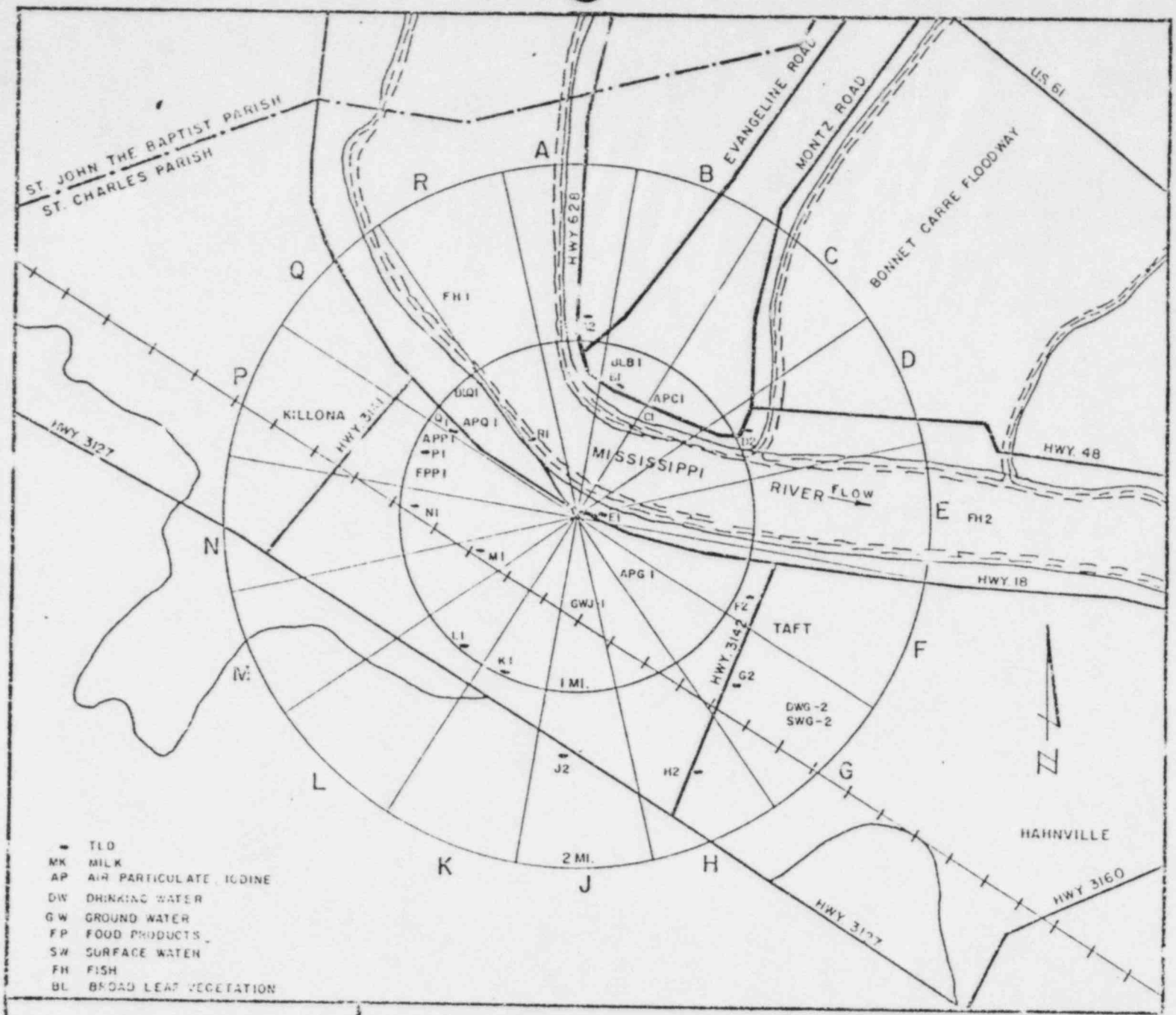
REMP SAMPLE LOCATION TABLE

LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
FOOD PRODUCTS			
FPP-1	(Westbank) Located in soybean field on eastern edge of Killona, between air sample stations APP-1 and APQ-1.	0.8	WNW
BROAD LEAF			
BLQ-1	(Westbank) Located between LA 18 and soybean field on eastern edge Killona, near air sample station APQ-1.	0.8	NW
BLB-1	(Eastbank) Located at wooded area at the southwestern corner of the LP&L Little Gypsy plant along River Road.	0.8	NNE
BLH-10*	(Westbank) Located under overhead transmission lines along LA 633.	9.5	SSE
INGESTION			
MILK			
MKE-4	(Westbank) Located .8 miles west of the Time Saver in Hahnville off of River Road.	4.0	E
MKQ-5	(Westbank) Located at the Webre's house, just across LA 18 from river marker, at the eastern end of Edgard.	5.0	NW
MKQ-50*	(Eastbank) Located at the LSU Dairy in Baton Rouge.	52	NW
FISH			
FH-1*	Upstream of the plant intake structure.		
FH-2	Downstream of the plant intake structure.		

REMP SAMPLE LOCATION TABLE

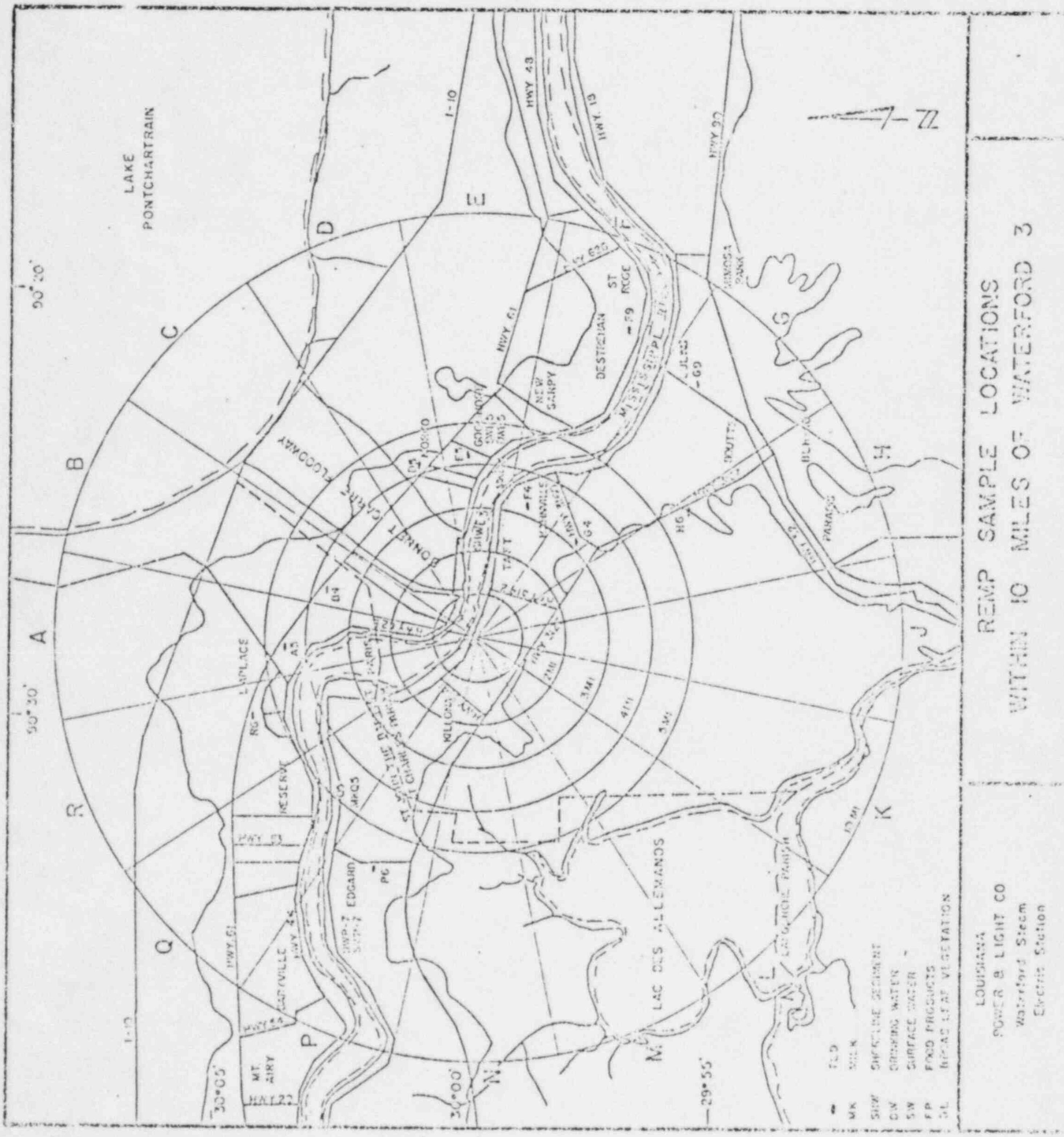
LOCATION NUMBER	LOCATION DESCRIPTION	MILES FROM PLANT	SECTOR DIRECTION
WATERBORNE			
GWJ-1	(Westbank) Located at 40 Arpent Canal south of the plant. Access from LA 3127 through LP&L Gate 8. The canal is northwest of the shell access road/railroad track intersection.	0.3	S
DWG-2 SWG-2	(Westbank) Located at the Union Carbide drinking water canal. Access from LA 3142 through Gate 28.	2.0	ESE
SHWE-3	(Westbank) Located at the Foot Ferry Landing off of LA 18 in Taft.	3.0	E
DWE-5 SWE-5	(Eastbank) Located at the St. Charles Parish Waterworks off of River Road (LA 48) near New Sarpy.	4.5	E
DWP-7* SWP-7	(Westbank) Located at the St. John Parish Waterworks off of LA 18 in Edgard.	6.5	NW

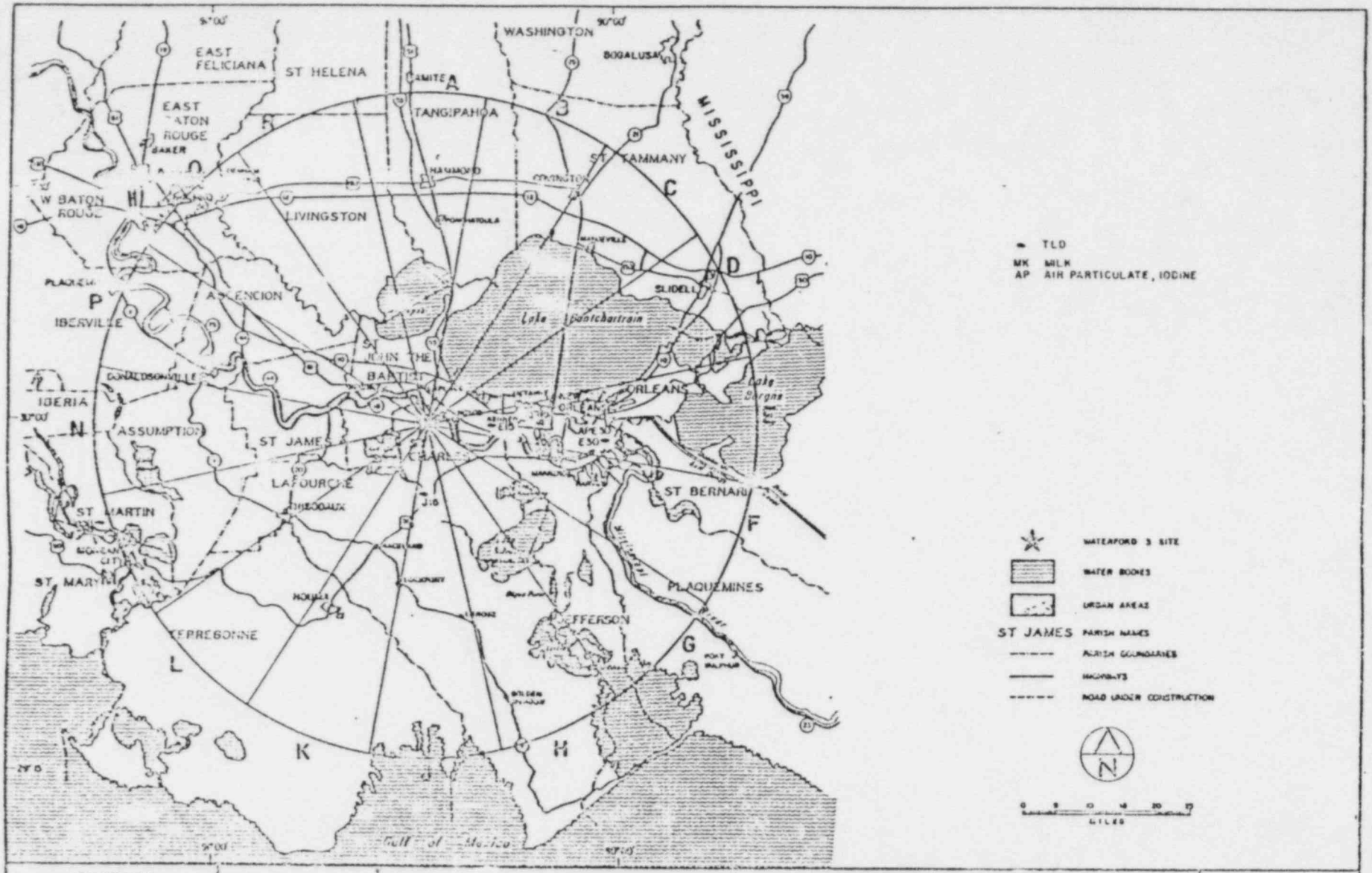
* DENOTES CONTROL LOCATIONS



LOUISIANA
POWER & LIGHT CO.
Waterford Steam
Electric Station
ODCM

REMP SAMPLE LOCATIONS
WITHIN 2 MILES OF WATERFORD 3


REMP SAMPLE LOCATIONS
WITHIN 10 MILES OF WATERFORD 3
LOUISIANA
POWER & LIGHT CO
Waterford Steam
Electric Station
TLD
MK MILK
SHW SHORELINE SEDIMENT
DW DRINKING WATER
SW SURFACE WATER
FP FOOD PRODUCTS
BL BROAD LEAF VEGETATION
LAKE PONTCHARTRAIN
LAPLACE
RESERVE
EDGARD
MT. AIRY
LAC DES ALLEMANDS
DESTREHAN
NEW SARPY
ST ROSE
BONNET CARRE FLOODWAY
I-10
HWY 61
HWY 44
HWY 48
HWY 18
90°30'
90°20'
30°05'
30°00'
29°55'
A
B
C
D
E
F
G
H
J
K
M
N
P
Q
R



LOUISIANA POWER & LIGHT Co.
WATERFORD STEAM ELECTRIC STATION

REMP SAMPLE LOCATIONS
WITHIN 50 MILES OF WATERFORD 3

WATERFORD 3 SES
PLANT OPERATING MANUAL

LOUISIANA POWER & LIGHT
MIDDLE SOUTH UTILITIES SYSTEM

POM VOLUME 18
POM SECTION 2

EP-3-040
REVISION 5

Emergency Plan Implementing Procedure

Emergency Equipment Inventory

PORC Meeting No. 84-98

Reviewed: _____
PORC Chairman

Approved: _____ 10/1/84
Plant Manager-Nuclear Approval Date

_____
Effective Date

REVIEW COVER SHEET

REVIEW OF: EP-3-040 - Emergency Equipment Inventory (Rev. 5)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent	[signature]	✓		9/27/84
	Operations Superintendent	[signature]	✓		9/27/84
	Radiation Protection Superintendent	[signature]	✓		9/27/84
	Plant Quality Manager	[signature]	✓		9-27-84
	Technical Support Superintendent				
	Assistant Plant Manager				
	PORC Chairman	[signature]	✓		9/27/84

PORC Meeting No. 84-96 98 Item No. 29 Date: 9-27-84

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to implementation? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Chg #2 9-27-84

Comments:

Approved by N/A DATE N/A
Plant Manger-Nuclear

REVIEW COVER SHEET

REVIEW OF: EP-3-040 - (Change 3) Emergency Equipment Inventory (Rev. 5)

[redacted] REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent				
	Operations Superintendent				
	Radiation Protection Superintendent	[signature]	✓		4/25/85
	Plant Quality Manager	[signature]	✓		4/25/85
	Technical Support Superintendent	[signature]	✓		4/25/85
	Assistant Plant Manager				
	PORC Chairman	[signature]	✓		4-25-85

PORC Meeting No. 85-83 Item No. 17 Date: 4-25-85

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES -- ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to PM-N approval? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

[redacted] roved by [signature] for PSRC DATE 4/29/85
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST |X| POM |_| PORC-S/C

Procedure No. EP-3-040 Title Emergency Equipment Inventory

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. 3 |X| Permanent |_| Deviation Expiration Date _____

B. Revision No. 5

C. Deletion |_| YES |X| NO

DESCRIPTION OF CHANGE OR REVISION

Changed hospital dosimeters from 0-R to 0-200 mR.

REASON FOR CHANGE, REVISION, OR DELETION

To update hospital inventory

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE 4/12/85

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 4-12-85

TECHNICAL REVIEW [signature] N/A for R&A DATE 4-15-85

GROUP HEAD REVIEW [signature] for R.G. Arnold DATE 4-15-85

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

REVIEW COVER SHEET

REVIEW OF: EP-3-040 - (Change 2) Emergency Equipment Inventory (Rev. 5)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent	T C Page	✓		3-7-85
	Operations Superintendent				
	Radiation Protection Superintendent	R W Kenning	✓		3/7/85
	Plant Quality Manager	J J Gilde	✓		3/7/85
	Technical Support Superintendent	J J			
	Assistant Plant Manager	L D Storz	✓		3/7/85
	PORC Chairman	[illegible]	✓		3/7/85

PORC Meeting No. 85-47 / Item No. 26 Date: 3-7-85

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to PM-N approval? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

Approved by L. F. Storz for PMB DATE 3/11/85
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST |X|POM |_|PORC-S/C

Procedure No. EP-3-040 Title Emergency Equipment Inventory

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. 2 |X|Permanent |_|Deviation Expiration Date _____

B. Revision No. 5

C. Deletion |_|YES |X|NO

DESCRIPTION OF CHANGE OR REVISION

Page 14 and 15 changed location ~~of~~ for HP equipment from J.A. Jones building to the Energy Education Center

REASON FOR CHANGE, REVISION, OR DELETION

To reflect use of new facility

REQUIRED SIGNATURES

ORIGINATOR Joseph W. Cope DATE Feb 1, 1985

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO x
2. Change the procedures as described in the FSAR? YES ____ NO x
3. Conduct tests/experiments not described in the FSAR? YES ____ NO x
4. Require a change to the Technical Specifications? YES ____ NO x

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW Joseph W. Cope DATE Feb. 1, 1985

TECHNICAL REVIEW N/A. per GOL & ROA 2/27/85 DATE _____

GROUP HEAD REVIEW J.J. Jen for R.G. Azzarello DATE 2/27/85

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPPOVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

REVIEW COVER SHEET

REVIEW OF: EP-3-040 - (Change 1) Emergency Equipment Inventory (R v. 5)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent	T C Payne			1/10/85
	Operations Superintendent	Leland W. Myers	✓		1-10-85
	Radiation Protection Superintendent	R W Haag	✓		1/10/85
	Plant Quality Manager	J J Fehlhaber	✓		1/10/85
	Technical Support Superintendent	[illegible]	✓		1/10/85
	Assistant Plant Manager				
	PORC Chairman	[illegible]	✓		1-10-85

PORC Meeting No. 85-07 Item No. 28 Date: 1-10-85

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES -- ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to PM-N approval? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

Approved by [illegible] DATE 1/17/85
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL

CHANGE/REVISION/DELETION REQUEST

Check Block Below

|X| POM |_| PORC-S/C

Procedure No. EP-3-040 Title Emergency Equipment Inventory

Effective Date ________ (if different from approval date)

Complete A, B, and C

A. Change No. 1 |X| Permanent |_| Deviation Expiration Date ________

B. Revision No. 5

C. Deletion |_| YES |X| NO

DESCRIPTION OF CHANGE OR REVISION

Pages 6-19 add reference to Project Files, blocked out columns for Serial Number and Calibration Due Date where it is not required, change designators to quantities on pages 10 and 17 and [illegible] inventory items

REASON FOR CHANGE, REVISION, OR DELETION

To incorporate changes

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE 12/28/84

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ___ NO x
2. Change the procedures as described in the FSAR? YES ___ NO x
3. Conduct tests/experiments not described in the FSAR? YES ___ NO x
4. Require a change to the Technical Specifications? YES ___ NO x

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 12/28/84

TECHNICAL REVIEW N/A [initials] DATE 1/2/85

GROUP HEAD REVIEW R. G. [signature] DATE 1/2/85

TEMPORARY APPROVAL* (SRO) ________ DATE ________

TEMPORARY APPROVAL* ________ DATE ________

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

WATERFORD 3 SES
PLANT OPERATING MANUAL
CHANGE/REVISION/DELETION REQUEST

Procedure No. EP-3040 Title Emergency Equipment Inventory

Effective Date Fuel Load (if different from approval date)

Complete A, B, and C

A. Change No. N/A |_| Permanent |_| Deviation Expiration Date _____

B. Revision No. 5

C. Deletion |_| YES |X| NO

DESCRIPTION OF CHANGE OR REVISION

To correct Attachment 2.3 typo

REASON FOR CHANGE, REVISION, OR DELETION

To correct inventory sheet Attachment 2.3

REQUIRED SIGNATURES

ORIGINATOR Leon L. Cox DATE 9/3/84

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 9/3/84

TECHNICAL REVIEW [signature] DATE 9-12-84

GROUP HEAD REVIEW [signature] DATE 9/12/84

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager - Nuclear approval within 14 days.

TABLE OF CONTENTS

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Title	Revision 5
1-5	Revision 5
6-10	Revision 4
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13-16,18,19	Revision 4
2, 6-17	Change 1
2, 14, 15	Change 2
2, 18	Change 3

Chg #1 12/26/84 Chg #2 2/11/85 Chg 3 4/11/85

1.0 PURPOSE

The purpose of this procedure is to describe the contents of the emergency kits/lockers and provide for the periodic inventory, calibration and maintenance requirements for the indicated emergency supplies and equipment.

2.0 REFERENCES

2.1 Waterford 3 SES Emergency Plan

2.2 HP-1-210, Health Physics Instrument Control

2.3 HP-2-430, Efficiency Determination and Statistical Checks of Single/Dual Channel Gamma Analyzers

2.4 HP-2-602, Respiratory Protection Equipment Quality Control

3.0 RESPONSIBILITIES

3.1 The Emergency Planning Coordinator is responsible for coordinating the periodic inventory of emergency kits and lockers described in this procedure.

3.2 The Health Physics Supervisor and Emergency Planning Coordinator are responsible for ensuring performance of the actual inventory as specified on the Inventory Checklists.

4.0 INITIATING CONDITIONS

Emergency equipment, stored for emergency use, shall be inventoried, inspected, and operationally checked at the following frequencies:

4.1 At least once each calendar quarter

4.2 After each use

4.3 After a plastic lock seal or breakaway lock has been found broken

4.4 Any other time specified by the Emergency Planning Coordinator or Emergency Coordinator

5.0 PROCEDURE

5.1 INVENTORY CHECKLIST

Select an Inventory Checklist from the Attachments section of this procedure. Inventory the emergency equipment as described in section 5.2.

5.2 INVENTORY

5.2.1 Check to see that breakaway seals are intact.

5.2.2 Compare contents of kit to number required on the Inventory Checklist.

5.2.3 Complete data columns on the Inventory Checklist:

5.2.3.1 Actual Quantity

5.2.3.2 Serial Number (if applicable)

5.2.3.3 Calibration Due Date (if applicable)

5.2.3.4 Operational Check (satisfactory or unsatisfactory, as applicable)

NOTE

Operational checks and maintenance will be performed in accordance with normal Health Physics procedures HP-1-210 and HP-2-430 and the technical manual for the instrument being checked.

5.2.4 Compare calibration due dates to the dates of the next scheduled inspections. If a calibration due date occurs prior to the next scheduled inspection date, replace instrument with one whose calibration expires after the next scheduled inspection date.

NOTE

Instruments shall not be removed from the kits for calibration without a replacement unless the instrument will be calibrated and returned to the kit on the same day.

5.2.5 Replace batteries kept in the kit with new batteries.

5.2.6 Check protective clothing (inspect for tears, rips or worn spots). Replace as necessary.

5.2.7 Check all respirators in accordance with HP-2-602 (if applicable). Replace as necessary.

5.2.8 Repack emergency kit/locker and seal.

5.2.9 Record all deficiencies and actions taken to resolve the deficiencies under the "Comments" section.

5.2.10 Sign and date the Inventory Checklist.

5.2.11 Repeat steps in section 5.0 until all attachments are completed.

6.0 FINAL CONDITIONS

6.1 All Inventory Checklists have been completed.

6.2 All deficiencies have been resolved.

6.3 All attachments have been forwarded to the Emergency Planning Coordinator.

7.0 ATTACHMENTS

7.1 Inventory Checklist - OSC Emergency Locker

7.2 Inventory Checklist - Field Monitoring Kits (A,B,C, Onsite Monitoring Kit)

7.3 Inventory Checklist - Personnel Decon Kit (1,2,3)

7.4 Inventory Checklist - TSC HP Emergency Locker

7.5 Inventory Checklist - EOF HP Emergency Locker

7.6 Inventory Checklist - HP Ambulance Kit

7.7 Inventory Checklist - Assembly Area Supervisor Kit

7.8 Inventory Checklist - HP Hospital Locker (West Jefferson, Ochsner)

INVENTORY CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: OSC Emergency Locker
LOCATION: Service Building 2nd Floor - HVAC Room

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
RO2	1					
RO2A	1					
Teletector	1					
Teletector	1					
PIC-6A	1					
PIC-6A	1					
Ludlum 177 w/Pancake Probe	1					
Air Sampler (H. Vol.)	1					
Dosimeter Charger	1					
Ludlum 12 w/Pancake Probe	1					
TLD's	20					
Dosimeter 0-200 MR	20					
Dosimeter 0-1 R	20					
CS-137 Button Check Source	1					
Portable Radio	5					
Portable Radio Charger	5					
SCBA	10					
SCBA Spare Air Cylinders	10					
Air Purifying Resp. w/Cannisters	30					
PC Coveralls (sets)	40					
PC Cloth Hoods (sets)	40					

Chg #1 12/24/84 BLC

Chg #1 12/24/84 BLC

Chg #1 12/24/84 BLC

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files - Original

INVENTORY CHECKLIST

INVENTORY RESPONSIBILITY: HP Supervisor

DESCRIPTION: OSC Emergency Locker

LOCATION: Service Building 2nd Floor - HVAC Room

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
PC Plastic Booties (sets)	40					
PC Rubber Overshoes (sets)	40					
Potassium Iodide (KI) (box)	1					
Barricade Ribbon (roll)	6					
Radiation Signs w/Inserts	25					
Large Yellow Plastic Bags	50					
Small Yellow Plastic Bags	50					
Tape 2" (roll)	8					
Stopwatch	1					
Plastic Suits	20					
Air Sampling Filters (box)	1					
Air Sampling Envelopes	50					
Silver Zeolite Cartridges	10					
Smears (box)	1					
"D" Cell Battery	30					
"C" Cell Battery	8					
"AA" Cell Battery	4					
9V Battery	12					
Clipboard	6					
Survey Forms	10					
Stepoff Pads	5					

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files
~~Central Records~~ - Original
EP-3-040 Revision 4

Attachment 7.1 (2 of 3)

CL-1 12/2/87 Rec

INV[illegible]RECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: OSC Emergency Locker

LOCATION: Service Building 2nd Floor-HVAC Room

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
PC Rubber Gloves (pcs)	40					
PC Cotton Glove Inserts (pcs)	40					
Sample Bags	50					
Flash Light	9					

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files
~~Central Records~~-Original

Chg #1 12/26/89 BWC

INVEN[illegible] CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: Field Monitoring Kits A B C and Onsite Monitoring Kit

LOCATION: Service Building 2nd Floor - HVAC Room

(Circle One)

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
RO2A	1					
Air Sampler (battery)	1					
CS-137 Button Check Source	1					
Ba-133 Cartridge Check Source	1					
Ludlum 2218 w/NaI Detector *	1					
Detector Cable *	1					
Sample Holder *	1					
Potassium Iodide (KI) (Bottles)	2					
EP-2-060 Rev.	1					
EP-2-061 Rev.	1					
Survey Location Maps	1					
Writing Tablets	2					
Clipboards	2					
Pens	6					
Mark-a-lot	1					
Flashlights	2					
Air Sample Filters - 2" (box)	1					
Air Sample Envelopes	30					
Silver Zeolite Cartridges	10					
Sample Bags (Whirl Paks)	30					
Tape - 2" roll	1					

#1 Chg 12/24/84 BLC

#1 Chg 12/24/84 BLC

#1 Chg 12/24/84 BLC

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

* Located in OSC Emergency Locker.

cc: Project Files - Original

INVEN[redacted]CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: Field Monitoring Kits A B C and Onsite Monitoring Kit

LOCATION: Service Building 2nd Floor - HVAC Room

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
"D" Cell Batteries	12					
Stopwatch	1					
Screwdriver	1					
9 Volt Battery	3					
Shovel	1					
Smears	50					
1 Liter Container	1					
Scissors	1					
Roll of ~~Dimes~~ Quarters	1					
Paper Coveralls (set)	3					
Cotton Insert Gloves (sets)	3					
Rubber Gloves (sets)	3					
Log Sheets	10					
Ludlum 177 or 12 w/Pancake Probe	1					
Shoe Covers (sets)	2					
Full Face Respirators	2					
Comb, Part, and Charc. Cartridges	2					
Sample Bags (12" x 24")	10					

Chg #1 12/12/04 Rec

Chg #1 12/12/04 Rec

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files - Original

Chg #1 12/12/04 Rec

INV[redacted]HECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: Personnel Decon Kit 1 2 3 (Circle One)

LOCATION: EOF/OSC

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Ludlum 12 or 177 w/Pancake Probe	1					
Ludlum 12 or 177 w/Pancake Probe	1					
CS-137 Button Check Source	1			X		
EP-2-032 Rev.	1		X	X		
EP-2-060 Rev.	1		X	X		
Plastic Bags (assorted)	12		X	X		
Cloth Towels	10		X	X		
Soft Brush	2		X	X		
Shaving Cream (can)	2		X	X		
Razors	5		X	X		
Hard Soap (bars)	2		X	X		
Disposable Gloves (box)	1		X	X		
Paper Towels (pkg.)	1		X	X		
Flashlight	1		X	X		
"D" Cell Battery	6		X	X		
1 Liter Container	1		X	X		
Sterile Bandages (box)	2		X	X		
Masslin Cloth	10		X	X		
Smears	Box		X	X		
Tweezers	1		X	X		
Scissors	1		X	X		

Chg #1 Rev. 12/24/84

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

Chg #1 12/24/84 PLC

cc: Project Files - Original

IN[redacted] CHECKLIST

INVENTORY RESPONSIBILITY: HP Supervisor

DESCRIPTION: Personnel Decon Kit 1 2 3 (Circle One)

LOCATION: EOF/OSC

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Q-Tips (box)	1					
Facial Tissue (pack)	1					

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files - Original

#1 Okay 12/24/84 RWC

12/24/84 RWC #1

INVE . CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: TSC HP Emergency Locker

LOCATION: 446 RAB, TSC-ECC

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Ludlum 177 or Ludlum 12 w/Probe	1					
PIC-6A	1					
PIC-6A	1					
Air Sampler (Hi Vol.)	1					
Dosimeter 0-1 R	10					
Dosimeter 0-200 MR	40					
Dosimeter Charger	1					
TLD's	15					
Stopwatch	1					
Tape 2" (roll)	5					
Clipboard	6					
Silver Zeolite Cartridges	10					
Air Sampler Envelopes	50					
Air Filter Paper 47mm (box)	1					
Potassium Iodide (KI) (box)	1					
SCBA's	18					
SCBA Spare Air Cylinders	18					
Flashlights	10					
6V Lanterns	10					
6V Batteries (box)	1					
"D" Cell Batteries	24					

Okay #1 12/24/84 Blue

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

Okay #1 12/26/84 Blue

cc: Project Files - Original

INVE[illegible]CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: EOF HP Emergency Locker

LOCATION: ~~J.A. Jones Building, LNED Office Closet~~ Energy Education Center, Emergency Storage Area

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Ludlum 177 or Ludlum 12 w/Probe *	2					
PIC-6A	1					
CS-137 Button Check Source	1					
Dosimeter 0-200 MR	40					
TLD's	40					
PC Coveralls (sets)	20					
PC Cloth Hood (sets)	20					
PC Rubber Gloves (sets)	20					
PC Cotton Glove Inserts (sets)	20					
PC Plastic Booties (sets)	20					
PC Rubber Overshoes (sets)	20					
Full Face Respirators	25					
Comb. Part. and Char. Cartridges	25					
Flashlight	3					
"D" Cell Battery	10					
Stopwatch	1					
Clipboard	6					
Tape "2" (roll)	6					
Potassium Iodide (box)	1					
6V Lanterns	12					
6V Batteries (box)	1					

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

* Located at EOF Entrance and Dose Projection Area

cc: Project Files - Original

Chg #2 2/1/85 BLC

Chg #1 12/12/84 BLC

Chg #1 12/12/84 BLC

[illegible]Y CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: EOF HP Emergency Locker

LOCATION: ~~J.A. Jones Building, INED Office Closet~~ Energy Education Center, Emergency Storage Area

Copy 2/1/95 ltr

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Air Sampler (Hi-Vol)	1					
Silver Zeolite Cartridges	10					
Air Sampling Filters (box)	1					
Large Yellow Plastic Bags	50					
Small Yellow Plastic Bags	50					
Air Sampling Envelopes	50					
Sample Bags	50					
Dosimeter Charger	1					
Pens (Box)	1					

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project File - Original

Orig #1 12/14/94 Rec'd

INVENTORY CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Ambulance Kit

LOCATION: Service Building 2nd Floor - HVAC Room, -4 Control Point (Circle One)

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Ludlum 12 w/Pancake Probe	1					
Rubber Gloves	6					
Cotton Glove Inserts	6					
Tape (roll)	1					
Absorbent Paper (pkg)	1					
Pens	2					
Survey Forms - Skin Contamination	10					
Clipboard	1					
Smears	100					
TLD's	10					
Plastic Booties	6					
Pre-Cut Herculite	1					
"D" Cell Batery	8					
Barricade Tape (Roll)	1					
Paper Coveralls (sets)	3					
Yellow Bags (Small)	6					
Yellow Bags (LARGE)	4					
Control TLD	1					
Hoods	3					

Chg #1 12/26/84 Bwc

Chg #1 12/26/84 Bwc

Chg #1 12/26/84 Bwc

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files
~~Central Records~~ - Original

INVE[illegible]CKLIST

INVENTORY RESPONSIBILITY Emergency Planning Coordinator

DESCRIPTION: Assembly Area Supervisor

LOCATION: OSC Supervisor's Locker

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Bull Horn	1					
Air Horn	1					
Flashlight	1					
Roll of ~~Dimes~~ Quarters	1					
Portable Radio w/Charger	1					

Qty #1 12/26/24 Rice

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

Emergency Planning Coordinator

cc: Project Files ~~Control Records~~ - Original

Qty #1 12/26/24 Rice

INVENTORY CHECKLIST

INVENTORY RESPONSIBILITY: HP Supervisor

DESCRIPTION: HP Hospital Locker

LOCATION: West Jefferson, Ochsner (Circle One)

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Beta/Gamma Meter E-520	1					
Ludlum 12 or 177 w/Pancake Probe	1					
Ludlum 12 or 177 w/Pancake Probe	1					
Dosimeter ~~0-1 R~~ 0-200 mR	15					
CS-137 Button Check Source	1					
Tape "2" (roll)	4					
Absorbent Paper (or Herculite)	1					
Radiation Rope/Ribbon (feet)	100					
Radiation Signs w/Inserts	24					
15 Gallon Poly Bottles	4					
Plastic Liners (Dozen)	5					
Stepoff Pads	6					
Scissors	2					
Radioactive Material Sticker (roll)	2					
Yellow & Magenta Tape (roll)	1					
Stanchions	6					
Clipboard w/Dosimeter ID Numbers	1					
Black Ball Point Pens	12					
Felt Tip Marking Pens	6					
Notebooks	6					
Writing Tablets	12					

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files - Original

I[illegible] CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker

LOCATION: West Jefferson, Ochsner (Circle One)

ITEM DESCRIPTION	NUMBER REQUIRED	ACTUAL QUANTITY	SERIAL NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Pencils	24					
Grease Pencils	6					
Smears	Box					
Envelopes	10					
Decontamination Table Top	1					
Hose - 25 ft.	1					
Hand Shower Connection	1					
Outlet Connection	1					
Potassium Iodide (bottle)	1					
Cassette Tape Recorder	1					
Blank Cassette	1					
Batteries (D/AA)	8/4					
Decon Soap	1					
Dosimeter Charger	1					
TLDs	15					

INVENTORY CONDUCTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____
Health Physics Supervisor

REVIEWED BY: _____ DATE: _____
Emergency Planning Coordinator

cc: Project Files Original

Orig #1 12/26/07 HLC

WATERFORD 3 SES
PLANT OPERATING MANUAL

LOUISIANA POWER & LIGHT
MIDDLE SOUTH UTILITIES SYSTEM

POM VOLUME 18
POM SECTION 2

EP-3-070
REVISION 4

Emergency Plan Implementing Procedure

Emergency Communications Systems Routine Testing

PORC Meeting No. 84-127

Reviewed: _____
PORC Chairman

Approved: _____ 12/19/84
Plant Manager-Nuclear — Approval Date

_____
Effective Date

REVIEW COVER SHEET

REVIEW OF: EP-3-070 - Emergency Communications Systems Routine Testing (Rev. 4)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent		✓		11-20-84
	Operations Superintendent		✓		11/20/84
	Radiation Protection Superintendent		✓		11/20/84
	Plant Quality Manager		✓		11/20/84
	Technical Support Superintendent				
	Assistant Plant Manager				
	PORC Chairman		✓		11/21/84

PORC Meeting No. 84-127 Item No. 7 Date: 11-20-84

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to implementation? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

Approved by N/A DATE N/A
Plant Manger-Nuclear

REVIEW COVER SHEET

REVIEW OF: EP-3-070 - (Change 2) Emergency Communication Systems Routine Testing (Rev. 4)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent				
	Operations Superintendent				
	Radiation Protection Superintendent	D.W. Stevens	✓		4-25-85
	Plant Quality Manager	J.E. Wanda	✓		4-25-85
	Technical Support Superintendent	R. Brian Keiser	✓		4/24/85
	Assistant Plant Manager				
	PORC Chairman	M.R. Blevins	✓		4-25-85

PORC Meeting No. 85-82 Item No. 14 Date: 4-25-85

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES -- ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to PM-N approval? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

Approved by [signature] for PMN DATE 4/30/85
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST |X|POM |_|PORC-S/C

Procedure No. EP-3-070 Title Emerg. Comm. Systems Routine Testing

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. 2 |X|Permanent |_|Deviation Expiration Date _____

B. Revision No. 4

C. Deletion |_|YES |X|NO

DESCRIPTION OF CHANGE OR REVISION

Changed procedure to reflect the operations of a new type of answering machines

REASON FOR CHANGE, REVISION, OR DELETION

Installation of new emergency planning answering machines.

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE 4/1/85

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 4/1/85

TECHNICAL REVIEW [signature] N/A SRC to REA DATE 4-12-85

GROUP HEAD REVIEW [signature] for R.G. Francis DATE 4-12-85

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

REVIEW COVER SHEET

REVIEW OF: EP-3-070 - (Change 1) Emergency Communication System Routine Testing (Rev. 4)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL YES	RECOMMENDED FOR APPROVAL NO	DATE
	Maintenance Superintendent				
	Operations Superintendent	[signature]	✓		1-8-85
	Radiation Protection Superintendent	[signature]	✓		1/8/85
	Plant Quality Manager	[signature]	✓		1-8-85
	Technical Support Superintendent	[signature]	✓		1/8/85
	Assistant Plant Manager				
	PORC Chairman	[signature]	✓		1-8-85

PORC Meeting No. 8505 Item No. 8 Date: 1-8-85

This item is recommended for approval? ☒ YES ☐ NO

This item requires SRC/NRC review prior to implementation? ☐ YES ☒ NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to PM-N approval? ☐ YES ☒ NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments:

Approved by [signature] DATE 1/9/85
Plant Manger-Nuclear

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST |X|POM |_|PORC-S/C

Procedure No. EP-3-070 Title Emerg. Comm. System Routine Testing

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. 1 |X|Permanent |_|Deviation Expiration Date _____

B. Revision No. 4

C. Deletion |_|YES |X|NO

DESCRIPTION OF CHANGE OR REVISION

Corrected numbering of Attachment 2.4 Steps 2.4, 2.4.1 and 2.4.2 to read 2.2, 2.2.1 and 2.2.2

REASON FOR CHANGE, REVISION, OR DELETION

Correct numbering of Attachment 2.4.

REQUIRED SIGNATURES

ORIGINATOR [signature] DATE 12/26/84

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [signature] DATE 12/26/84

TECHNICAL REVIEW [signature] DATE 1/2/85

GROUP HEAD REVIEW [signature] DATE 1/2/85

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

WATERFORD 3 SES

PLANT OPERATING MANUAL Check Block Below

CHANGE/REVISION/DELETION REQUEST [X] POM [ ] PORC-S/C

Procedure No. EP-3-070 Title EMERGENCY COMMUNICATIONS SYSTEMS ROUTINE TESTING

Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. NA [ ] Permanent [ ] Deviation Expiration Date _____

B. Revision No. 4

C. Deletion [ ] YES [X] NO

DESCRIPTION OF CHANGE OR REVISION

(1) DELETED ALL PHONE NUMBERS AND REFERENCED EMERGENCY MANAGEMENT RESOURCES BOOK

(2) CORRECTED INACCURACIES AS TO LOCATIONS OF EQUIPMENT & SPECIFIC TESTING OPERATIONS

(3) DELETED SECTIONS OF ATTACHMENT 7.4 THAT AREN'T REQUIRED FOR TEST OF PAGERS

(4) DELETED ATTACHMENT 7.5

REASON FOR CHANGE, REVISION, OR DELETION

ANNUAL UPDATE OF EMERGENCY PROCEDURES

REQUIRED SIGNATURES

ORIGINATOR S. Zukowski DATE 10/5/84

SAFETY REVIEW

Does this change, revision, or deletion:

1. Change the facility as described in the FSAR? YES ____ NO X
2. Change the procedures as described in the FSAR? YES ____ NO X
3. Conduct tests/experiments not described in the FSAR? YES ____ NO X
4. Require a change to the Technical Specifications? YES ____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW S. Zukowski DATE 10/5/84

TECHNICAL REVIEW [signature] DATE 11-5-84

GROUP HEAD REVIEW [signature] DATE 11-6-84

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

TABLE OF CONTENTS

LIST OF EFFECTIVE PAGES

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1-13, 15-17, 23-25	Revision 4
14, 18-22	Revision 2
2,21	Change 1
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1 chg #1 12/28/84 BLL chg #2 4/1/85 BLL

1.0 PURPOSE

This procedure provides guidance for conducting periodic tests on emergency communications systems to ensure their availability during exercises, drills and emergencies.

2.0 REFERENCES

2.1 Waterford 3 SES Emergency Plan

2.2 NUREG-0654/FEMA-REP-1

2.3 EP-2-010, Notifications and Communications

2.4 EP-3-020, Emergency Preparedness Drills and Exercises

2.5 10 CFR 50 Appendix E

2.6 NSP-453, Emergency Planning Action Item Tracking System

2.7 Emergency Management Resources Book

3.0 RESPONSIBILITIES

3.1 The Emergency Planning Coordinator (EPC) is responsible for scheduling, coordinating and documenting emergency communications system testing.

3.2 Any individual who discovers a problem or malfunction in an emergency communication system is responsible for immediately reporting it to the Shift Supervisor (SS) and the EPC, or Emergency Coordinator if during a drill or emergency.

3.3 The qualified individual assigned to perform a communications system test shall:

3.3.1 Notify the on-shift SS of the test that is to be performed and obtain his concurrence prior to commencing the test.

3.3.2 Ensure that during the performance of the test all parties involved clearly understand that Waterford 3 is only performing a test of the communication system.

4.0 INITIATING CONDITIONS

4.1 The LP&L Emergency Response Pager System shall be tested weekly in accordance with this procedure. The on-shift SS shall assign personnel to perform this test.

4.2 The following LP&L emergency communications systems shall be tested monthly in accordance with this procedure. The EPC shall assign personnel to perform these tests:

Operational Hotline
NRC Emergency Notification System (ENS)
NRC Health Physics Network (HPN)
EOF Command Line Intercom
Health Physics Line Intercom
LP&L Emergency Dial System
State Civil Defense Radio Network
Industrial Hotline

4.3 The Radiological Field Monitoring Radio System, used by off-site radiological monitoring teams, shall be tested quarterly in accordance with this procedure. The Health Physics Superintendent shall assign personnel to perform this test.

4.4 The Industrial Hotline, Control Room locations only, shall be tested weekly in conjuction with the St. Charles Industrial Hotline roll call. The SS shall assign personnel to perform this test.

4.5 The State Civil Defense Radio Network, Control Room locations only, shall be tested weekly in conjuction with the State of Louisiana roll call test. The SS shall assign personnel to perform this test.

4.6 The OSC Maintenance Radio Network, used by on-site emergency teams, shall be tested quarterly in accordance with this procedure. The Maintenance Superintendent shall assign personnel to perform this test.

NOTE

All phone numbers needed for performance of this procedure can be found in the Emergency Management Resources Book.

5.0 PROCEDURE

5.1 EMERGENCY PAGER SYSTEM

5.1.1 The Emergency Pager System shall be tested once a week. This test will normally be performed on Tuesday between the hours of 7pm and 9pm.

5.1.2 Press MODE and then press STOP on the answering machines and remove the prerecorded "Situation Normal" cassette tapes (see Attachment 7.4, Operation of the Answering Machines).

5.1.3 Place the prerecorded "Communication Test Tape" in each answering machine in accordance with Attachment 7.4, steps 2.1.1 through 2.1.3.

5.1.4 Perform steps 2.2.1 and 2.2.2 of Attachment 7.4 to activate the answering machine.

5.1.5 Activate the Emergency Pager System in accordance with EP-2-010, Attachment 7.2.

5.1.6 Wait approximately 20-30 minutes and verify response in accordance with Attachment 7.4, steps 3.1 through 3.5. The information shall be recorded on Attachment 7.1 and shall be forwarded to the Emergency Planning Coordinator at the conclusion of the test.

5.1.7 On completion of the Emergency Pager System test, remove the prerecorded "Communications Test Tape" from the answering machines.

5.1.8 Place the prerecorded "Situation Normal" cassette tape into the answering machines.

5.1.9 Press REWIND ERASE. Press REWIND. This will erase all messages received from the Incoming Cassette.

5.1.10 When the incoming tape has rewound and automatically stopped, press ANSWER and MODE (the LED will flash as the answering machine resets itself). The answering machine is ready to receive incoming calls when the LED ceases flashing and remains on.

NOTE

1. A flashing green READY light indicates that un-reviewed messages exist on the MESSAGE cassette.
2. If the switch line up is in question refer to Attachment 7.4 to verify the switch lineup.
3. The answering machine volume is normally set at the minimum position. The volume control is located at the base of the unit on the right hand front corner next to the unit power switch.

Chg #2 4/1/85 BWA

5.1.2 Perform the following steps for each of the available answering machines.

A. Lift the panel door and place the "ANS.ONLY" switch (to the left of the ANNOUNCE tape) in the OFF position.

B. Lift out and remove the prerecorded "Situation Normal" cassette tape from the ANNOUNCE tape drive.

C. Place the prerecorded "Communication Test Tape" in the ANNOUNCE tape drive, by holding the exposed tape portion of the cassette tape toward the front of the unit, insert the rear portion of the microcassette so it presses against and below the top curved edge of the cassette retaining clip. Ensure that full tape spool is to right side of the cassette.

D. Set the VOLUME to the mid position and verify that the correct tape has been installed by pressing CHECK (under the panel door to the right of the MESSAGE cassette). After reviewing the announcement return the VOLUME control to minimum.

5.1.3 Activate the Emergency Pager System by dialing the pager activation phone number(s) listed in the Emergency Management Resources Book, under the Emergency Pager Assignment tab.

5.1.4 Obtain a blank copy of Attachment 7.1, Emergency Pager Test Sheet to document the weekly test.

5.1.5 After approximately 25 minutes set the volume control to the mid position and press PLAY. Record the name of the personnel who have responded to the emergency pager test.

5.1.6 Send the completed Attachment 7.1 to the Emergency Planning Coordinator.

5.1.7 Return the answering machines to a normal non-emergency configuration by:

A. Lift the panel door and place the "ANS.ONLY" switch (to the left of the ANNOUNCE tape) in the ON position.

B. Lift out and remove the prerecorded "Communications Test Tape" cassette from the ANNOUNCE tape drive.

C. Place the prerecorded "Situation Normal" cassette tape in the ANNOUNCE tape drive. See 5.1.2c if you have difficulty.

NOTE

If you desire to review the message again press PLAY. You may also move ahead by pressing F.FWD (Fast Forward) or back by pressing REW (Rewind).

D. Erase the MESSAGE cassette by pressing and holding the MEMO button and then momentarily pressing the REW (Rewind) button. Once the tape begins moving release the MEMO and the REW button.

E. Set the VOLUME to the midposition and verify that the correct tape has been installed by pressing CHECK (under the panel door to the right of the MESSAGE cassette). After reviewing the announcement return the VOLUME control to minimum.

5.2 INDUSTRIAL HOTLINE

5.2.1 St. Charles-Initiated Test

5.2.1.1 On Thursday morning, St. Charles Parish commences a system verification roll call for all St. Charles Parish Industrial Hotline members.

5.2.1.2 When the Parish contacts the Waterford 3 SES Control Room, the following shall occur:

5.2.1.2.1 Answer the call: "Waterford 3, Control Room, (your name) speaking", then follow Parish's instructions.

5.2.1.2.2 State the quality of the communications link. Identify background noise, static, or other problems with the Industrial Hotline.

5.2.1.2.3 Log the results of the test on Attachment 7.6.

5.2.2 W3 SES-Initiated Test

5.2.2.1 The Industrial Hotline shall be tested each month from the following locations:

TSC-ECC Comm. #1

TSC-ECC Comm. #2

EOF Comm. #1

5.2.2.1.1 Inform the SS that you are going to conduct a test of the Industrial Hotline.

5.2.2.1.2 Call the St. Charles Parish Emergency Preparedness Director and inform him of the test.

5.2.2.1.3 To initiate the test, pick up the receiver and press the Industrial Hotline button. The system will automatically ring at the St. Charles Parish.

5.2.2.1.4 When the Parish answers, identify yourself as Waterford 3 SES and state that you are conducting a test of the Industrial Hotline.

5.2.2.1.5 Direct St. Charles Parish to hang up and call back on the Industrial Hotline to verify both receiving and transmitting capabilities of the Industrial Hotline.

5.2.2.1.6 Log the results of the test on Attachment 7.2.

5.2.2.2 Repeat steps 5.2.2.1.3 through 5.2.2.1.6 for each extension of the Industrial Hotline (excluding the Control Room). Inform St. Charles Parish and the SS when the test is complete.

5.3 OPERATIONAL HOTLINE

5.3.1 The Operational Hotline shall be tested at the following locations each month:

TSC-ECC (2)
Control Room (2)
EOF
Backup EOF

NOTE
This test should be performed in conjunction with the communications drill required in Section 5.1.2.1 of Reference 2.4.

5.3.2 Inform the SS that you are going to conduct a test of the Operational Hotline.

5.3.3 To initiate the test, pick up the receiver, press the Operational Hotline button and press the signal key. The system will automatically ring at St. Charles Parish (EOC and Sheriff's Office), St. John the Baptist Parish (EOC and Sheriff's Office), LOEP, LNED.

5.3.4 As each station answers, identify yourself as Waterford 3 SES and tell them to stand by. When all stations have answered, state that Waterford 3 SES is conducting a test of the Operational Hotline.

5.3.5 Log the results of the test on Attachment 7.2.

5.3.6 Repeat steps 5.3.2 through 5.3.4 for each extension of the Operational Hotline. When all stations have been tested, inform all agencies and SS that the test is complete.

5.4 NRC EMERGENCY NOTIFICATION SYSTEM (ENS)

5.4.1 The ENS shall be tested from the following locations each month:

TSC-ECC

TSC-NRC Office

EOF

Control Room

5.4.2 Inform the SS and NRC Resident Inspector that you are going to conduct a test of the ENS.

5.4.3 To initiate the test, pick up the receiver. The system will automatically ring the NRC Operations Center in Bethesda, MD.

5.4.4 When the NRC answers, state: This is the Waterford 3 SES in Region IV (your name) speaking. I am performing a test of the ENS.

5.4.5 Request that the NRC Operations Center Duty Officer hang up and call back to verify incoming operation.

5.4.6 Log the results of the test on Attachment 7.2. If any extension of the ENS is found inoperable, immediately inform the SS that the extension is inoperable and must be reported to the NRC Operations Center within 1 hour.

5.4.7 Repeat steps 5.4.2 through 5.4.5 for each extension of the ENS. When all extensions have been tested, inform the NRC,SS and Resident Inspector that the test is complete.

5.5 NRC HEALTH PHYSICS NETWORK (HPN)

5.5.1 The HPN shall be tested from the following locations each month:

TSC-ECC

TSC-NRC Office

-4 RAB

EOF

5.5.2 Inform the SS and NRC Resident Inspector that you are going to conduct a test of the HPN.

5.5.3 To initiate the test, pick up the receiver and dial the NRC Region IV Office.

> NOTE
> You will not hear any dial tone.

5.5.4 When the NRC answers, state: This is the Waterford 3 SES, (your name) speaking. I am performing a test of the HPN.

5.5.5 Request that the NRC Region IV attendant hang up and call back to verify incoming operation.

5.5.6 Log the results of the test on Attachment 7.2.

5.5.7 Repeat steps 5.5.2 through 5.5.5 for each extension of the HPN. When all stations have been tested, inform the SS, NRC Resident Inspector and the NRC Region IV attendant that the test is complete.

5.6 EOF COMMAND LINE INTERCOM

5.6.1 The EOF Command Line shall be tested from the following locations each month:

TSC-ECC (3)
Control Room (2)
EOF (2)
Backup EOF

5.6.2 To initiate the test, pick up the receiver (press the EOF Command Line button if using a keyset) and dial the 1 digit code of the station to be tested.

5.6.3 Request the called party to hang up and call back to verify incoming operation.

5.6.4 Log the results of the test on Attachment 7.2.

5.6.5 Repeat steps 5.6.2 through 5.6.4 for each station listed in step 5.6.1.

5.7 HEALTH PHYSICS (HP) LINE INTERCOM

5.7.1 The HP Line shall be tested from the following locations each month:

TSC-ECC
TSC-Dose Assessment
RAB -4
RAB +7
EOF (2)
Backup EOF
OSC
Backup OSC

5.7.2 To initiate the test, pick up the receiver (press the HP Line button if using a keyset) and dial the 1 digit code of the station to be tested.

5.7.3 Request the called party to hang up and call back to verify incoming operation.

5.7.4 Log the results of the test on Attachment 7.2.

5.7.5 Repeat steps 5.7.2 through 5.7.4 for each station listed in step 5.7.1.

5.8 LP&L EMERGENCY DIAL SYSTEM

5.8.1 The Emergency Dial System shall be tested from the following locations each month:

TSC-ECC (3)
Control Room (2)

5.8.2 To initiate the test, pick up the receiver, press the LP&L Emergency Dial button and dial the code for Waterford 1 & 2.

5.8.3 When Waterford 1 & 2 answers, state: This is Waterford 3, (your name) speaking, and I am conducting a test of the LP&L Emergency Dial System.

5.8.4 Request Waterford 1 & 2 to hang up and call back to verify incoming operation.

5.8.5 Log the results of the test on Attachment 7.2.

5.8.6 Repeat steps 5.8.2 through 5.8.4 for each extension of the LP&L Emergency Dial System.

5.9 STATE CIVIL DEFENSE RADIO NETWORK

5.9.1 LOEP-Initiated Test

5.9.1.1 The State Civil Defense Radio Network is tested weekly in conjunction with the State of Louisiana.

5.9.1.2 On Monday, Wednesday and Friday mornings, the State of Louisiana conducts a roll call test of the State Civil Defense frequency.

5.9.1.3 When the state calls Waterford 3 The Control Room shall respond with the requested information.

5.9.1.4 Log the results of the tests on Attachment 7.3.

5.9.1.5 At the end of each test forward the completed Attachment 7.3 to the EPC.

5.9.2 W3 SES-Initiated Test

5.9.2.1 The State Civil Defense Radio Network shall be tested each month from the following locations:

TSC-ECC

EOF

Backup EOF

5.9.2.2 Inform the SS that you are going to conduct a test of the State Civil Defense Radio Network.

5.9.2.3 To initiate the test, contact the following agencies:

LOEP

5.9.2.4 When LOEP answers, identify yourself as Waterford 3 SES and state you are conducting a test of the State Civil Defense Radio Network.

5.9.2.5 Log the results of the test on Attachment 7.2.

5.9.2.6 Repeat steps 5.9.2.3 through 5.9.2.5 for each location of the State Civil Defense Radio Network (excluding the Control Room). Inform LOEP and the SS when the test is complete.

5.10 RADIOLOGICAL FIELD MONITORING RADIO NETWORK

5.10.1 The Radiological Field Monitoring Radio Network is used for communications between the Field Radiation Monitoring Teams and the site. The Radiological Field Monitoring Radio Network shall be tested quarterly from the following locations:

TSC - Dose Assessment Area (Remote Station)
EOF - Dose Assessment Area (Remote Station)
Backup EOF - Dose Assessment Area (Remote Station)
Field Monitoring Radios (Portable & Vehicle)
OSC (Remote Station)

5.10.2 To initiate the test, contact each portable and vehicle radio from a remote station.

5.10.3 To verify operation of all remote stations, test the remaining remotes with any vehicle or portable radio.

5.10.4 Log the results of the test on Attachment 7.5. Forward the completed attachment to the EPC.

5.11 OSC MAINTENANCE RADIO NETWORK

5.11.1 The OSC Maintenance Radio Network is used for communications between various on-site emergency teams and the OSC. The OSC Maintenance Radio Network shall be tested quarterly from the following locations:

OSC - Remote Station
OSC - Portable

5.11.2 To initiate the test, contact each portable radio from the remote station.

5.11.3 Log the results of the test on Attachment 7.7. Forward the completed attachment to the EPC.

6.0 FINAL CONDITIONS

6.1 All emergency dedicated phones, radios and other specialized emergency communication systems are in a fully operational state.

6.2 Any system, or portion of a system, that did not function properly shall be retested and recorded on the proper attachment when the deficiency is resolved.

6.3 The EPC shall review the results of all the communications tests in this procedure. Any deficiencies shall be entered into the Emergency Planning Action Item Tracking System for resolution.

7.0 ATTACHMENTS

7.1 Emergency Pager Test Sheet

7.2 Emergency Communications Test Sheet

7.3 State Civil Defense Radio Network Test Sheet (Roll Call)

7.4 Operation of the Answering Machines

7.5 Radiological Field Monitoring Radio Network Test Sheet

7.6 St. Charles Parish Industrial Hotline Test Sheet

7.7 OSC Maintenance Radio Network Test Sheet

EMERGENCY PAGER TEST SHEET

TO: Emergency Planning Coordinator

The following listed personnel responded to the test of the Emergency Pager System.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____
41. _____
42. _____
43. _____
44. _____

Performed by: _____

Date __/__/__ Time: ___:___

Reviewed by: _____

EPC

Date __/__/__

cc: Project Files - Original

EMERGENCY COMMUNICATIONS TEST SHEET

SYSTEM/LOCATION	OPERATION SAT	OPERATION UNSAT	DATE/TIME	INITIALS	COMMENTS
INDUSTRIAL HOTLINE					
TSC-ECC COMM #1					
TSC-ECC COMM #2					
EOF - COMM #1					
OPERATIONAL HOTLINE					
TSC-ECC COMM #1					
TSC-ECC COMM #2					
SS OFFICE					
NPO CONSOLE					
EOF - COMM #1					
BACKUP EOF					
EMERGENCY					
NOTIFICATION SYSTEM (ENS)					
TSC-ECC					
TSC-NRC OFFICE					
EOF					
CONTROL ROOM					
HEALTH PHYSICS					
NETWORK (HPN)					
TSC-ECC					
TSC-NRC OFFICE					
-4 RAD					
EOF					

SYSTEM/LOCATION	OPERATION SAT	OPERATION UNSAT	DATE/TIME	INITIALS	COMMENTS
EOF COMMAND	////	////	////	////	////
LINE INTERCOM	////	////	////	////	////
TSC-ECC COMM #1					
TSC-ECC COMM #2					
TSC-ECC EC					
SS OFFICE					
NPO CONSOLE					
EOF - COMM #1					
EOF - EOF DIRECTOR					
BACKUP EOF					
HEALTH PHYSICS	////	////	////	////	////
LINE INTERCOM	////	////	////	////	////
TSC-ECC HPC					
TSC-DOSE ASSESSMENT					
RAB + 7					
RAB - 4					
EOF - RAC					
EOF - DPC					
BACKUP EOF					
OSC					
BACKUP OSC					

SYSTEM/LOCATION	OPERATION SAT	OPERATION UNSAT	DATE/TIME	INITIALS	COMMENTS
LP&L EMERGENCY	////////	////////	////////////	//////////	////////////
DIAL SYSTEM	////////	////////	////////////	//////////	////////////
TSC-ECC COMM #1					
TSC-ECC COMM #2					
TSC-ECC EC					
SS OFFICE					
NPO CONSOLE					
STATE CIVIL	////////	////////	////////////	//////////	////////////
DEFENSE RADIO	////////	////////	////////////	//////////	////////////
NETWORK	////////	////////	////////////	//////////	////////////
TSC					
EOF					
BACKUP EOF					

Test Performed by _____

Reviewed by _____ Date _____

EPC

cc: Project Files - Original

STATE CIVIL DEFENSE RADIO NETWORK TEST SHEET (ROLL CALL)

Date _____

Time _____

Performed by _____

Comments _____

Forward the completed Civil Defense Radio Network Test Sheet to the Emergency Planning Coordinator.

Reviewed by _____

EPC

Date _____

cc: Project Files - Original

OPERATION OF THE ANSWERING MACHINES

A. NORMAL SWITCH LINE UP

Lift the panel door and verify the switches to the left of the ANNOUNCE cassette in the following positions.

		Position
1.	CPC (Calling Party Control)	ON
2.	RMI (Remote Message Indicator)	OFF
3.	ANS.ONLY (Answer Only Switch)	
	- "Situation Normal Tape"	ON
	- All other message tape	OFF
To the right of the MESSAGE cassette.		
4.	RING DELAY	OFF
5.	MESSAGE LIMIT	ON
Right front cover of the units base		
6.	POWER	ON
7.	VOLUME	Minimum position

B. TO CHANGE CASSETTE TAPES

1. To remove - lift selected tape out of unit by grasping the sides of the cassette and lifting upward.
2. To install a cassette - hold the exposed tape portion of the cassette tape toward the front of the unit, insert the rear portion of the microcassette so it presses against and below the top curved edge of the cassette retaining clip. Ensure that the full tape spool is to the right side of the cassette.

C. TO RECORD A MESSAGE

1. Place the cassette tape you desire to record the announcement on in the ANNOUNCE tape drive.
2. Press and hold down the ANN.REC (under the panel door to the right of the MESSAGE cassette drive). Wait one second and begin dictating your announcement into the built-in microphone (MIC). Position yourself 6-12 inches from the microphone (MIC) for the best results.

3. Release the ANN.REC button when you complete the announcement. This will automatically place a "beep" at the end of your announcement.
4. Verify your message by positioning the volume control in the midposition.
5. Then press CHECK (under the panel door to the right of the MESSAGE cassette drive).

D. TO ERASE A MESSAGE TAPE

1. After reviewing the tape [(or advancing the tape to the end of messages using F.FWD (Fast Forward)] press and hold the MEMO button and then momentarily press the REW (Rewind) button. Once the tape begins moving release the MEMO and the REW button.

NOTE
The cassette you desire to erase must be in the MESSAGE cassette drive.

~~OPERATION OF THE ANSWERING MACHINES~~

Delete

1.0 The following steps must be completed prior to the activation of the emergency pagers.

> NOTE
>
> Failure to perform the following steps will result in "responders" calling the answering machines and not hearing a recorded message.

1.1 Ensure that answering machines are plugged into an "emergency power source" (120 VAC, 60 Hz) and power switch is depressed.

1.1.1 During normal operations, the answering machine will be in the "Announcement Only" mode.

1.1.1.1 To place the answering machines in the "Announcement Only" mode, open the right-hand slide door and press the MODE switch; then press the ANSWER switch on the front of the machine. Ensure that the ANNOUNCE ONLY LED is lit.

1.1.1.2 If normal ac power is lost, the answering machines will automatically switch to battery backup with no loss of functions.

> NOTE
>
> If the BATTERY LOW LED is lit and normal ac power is lost, all functions will be lost. Perform step 1.1.1.1 when ac power is restored.

1.2 Ensure that the answering machines are plugged into appropriate PABX numbers.

#2 this applies also

~~OPERATION OF THE ANSWERING MACHINES~~

Delete

1.3 Ensure that the RINGS switches, located on the right side of the machines, are in position "1".

1.4 Ensure that the MAX MSG switches, located on the right side of the machines, are in the "30 SEC" position.

CASSETTE INSTALLATION

2.0 Two different types of cassettes (Outgoing and Incoming) accompany the answering machine. Additionally, new messages can be recorded on the blank tapes provided. Procedures for the announcement tape, the message tape and the blank tapes are provided.

2.1 Place the appropriate prerecorded (Unusual Event, Alert, etc.) or new message Outgoing Cassettes in the machines by the following procedure:

2.1.1 Lift open the cassette door.

2.1.2 Place the endless Outgoing Cassette in the left-hand position. Pull the EJECT lever forward and set the casett so the hub with no spokes is on the left side.

2.1.3 Release the EJECT lever and the cassette is locked into place.

#2 Chg 4/1/85 JLL

Delete

~~RECORDER ACTIVATION~~

2.~~2~~ Activate the machines by the following procedure:

2.~~2~~.1 Press STOP, then press REWIND to return tape to the beginning.

2.~~2~~.2 Press ANSWER. The ANSWER LED will flash for 5 seconds and then stay on and the display will show 0:00. Now the machines are ready to receive calls.

Delete

~~OPERATION OF THE ANSWERING MACHINES~~

RECORDER PLAYBACK

3.0 Play back the recorders by the following procedure:

3.1 Press STOP. Press REWIND. Press PLAYBACK.

3.2 When machine starts playing back the message, the display will show the following for each message:

Message number

Date of call

Time of call

3.3 The answering machine will automatically stop after the last message has been played.

3.4 Press REWIND then press ANSWER to start receiving calls after listening to the last message.

3.5 To erase all messages previously received, press REWIND ERASE and then press REWIND.

FIELD MONITORING RADIO NETWORK TEST SHEET

1. TSC Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable ( ) #	_____	_____	_____
2. EOF Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable ( ) #	_____	_____	_____
3. Backup EOF Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable ( ) #	_____	_____	_____
4. OSC Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable ( ) #			

Forward the complete test sheet to the EPC.

Test Performed by _____ Date _____

Reviewed By _____ Date _____

EPC

cc: Project Files - Original

ST. CHARLES PARISH INDUSTRIAL HOTLINE TEST SHEET

Date _____

Time _____

Performed by _____

Comments _____

_____

Forward the completed St. Charles Industrial Hotline Test Sheet to the Emergency Planning Coordinator.

Reviewed by _____

EPC

Date _____

cc: Project Files - Original

OSC MAINTENANCE RADIO NETWORK TEST SHEET

1. OSC Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Portable 1	_____	_____	_____
Portable 2	_____	_____	_____
Portable 3	_____	_____	_____
Portable 4	_____	_____	_____
Portable 5	_____	_____	_____

Forward the completed test to the EPC.

Test Performed By _____ Date _____

Reviewed By _____ Date _____

EPC

cc: Project Files - Original