

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
ALERT

1.0 SYMPTOMS

- 1.1 Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

2.0 IMMEDIATE ACTIONS

- 2.1 Make initial notifications to individuals and organizations.

- 2.1.1 Complete Part I of Warning Message Form (see example Enclosure 4.3). Record receiver's name and time (initial contact).

NOTE: Emergency Coordinator shall initial forms when message is approved for transmission.

NOTE: Warning Message forms are kept in a Notebook in the Control Room and TSC, ensure that all used forms are returned to the back of the notebook.

- 2.1.2 Notifications shall be as the order of Enclosure 4.1 indicates. See RP/0/B/5000/13 for NRC Notification.

NOTE: The State and County notification must be made within 15 minutes of declaration of the emergency.

- 2.1.3 Advise station personnel to activate TSC and OSC.

- 2.1.4 Complete Enclosure 4.2 and advise the Nuclear Production Duty Engineer to bring the CMC to standby.

3.0 SUBSEQUENT ACTIONS

- 3.1 Accident Assessment:

- 3.1.1 Dispatch on site monitoring teams with associated communications equipment, see HP/0/B/1009/09.

- 3.2 Follow up Notifications.

- 3.2.1 See RP/0/A/5000/06, Follow-up Notifications.

- 3.3 Recommend Protective Action Offsite

NOTE

Protective Action Recommendations are obtained from: OAC Program "Nuclear-23" or RP/0/A/5000/11, if the OAC is not operational, for Operations Personnel. If you have determined the need for the offsite protective actions, then reassess the emergency classification. You are no longer in an Alert situation.

- 3.4 If the emergency situation is rapidly degrading then conduct a Site Assembly, see RP/0/A/5000/10.
- 3.5 Augment shift resources to assess and respond to the emergency situation as needed.
- 3.6 Assess the emergency condition, then remain in an Alert, escalate to a more severe class, reduce the Emergency Class or terminate the emergency.
- 3.7 The Compliance Engineer or delegate shall close out the emergency with verbal summary to county and state authorities, notified in 4.1.3 of Enclosure 4.1, followed by written summary within 8 hours.

4.0 ENCLOSURES

- 4.1 Telephone Notification List
- 4.2 Emergency Message Format
- 4.3 Example Warning Message: Nuclear Facility to State/Local Government

TELEPHONE
NOTIFICATION LIST

		Initial
4.1.1	Station Manager - J. W. Hampton * Conference Call	_____
	Office [REDACTED]	
	Home [REDACTED]	
	1st Alternate - H. B. Barron.	_____
	Office [REDACTED]	
	Home [REDACTED]	
	2nd Alternate - J. W. Cox	_____
	Office [REDACTED]	
	Home [REDACTED]	
	3rd Alternate - G. T. Smith	_____
	Office [REDACTED]	
	Home [REDACTED]	
	4th Alternate - B. F. Caldwell	_____
	Office [REDACTED]	
	Home [REDACTED]	
	5th Alternate - W. R. McCollum	_____
	Office [REDACTED]	
	Home [REDACTED]	
4.1.2	Compliance Engineer - C. L. Hartzell * Conference Call	_____
	Office [REDACTED]	
	Home [REDACTED]	
	1st Alternate - M. E. Bolch	_____
	Office [REDACTED]	
	Home [REDACTED]	
	2nd Alternate - P. G. LeRoy	_____
	Office [REDACTED]	
	Home [REDACTED]	

* Conference Call Instructions [REDACTED] only)

1. Press and release the receiver button to put the first call on "hold". You will hear three beeps, then dial tone.
2. Dial the third person's number. You can talk before including the original caller.
3. To begin the Conference call, press and release the receiver button. All three parties will be on the line. (If the line is busy or there's no answer, you can return to the original call by pressing and releasing the receiver button.)
4. All parties are disconnected when you hang up.

4.1.3 State & County Warning Points **Use Warning Message Form**

P: Selective Signal Group Call -

1. Mecklenburg County

P:

A:

Back-up: Emergency Radio, Code:

2. York County

P:

A:

Back-up: Emergency Radio, Code:

3. Gaston County

P:

A:

Back-up: Emergency Radio, Code:

4. N.C. State, Raleigh

P:

A:

5. S.C. State, Columbia

P:

A:

4.1.4 Operations Duty Engineer - Plant Page

P & T Pager

A: See Current Operations Work List for Home Phone Number.

4.1.5 Nuclear Production Duty Engineer

P & T Pager

** USE ENCLOSURE 4.2 **

4.1.6 NRC Operations Center, Bethesda, Md. (RP/0/B/5000/13)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
TO NUCLEAR PRODUCTION DUTY ENGINEER
EMERGENCY MESSAGE FORMAT

1. This is _____ at Catawba Nuclear Station.
(Name and Title)

2. This _____ is _____ is not a drill. An _____ Unusual Event
_____ Alert
_____ Site Area Emergency
_____ General Emergency

was declared by the Emergency Coordinator at _____ on Unit # _____.
(Time)

3. Initiating Condition: (Give as close to the emergency plan description as possible together with station parameters used to determine emergency status.)

4. Corrective measures being taken: _____

5. There _____ have _____ have not not been any injuries to plant personnel.

6. Release of radioactivity: _____ is taking place
_____ is not taking place

7. NRC _____ Yes _____ No; State _____ Yes _____ No;
Counties _____ Yes _____ No; have been notified.

8. The Crisis Management Team X should be told to standby.
Corporate Communications and Company Management should be notified.

9. I can be reached at _____ for follow-up information.
(Telephone Number)

10. Additional Comments: _____

Name of Person Contacted _____ Date _____ Time _____

PART 1 INITIAL WARNING MESSAGE

RP/0/A/5000/03
Enclosure 4.3
Page 1 of 4

1. Date: _____ Time: _____ hours
2. This is: Catawba Nuclear Station concerning Unit # _____
My name is: _____ Telephone: _____
this message (Number _____):
____ (a) Reports a real emergency.
____ (b) Reports the change in the class of a real emergency.
____ (c) Reports the termination of a real emergency.
____ (d) Is an exercise message.
3. Message Authentication
Message Sender: I authenticate _____ as _____
(a) IF A TERMINATION MESSAGE. GO TO PART 3.
4. The class of emergency is:
____ (a) Unusual Event _____ (c) Site Area Emergency
X (b) Alert _____ (d) General Emergency
5. This class of emergency was declared at: _____ on _____
(time) (date)
6. The initiating event causing the emergency classification is: _____

7. The emergency condition:
____ (a) Does not involve the release of radioactive material from the plant.
____ (b) Involves the potential for a release, but no release is occurring.
____ (c) Involves the release of radioactive materials.
8. The following protective actions are recommended:
____ (a) No protective action is recommended at this time.
____ (e) Other recommendations: _____

9. I repeat, this message:
____ (a) Reports a real emergency.
____ (b) Reports a change in the classification of a real emergency.
____ (c) Is an exercise message.
10. Do you have any questions? (Copy on separate sheet.)
11. RELAY THIS INFORMATION TO THE PERSONS LISTED IN YOUR ALERT PROCEDURES WHO MUST BE NOTIFIED OF INCIDENTS AT A NUCLEAR FACILITY.

*For Message sender: record names of Message Receivers on Page 4.

END OF PART 1

PART 2 FOLLOW-UP MESSAGE(S)

RP/0/A/5000/03

Enclosure 4.3

Page 2 of 4

1. Plant status:
Reactor (a) _____ is not tripped/ _____ was tripped at (Time): _____

Plant is at: (a) _____ % power (c) _____ hot shutdown
(b) _____ cold shutdown (d) _____ cooling down

Prognosis is: (a) _____ stable (c) _____ degrading
(b) _____ improving (d) _____ unknown
2. Emergency actions underway at the facility include: _____

3. Onsite support needed from offsite organizations: _____

4. Dose Projection Data
Windspeed: _____ mph Wind direction: From _____
Precipitation: _____
Release Type: (a) _____ Ground/(b) _____ Elevated
Stability Class: _____ (A, B, C, D, E, F, or G)
Weighted dose Conversion Factor: (a) _____ (R/hr)/(Ci/m³)(whole body) f
(b) _____ (R/hr)/(Ci/m³)(Child Thyroid)
Radiological Release: Noble Gas Equivalent Xe-133 & I-131
_____ curies/sec.
Iodine Equivalent
_____ curies/sec.
5. The type of actual or projected release is:
_____ (a) Airborne _____ (b) Waterborne
_____ (c) Surface Spill _____ (d) Other
_____ (e) No release is in progress or expected at this time
(Skip Items 6, 7 & 8)
6. Release
_____ (a) will begin at _____ hours.
_____ (b) began at _____ hours.
7. The estimated duration of the release is _____ hours.
8. The source and description of the release is: _____

PART 2 FOLLOW-UP MESSAGE(S) Continued

RP/0/A/5000/03

Enclosure 4.3

Page 3 of 4

9. Dose Projections:

Site Boundary	Dose Commitment		Projected Integrated Dose in Rem Based on _____ hours of release	
	Whole Body Distance (rem/hour)	Child Thyroid (Rem/Hour of inhalation)	Whole Body	Child Thyroid
2 miles				
5 miles				
10 miles				

10. Field measurement of dose rate (mr/hr) or contamination (X) (if available):

Time	Zone	Distance from Plant	Direction from Plant	Whole Body	Child Thyroid

11. I repeat, this message:

- ☐ (a) Reports a real emergency.
☐ (b) Reports a change in the class of a real emergency.
☐ (c) Is an exercise message.

12. Do you have any questions? (Copy on Separate Sheet)

*****END OF FOLLOW-UP MESSAGE(S)*****

* For Message Sender: Record names of Message Receivers on Page 4.

PART 3 TERMINATION MESSAGE

- The event was terminated at _____ on _____.
(time) (date)
- The event at the plant was terminated for the following reason(s): _____

*****END OF TERMINATION MESSAGE*****

*For Message Sender: record names of Message Receivers on Page 4.

RP/0/A/5000/03
Enclosure 4.3
Page 4 of 4

*****FOR UTILITY USE ONLY*****

Release of this message approved by: _____ at: _____
(Name) (Time) (Date)

DUKE POWER COMPANY
PROCEDURE PROCESS RECORDPREPARATION(2) STATION: CATAWBA(3) PROCEDURE TITLE: SITE AREA EMERGENCY(4) PREPARED BY: Mike BolchDATE: 12-20-85(5) REVIEWED BY: [Signature]DATE: 12-27-85Cross-Disciplinary Review By: [Signature] 01-03-86 N/R: _____

(6) TEMPORARY APPROVAL (IF NECESSARY):

By: _____ (SRO)

Date: _____

By: _____

Date: _____

(7) APPROVED BY: [Signature]Date: 1/3/86

(8) MISCELLANEOUS:

Reviewed/Approved By: _____

Date: _____

Reviewed/Approved By: _____

Date: _____

COMPLETION

(9) DATE(S) PERFORMED: _____

(10) PROCEDURE COMPLETION VERIFICATION:

YES ☐ N/A ☐ Check lists and/or blanks properly initialed, signed, dated or filled in N/A or N/R, as appropriate?YES ☐ N/A ☐ Listed enclosures attached?YES ☐ N/A ☐ Data sheets attached, completed, dated and signed?YES ☐ N/A ☐ Charts, graphs, etc. attached and properly dated, identified and marked?YES ☐ N/A ☐ Acceptance criteria met?

VERIFIED BY: _____

DATE: _____

(11) PROCEDURE COMPLETION APPROVED: _____

DATE: _____

(12) REMARKS:

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
SITE AREA EMERGENCY

1.0 SYMPTOMS

- 1.1 Events are in process or have occurred which involve an actual or likely major failures of plant functions needed for protection of the public.

2.0 IMMEDIATE ACTIONS

- 2.1 Make initial notifications to individuals and organizations.

- 2.1.1 Complete Part I of Warning Message Form (see Example Enclosure 4.3). Record receiver's name and time (initial contact).

NOTE: Emergency Coordinator shall initial forms when message is approved for transmission.

NOTE: Warning Message forms are kept in a notebook in the Control Room and TSC, ensure that all used forms are returned to the back of the notebook.

- 2.1.2 Notifications shall be as the order of Enclosure 4.1 indicates. See RP/0/B/5000/13 for NRC Notification.

NOTE: The State and County notification must be made within 15 minutes of declaration of the emergency.

- 2.1.3 Advise station personnel to activate TSC and OSC.

- 2.1.4 Complete Enclosure 4.2 and advise the Nuclear Production Duty Engineer to activate the CMC.

2.2 Protective Action Offsite

- 2.2.1 Recommend to Offsite Agencies that the Alerting Sirens be sounded and that the EBS be activated to inform the public of a potential for later protective actions.

2.3 Protective Action Onsite

- 2.3.1 Conduct a Site Assembly, see RP/0/A/5000/10.

3.0 SUBSEQUENT ACTIONS

3.1 Accident Assessment:

- 3.1.1 Dispatch field monitoring teams with associated communications equipment, see HP/0/B/1009/04.

3.2 Follow up Notifications.

- 3.2.1 See RP/0/A/5000/06, Follow-up Notifications.

3.3 Follow-up Recommend Protective Action Offsite

NOTE

Protective Action Recommendations are obtained from: OAC Program "Nuclear-23" or RP/0/A/5000/11, if the OAC is not available, for Operations personnel.

- 3.3.1 The Emergency Coordinator shall make Protective Action Recommendations to the affected county warning points and to both SC and NC state warning points (Emergency Operations Center if established) or the designated state department as per the state's Radiological Emergency Response Plan. See Enclosure 4.4 for aid in protective action decision making.

NOTE

This authority shall not be delegated to other elements of the emergency organization.

- 3.3.2 If actual release of radioactive material will result in a projected dose to the population of:

<u>EPA Protective Action Guides</u>		
<u>Whole Body</u>	<u>Thyroid</u>	<u>Recommendation</u>
<1 Rem	<5 Rem	No Protective Action is Required.
1 to <5 Rem	5 to <25 Rem	Recommend seeking shelter and wait for further instruction. Consider evacuation particularly for children & pregnant women. Control access to affected areas.
> 5 Rem	> 25 Rem	Recommend mandatory evacuation of population in the affected areas. Control access to affected areas.

NOTE

Monitor environmental radiation levels to verify and adjust recommendations as necessary.

3.4 Follow-up Protective Actions On-site.

3.4.1 Consider evacuation of non-essential station personnel, see RP/0/A/5000/10.

3.4.2 Emergency Worker Exposure Limits

<u>Activity</u>	<u>Extremities (Rem)</u>	<u>Whole Body (Rem)</u>	<u>Skin of W.B. or Thyroid (Rem)</u>
Normal Dose Limit	75	5	30
Emergencies (a)	75	25	125
Lifesaving Activities (a)(b)	375	75	150(c)

(a) Appropriate controls of emergency workers, include: time limitations, respirators and Potassium Iodide (KI) - See HP/0/B/1009/16.

The Emergency Coordinator may authorize doses to these limits.

(b) Volunteers only.

(c) Although respirators and Potassium Iodide should be used where effective for emergency team work, Thyroid dose may not be a limiting factor for lifesaving missions.

3.5 Augment shift resources to assess and respond to the emergency situation as needed.

3.6 Assess the emergency condition, then remain in a Site Area Emergency, escalate to a more severe class, reduce the emergency class, or terminate the emergency.

3.7 The Recovery Manager at the Crisis Management Center shall close out or recommend reduction of the emergency class, by briefing of offsite authorities at the Crisis Management Center or by phone if necessary, followed by written summary within 8 hours.

4.0 ENCLOSURES

4.1 Telephone Notification List

4.2 Emergency Message Format

4.3 Example Warning Message: Nuclear Facility to State/Local Government

4.4 Protective Action Recommendation Flow Chart

4.5 10 Mile Emergency Planning Zone (EPZ) Map and Wind Direction Determination Worksheet.

TELEPHONE
NOTIFICATION LIST

		Initial
4.1.1	Station Manager - J. W. Hampton * Conference Call	_____
	Office [REDACTED]	
	Home [REDACTED]	
	1st Alternate - H. B. Barron.	_____
	Office [REDACTED]	
	Home [REDACTED]	
	2nd Alternate - J. W. Cox	_____
	Office [REDACTED]	
	Home [REDACTED]	
	3rd Alternate - G. T. Smith	_____
	Office [REDACTED]	
	Home [REDACTED]	
	4th Alternate - B. F. Caldwell	_____
	Office [REDACTED]	
	Home [REDACTED]	
	5th Alternate - W. R. McCollum	_____
	Office [REDACTED]	
	Home [REDACTED]	
4.1.2	Compliance Engineer - C. L. Hartzell * Conference Call	_____
	Office [REDACTED]	
	Home [REDACTED]	
	1st Alternate - M. E. Bolch	_____
	Office [REDACTED]	
	Home [REDACTED]	
	2nd Alternate - P. G. LeRoy	_____
	Office [REDACTED]	
	Home [REDACTED]	
* Conference Call Instructions [REDACTED] only)		
1.	Press and release the receiver button to put the first call on "hold". You will hear three beeps, then dial tone.	
2.	Dial the third person's number. You can talk before including the original caller.	
3.	To begin the Conference call, press and release the receiver button. All three parties will be on the line. (If the line is busy or there's no answer, you can return to the original call by pressing and releasing the receiver button.)	
4.	All parties are disconnected when you hang up.	

4.1.3 State & County Warning Points **Use Warning Message Form**

P: Selective Signal Group Call - [REDACTED]

1. Mecklenburg County [REDACTED]

P: [REDACTED]

A: [REDACTED]

Back-up: Emergency Radio, Code: [REDACTED]

2. York County [REDACTED]

P: [REDACTED]

A: [REDACTED]

Back-up: Emergency Radio, Code: [REDACTED]

3. Gaston County [REDACTED]

P: [REDACTED]

A: [REDACTED]

Back-up: Emergency Radio, Code [REDACTED]

4. N.C. State, Raleigh [REDACTED]

P: [REDACTED]

A: [REDACTED]

5. S.C. State, Columbia [REDACTED]

P: [REDACTED]

A: [REDACTED]

4.1.4 Operations Duty Engineer - Plant Page [REDACTED]

P & T Pager [REDACTED]

A: See Current Operations Work List for Home Phone Number.

4.1.5 Nuclear Production Duty Engineer [REDACTED]

P & T Pager [REDACTED]

** USE ENCLOSURE 4.2 **

4.1.6 NRC Operations Center, Bethesda, Md. (RP/0/B/5000/13) [REDACTED]

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
TO NUCLEAR PRODUCTION DUTY ENGINEER
EMERGENCY MESSAGE FORMAT

1. This is _____ at Catawba Nuclear Station.
(Name and Title)
2. This _____ is _____ is not a drill. An _____ Unusual Event
Alert
☒ Site Area Emergency
_____ General Emergency
was declared by the Emergency Coordinator at _____ on Unit # ____.
(Time)
3. Initiating Condition: (Give as close to the emergency plan description as possible together with station parameters used to determine emergency status.)

4. Corrective measures being taken: _____

5. There _____ have _____ have not been any injuries to plant personnel.
6. Release of radioactivity: _____ is taking place
_____ is not taking place
7. NRC _____ Yes _____ No; State _____ Yes _____ No;
Counties _____ Yes _____ No; have been notified.
8. The Crisis Management Team ☒ should _____ should not be activated.
Corporate Communications & Company Management should be notified.
9. I can be reached at _____ for follow-up information.
(Telephone Number)
10. Additional Comments: _____

Name of Person Contacted _____ Date _____ Time _____

1. Date: _____ Time: _____ hours
2. This is: Catawba Nuclear Station concerning Unit # _____
- My name is: _____ Telephone: _____
- this message (Number _____):
- _____ (a) Reports a real emergency.
- _____ (b) Reports the change in the class of a real emergency.
- _____ (c) Reports the termination of a real emergency.
- _____ (d) Is an exercise message.
3. Message Authentication
- Message Sender: I authenticate _____ as _____
- (a) IF A TERMINATION MESSAGE. GO TO PART 3.
4. The class of emergency is:
- _____ (a) Unusual Event X (c) Site Area Emergency
- _____ (b) Alert _____ (d) General Emergency
5. This class of emergency was declared at: _____ on _____
- (time) (date)
6. The initiating event causing the emergency classification is: _____
- _____
7. The emergency condition:
- _____ (a) Does not involve the release of radioactive material from the plant.
- _____ (b) Involves the potential for a release, but no release is occurring.
- _____ (c) Involves the release of radioactive materials.
8. The following protective actions are recommended:
- _____ (a) No protective action is recommended at this time.
- _____ (b) People living in zones _____ remain indoors with the doors and windows closed, turn off air conditioners and other ventilation, monitor EBS stations.
- _____ (c) People living in zones _____ evacuate their homes and businesses and go to the designated shelter.
- _____ (d) Pregnant women and children in zones _____ remain indoors with the doors and windows closed, turn off air conditioners and other ventilation, and monitor EBS stations.
- X (e) Other recommendations: Activate the alerting siren system and inform the public via the Emergency Broadcast System.
9. I repeat, this message:
- _____ (a) Reports a real emergency.
- _____ (b) Reports a change in the classification of a real emergency.
- _____ (c) Is an exercise message.
10. Do you have any questions? (Copy on separate sheet.)
11. RELAY THIS INFORMATION TO THE PERSONS LISTED IN YOUR ALERT PROCEDURES WHO MUST BE NOTIFIED OF INCIDENTS AT A NUCLEAR FACILITY.

*For Message sender: record names of Message Receivers on Page 4.

END OF PART 1

PART 2 FOLLOW-UP MESSAGE(S)

RP/0/A/5000/04

Enclosure 4.3

Page 2 of 4

1. Plant status:
Reactor (a) _____ is not tripped/ _____ was tripped at (Time): _____

Plant is at: (a) _____ % power (c) _____ hot shutdown
(b) _____ cold shutdown (d) _____ cooling down

Prognosis is: (a) _____ stable (c) _____ degrading
(b) _____ improving (d) _____ unknown
2. Emergency actions underway at the facility include: _____

3. Onsite support needed from offsite organizations: _____

4. Dose Projection Data
Windspeed: _____ mph Wind direction: From _____
Precipitation: _____
Release Type: (a) _____ Ground/(b) _____ Elevated
Stability Class: _____ (A, B, C, D, E, F, or G)
Weighted dose Conversion Factor: (a) _____ (R/hr)/(Ci/m³)(whole body)
(b) _____ (R/hr)/(Ci/m³)(Child Thyroid)
Radiological Release: Noble Gas Equivalent _____ curies/sec.
Iodine Equivalent _____ curies/sec.
5. The type of actual or projected release is:
_____ (a) Airborne _____ (b) Waterborne
_____ (c) Surface Spill _____ (d) Other
_____ (e) No release is in progress or expected at this time
(Skip Items 6, 7 & 8)
6. Release
_____ will begin at _____ hours.
_____ began at _____ hours.
7. The estimated duration of the release is _____ hours.
8. The source and description of the release is: _____

Based on _____ hours
of release

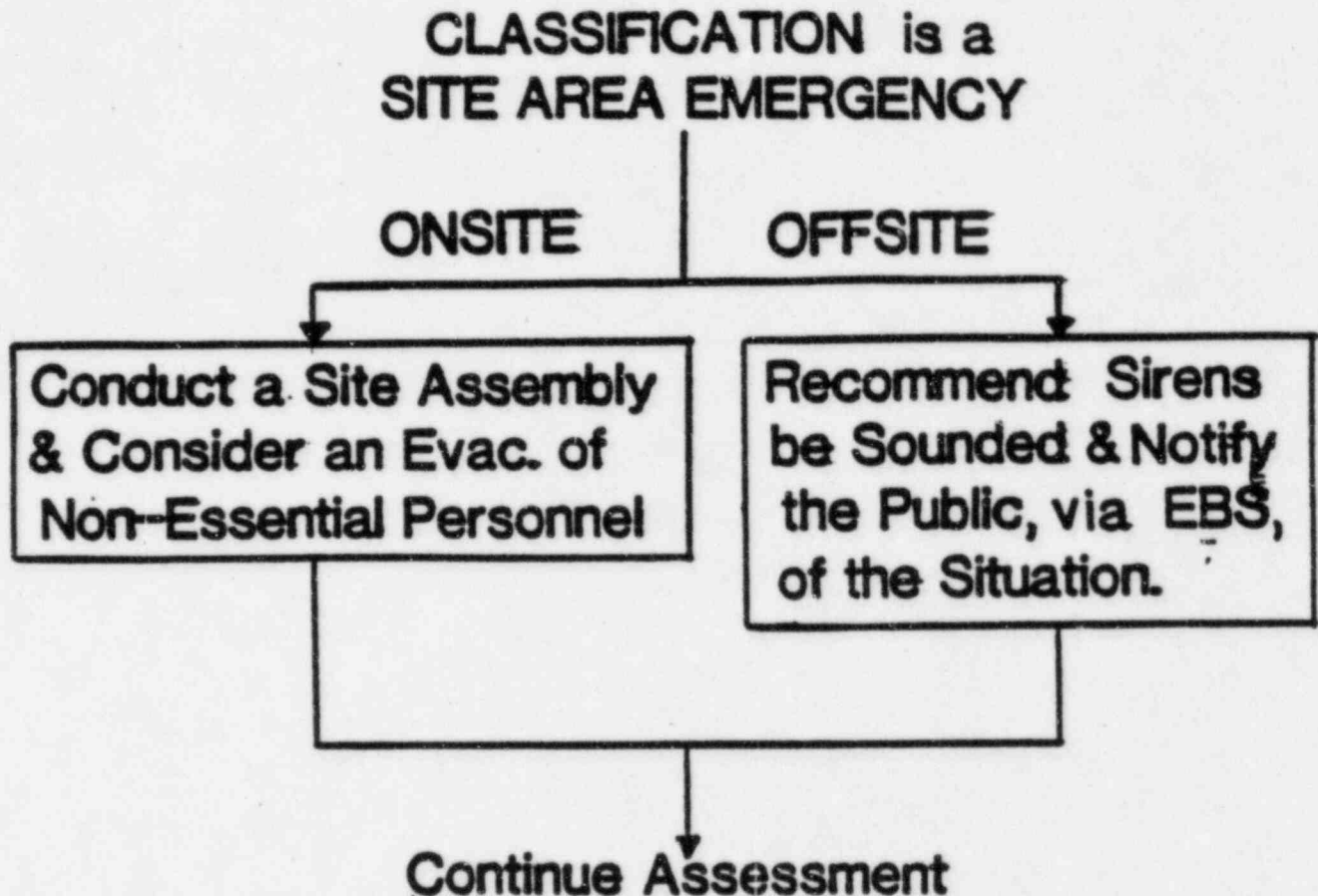
*For Message Sender: record names of Message Receivers on Page 4.

RP/0/A/5000/04
Enclosure 4.3
Page 4 of 4

*****FOR UTILITY USE ONLY*****

Release of this message approved by: _____ at: _____
(Name) (Time) (Date)

RP/0/A/5000/04
SITE AREA EMERGENCY
ENCLOSURE 4.4
PROTECTIVE ACTION RECOMMENDATION FLOW CHART



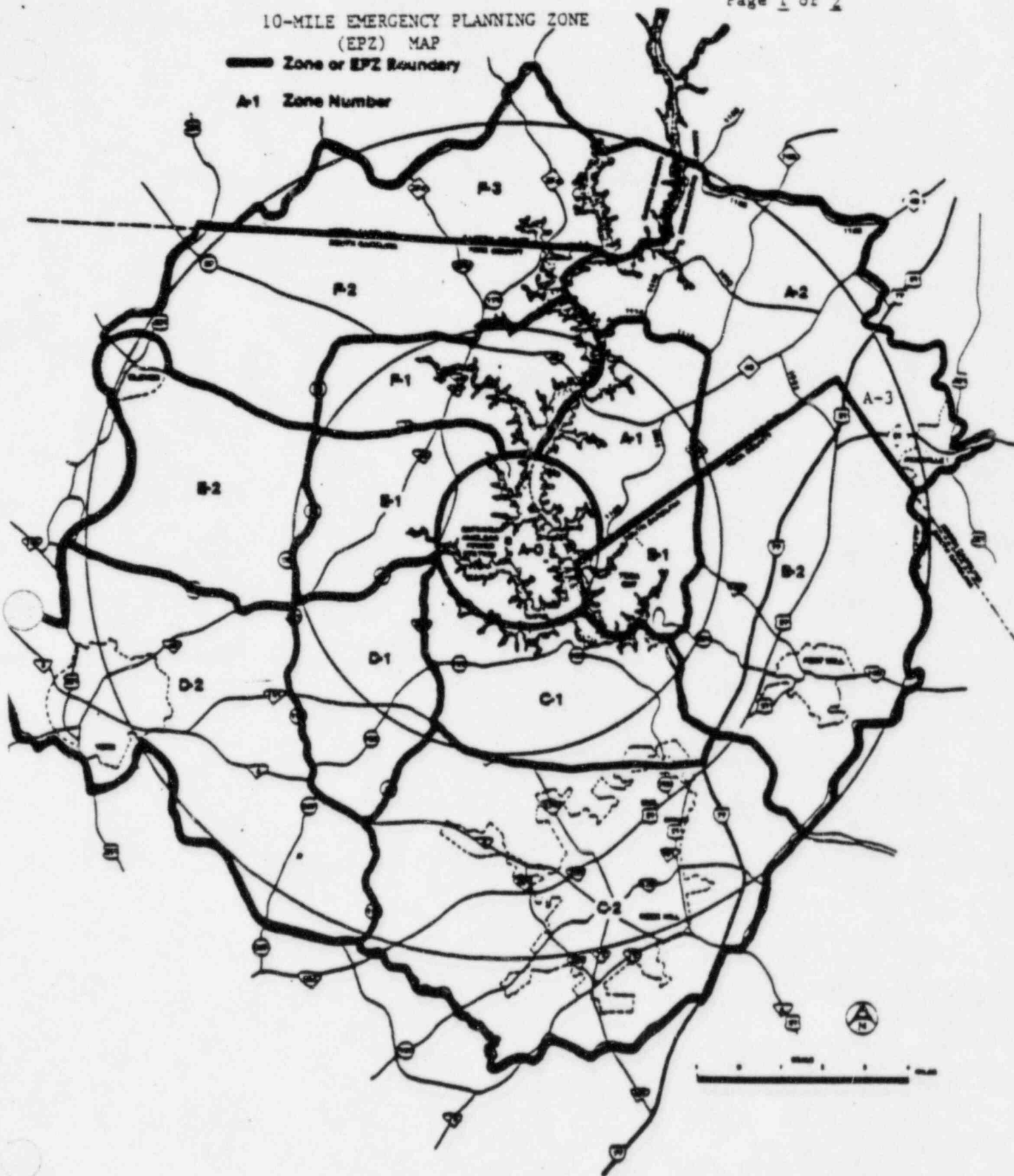
CATAWBA NUCLEAR STATION

10-MILE EMERGENCY PLANNING ZONE
(EPZ) MAP

Enclosure 4.5
Page 1 of 2

Zone or EPZ Boundary

A-1 Zone Number



DUKE POWER COMPANY
 CATAWBA NUCLEAR STATION
 RP/O/A/5000/04
 ENCLOSURE 4.5

WIND DIRECTION DETERMINATION WORK SHEET

Based on wind direction (WD), determine the affected zones from the tables below. Circle the wind direction and affected zones.

NOTE: Upper tower wind direction is preferred. If not available, use lower WD, then use WD from National Weather Service.

- A. IF WIND SPEED IS < 5 MPH, THE AFFECTED ZONES ARE A-0, A-1, B-1, C-1, D-1, E-1 and F-1.
- B. IF WIND SPEED IS > 5 MPH, SELECT THE AFFECTED ZONES FROM THE TABLES BELOW AS APPLICABLE.

Table 2.1	
0-5 Mile Radius Wind Direction	Affected Zones
0.1° - 360°	A-0
PLUS	
0.1° - 22°	C-1, D-1
22° - 73°	C-1, D-1, E-1
73° - 108°	C-1, D-1, E-1, F-1
108° - 120°	D-1, E-1, F-1
120° - 159°	E-1, F-1
159° - 207°	E-1, F-1, A-1
207° - 247°	F-1, A-1, B-1
247° - 265°	A-1, B-1
265° - 298°	A-1, B-1, C-1
298° - 338°	B-1, C-1
338° - 360°	B-1, C-1, D-1

Table 2.2	
5-10 Mile Radius Wind Direction	Affected Zones
0.1 - 27°	C-2, D-2
27° - 69°	C-2, D-2, E-2
69° - 95°	D-2, E-2, F-2
95° - 132°	D-2, E-2, F-2, F-3
132° - 144°	E-2, F-2, F-3
144° - 160°	E-2, F-2, F-3, A-2
160° - 201°	F-2, F-3, A-2
201° - 229°	F-2, F-3, A-2, B-2
229° - 249°	F-3, A-2, B-2
249° - 259°	A-2, A-3, B-2
259° - 290°	A-2, B-2, C-2, A-3
290° - 304°	A-3, B-2, C-2
304° - 333°	B-2, C-2
333° - 360°	B-2, C-2, D-2

DUKE POWER COMPANY
PROCEDURE PROCESS RECORDPREPARATION

- (2) STATION: CATAWBA
- (3) PROCEDURE TITLE: GENERAL EMERGENCY
- (4) PREPARED BY: Mike Bolch DATE: 12-20-85
- (5) REVIEWED BY: [Signature] DATE: 12-27-85
- Cross-Disciplinary Review By: [Signature] 010386 N/R: _____
- (6) TEMPORARY APPROVAL (IF NECESSARY):
- By: _____ (SRO) Date: _____
- By: _____ Date: _____
- (7) APPROVED BY: [Signature] Date: 1/3 86
- (8) MISCELLANEOUS:
- Reviewed/Approved By: _____ Date: _____
- Reviewed/Approved By: _____ Date: _____

COMPLETION

- (9) DATE(S) PERFORMED: _____
- (10) PROCEDURE COMPLETION VERIFICATION:
- YES ☐ N/A ☐ Check lists and/or blanks properly initialed, signed, dated or filled in N/A or N/R, as appropriate?
- YES ☐ N/A ☐ Listed enclosures attached?
- YES ☐ N/A ☐ Data sheets attached, completed, dated and signed?
- YES ☐ N/A ☐ Charts, graphs, etc. attached and properly dated, identified and marked?
- YES ☐ N/A ☐ Acceptance criteria met?
- VERIFIED BY: _____ DATE: _____
- (11) PROCEDURE COMPLETION APPROVED: _____ DATE: _____
- (12) REMARKS:

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
GENERAL EMERGENCY

1.0 SYMPTOMS

- 1.1 Events are in process or have occurred which involve an actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

2.0 IMMEDIATE ACTIONS

- 2.1 Make initial notifications to individuals and organizations.

- 2.1.1 Complete Part I of Warning Message Form (see example Enclosure 4.3). Record receiver's name and time (initial contact).

NOTE: Emergency Coordinator shall initial forms when message is approved for transmission.

NOTE: Warning Message forms are kept in a notebook in the Control Room and TSC, ensure that all used forms are returned to the back of the notebook.

- 2.1.2 Notifications shall be as the order of Enclosure 4.1 indicates. See RP/0/B/5000/13 for NRC Notification.

NOTE: The State and County notification must be made within 15 minutes of declaration of the emergency.

- 2.1.3 Advise station personnel to activate TSC and OSC.

- 2.1.4 Complete Enclosure 4.2 and advise the Nuclear Production Duty Engineer to activate the CMC.

2.2 Protective Actions Offsite

- 2.2.1 Recommend to Offsite Agencies that all residents of the 2 mile radius zone (A-O) and any zone 5 miles downwind of the plant seek immediate shelter and await further instructions.

2.3 Protective Action Onsite

- 2.3.1 Conduct a Site Assembly, see RP/0/A/5000/10.

- 2.3.2 Evacuate non-essential personnel to the Evacuation Relocation Centers, see RP/0/A/5000/10.

3.0 SUBSEQUENT ACTIONS

3.1 Accident Assessment:

- 3.1.1 Dispatch field monitoring teams with associated communications equipment, see HP/0/B/1009/04.

3.2 Follow up Notifications.

- 3.2.1 See RP/0/A/5000/06, Follow-up Notifications.

3.3 Follow-up Recommend Protective Action Offsite

NOTE

Protective Action Recommendation are obtained from: OAC Program "Nuclear-23" or RP/0/A/5000/11, if the OAC is not operational, for Operations personnel.

- 3.3.1 The Emergency Coordinator shall make Protective Action Recommendations to the affected county warning points and to both SC and NC state warning points (Emergency Operations Center if established) or the designated state department as per the state's Radiological Emergency Response Plan. See Enclosure 4.4 for aid in protective action decision making.

NOTE

This authority shall not be delegated to other elements of the emergency organization.

- 3.3.2 If actual release of radioactive material will result in a projected dose to the population of:

EPA Protective Action Guides

<u>Whole Body</u>	<u>Thyroid</u>	<u>Recommendation</u>
<1 Rem	<5 Rem	No Protective Action is Required.
1 to <5 Rem	5 to <25 Rem	Recommend seeking shelter and wait for further instruction. Consider evacuation particularly for children & pregnant women. Control access to affected areas.
>5 Rem	>25 Rem	Recommend mandatory evacuation of population in the affected areas. Control access to affected areas.

NOTE

Monitor environmental radiation levels to verify and adjust recommendations as necessary.

3.4 Emergency Worker Exposure Limits

<u>Activity</u>	<u>Extremities (Rem)</u>	<u>Whole Body (Rem)</u>	<u>Skin of W.B. or Thyroid (Rem)</u>
Normal Dose Limit	75	5	30
Emergencies (a)	75	25	125
Lifesaving Activities (a)(b)	375	75	150(c)

- (a) Appropriate controls of emergency workers, include: time limitations, respirators and Potassium Iodide (KI) - See HP/0/B/1009/16.

The Emergency Coordinator may authorize doses to these limits.

- (b) Volunteers only.

- (c) Although respirators and Potassium Iodide should be used where effective for emergency team work, Thyroid dose may not be a limiting factor for lifesaving missions.

- 3.5 Augment on shift resources to assess and respond to the emergency situation as needed.
- 3.6 Assess the emergency condition, then remain in an General Emergency, reduce the emergency class or terminate out the emergency.
- 3.7 The Recovery Manager at the Crisis Management Center shall close out the emergency or recommend reduction of the emergency class by briefing the offsite authorities at the Crisis Management Center or by phone if necessary, followed by written summary within 8 hours.

4.0 ENCLOSURES

- 4.1 Telephone Notification List
- 4.2 Emergency Message Format
- 4.3 Example Warning Message: Nuclear Facility to State/Local Government
- 4.4 Protective Action Recommendation Flow Chart
- 4.5 10 Mile Emergency Planning Zone (EPZ) Map and Wind Direction Determination Worksheet

TELEPHONE
NOTIFICATION LIST

		Initial
4.1.1	Station Manager - J. W. Hampton * Conference Call	_____
	Office [REDACTED]	
	Home [REDACTED]	
	1st Alternate - H. B. Barron.	_____
	Office [REDACTED]	
	Home [REDACTED]	
	2nd Alternate - J. W. Cox	_____
	Office [REDACTED]	
	Home [REDACTED]	
	3rd Alternate - G. T. Smith	_____
	Office [REDACTED]	
	Home [REDACTED]	
	4th Alternate - B. F. Caldwell	_____
	Office [REDACTED]	
	Home [REDACTED]	
	5th Alternate - W. R. McCollum	_____
	Office [REDACTED]	
	Home [REDACTED]	
4.1.2	Compliance Engineer - C. L. Hartzell * Conference Call	_____
	Office [REDACTED]	
	Home [REDACTED]	
	1st Alternate - M. E. Bolch	_____
	Office [REDACTED]	
	Home [REDACTED]	
	2nd Alternate - P. G. LeRoy	_____
	Office [REDACTED]	
	Home [REDACTED]	

* Conference Call Instructions

1. Press and release the receiver button to put the first call on "hold". You will hear three beeps, then dial tone.
2. Dial the third person's number. You can talk before including the original caller.
3. To begin the Conference call, press and release the receiver button. All three parties will be on the line. (If the line is busy or there's no answer, you can return to the original call by pressing and releasing the receiver button.)
4. All parties are disconnected when you hang up.

4.1.3 State & County Warning Points **Use Warning Message Form**

P: Selective Signal Group Call

1. Mecklenburg County

P:

A:

Back-up: Emergency Radio, Code:

2. York County

P:

A:

Back-up: Emergency Radio, Code:

3. Gaston County

P:

A:

Back-up: Emergency Radio, Code:

4. N.C. State, Raleigh

P:

A:

5. S.C. State, Columbia

P:

A:

4.1.4 Operations Duty Engineer - Plant Page

P & T Pager

A: See Current Operations Work List for Home Phone Number.

4.1.5 Nuclear Production Duty Engineer

P & T Pager

** USE ENCLOSURE 4.2 **

4.1.6 NRC Operations Center, Bethesda, Md. (RP/0/B/5000/13)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
TO NUCLEAR PRODUCTION DUTY ENGINEER
EMERGENCY MESSAGE FORMAT

1. This is _____ at Catawba Nuclear Station.
(Name and Title)
2. This _____ is _____ is not a drill. An _____ Unusual Event
_____ Alert
_____ Site Area Emergency
_____ X General Emergency
was declared by the Emergency Coordinator at _____ on Unit # _____.
(Time)
3. Initiating Condition: (Give as close to the emergency plan description as possible together with station parameters used to determine emergency status.)

4. Corrective measures being taken: _____

5. There _____ have _____ have not not been any injuries to plant personnel.
6. Release of radioactivity: _____ is taking place
_____ is not taking place
7. NRC _____ Yes _____ No; State _____ Yes _____ No;
Counties _____ Yes _____ No; have been notified.
8. The Crisis Management Team X should _____ should not be activated.
Corporate Communications and Company Management should be notified.
9. I can be reached at _____ for follow-up information.
(Telephone Number)
10. Additional Comments: _____

Name of Person Contacted _____ Date _____ Time _____

RP/0/A/5000/05
Enlosure 4.3
Page 1 of 4

- *For Message sender: record names of Message Receivers on Page 4.

END OF PART 1

PART 2 FOLLOW-UP MESSAGE(S)

RP/0/A/5000/05

Enclosure 4.3

Page 2 of 4

1. Plant status:
Reactor (a) _____ is not tripped/ _____ was tripped at (Time): _____

Plant is at: (a) _____ % power (c) _____ hot shutdown
(b) _____ cold shutdown (d) _____ cooling down

Prognosis is: (a) _____ stable (c) _____ degrading
(b) _____ improving (d) _____ unknown
2. Emergency actions underway at the facility include: _____

3. Onsite support needed from offsite organizations: _____

4. Dose Projection Data
Windspeed: _____ mph Wind direction: From _____
Precipitation: _____
Release Type: (a) _____ Ground (b) _____ Elevated
Stability Class: _____ (A, B, C, D, E, F, or G)
Weighted dose Conversion Factor: (a) _____ (R/hr)/(Ci/m³)(whole body)
(b) _____ (R/hr)/(Ci/m³)(Child Thyroid)

Radiological Release: Noble Gas Equivalent Xe-133 & I-131
_____ curies/sec.
Iodine Equivalent
_____ curies/sec.
5. The type of actual or projected release is:
_____ (a) Airborne _____ (b) Waterborne
_____ (c) Surface Spill _____ (d) Other
_____ (e) No release is in progress or expected at this time
(Skip Items 6, 7 & 8)
6. Release
_____ will begin at _____ hours.
_____ began at _____ hours.
7. The estimated duration of the release is _____ hours.
8. The source and description of the release is: _____

PART 2 FOLLOW-UP MESSAGE(S) Continued

RP/0/A/5000/05

Enclosure 4.3

Page 3 of 4

9. Dose Projections:

Site Boundary	Dose Commitment		Projected Integrated Dose in Rem	
	Whole Body Distance (rem/hour)	Child Thyroid (Rem/Hour of inhalation)	Based on _____ hours of release	Whole Body Child Thyroid
2 miles				
5 miles				
10 miles				

10. Field measurement of dose rate (mr/hr) or contamination (X) (if available):

Time	Zone	Distance from Plant	Direction from Plant	Whole Body	Child Thyroid

11. I repeat, this message:

- ☐ (a) Reports a real emergency.
☐ (b) Reports a change in the class of a real emergency.
☐ (c) Is an exercise message.

12. Do you have any questions? (Copy on Separate Sheet)

*****END OF FOLLOW-UP MESSAGE(S)*****

* For Message Sender: Record names of Message Receivers on Page 4.

PART 3 TERMINATION MESSAGE

- The event was terminated at _____ on _____.
(time) (date)
- The event at the plant was terminated for the following reason(s): _____

*****END OF TERMINATION MESSAGE*****

*For Message Sender: record names of Message Receivers on Page 4.

RP/0/A/5000/05
Enclosure 4.3
Page 4 of 4

Enclosure 4.3

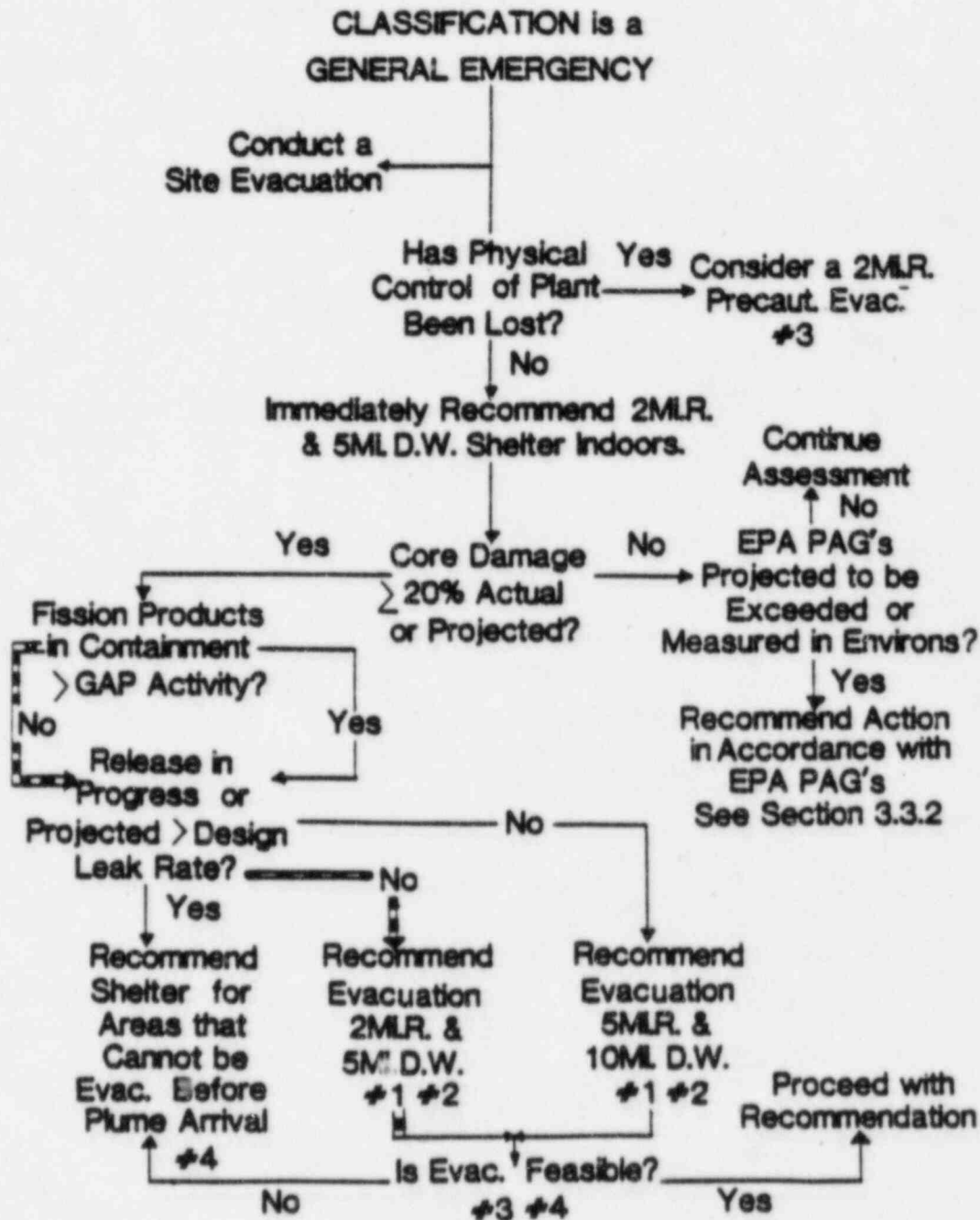
Page 4 of 4

- | | | |
|----|--------|------------------------|
| 1. | (name) | (title) |
| | (date) | (time) (warning point) |
| 2. | (name) | (title) |
| | (date) | (time) (warning point) |
| 3. | (name) | (title) |
| | (date) | (time) (warning point) |
| 4. | (name) | (title) |
| | (date) | (time) (warning point) |
| 5. | (name) | (title) |
| | (date) | (time) (warning point) |
| 6. | (name) | (title) |
| | (date) | (time) (warning point) |
| 7. | (name) | (title) |
| | (date) | (time) (warning point) |

*****FOR UTILITY USE ONLY*****

Release of this message approved by: _____ at: _____
(Name) (Time) (Date)

RP/0/A/5000/05
 GENERAL EMERGENCY
 ENCLOSURE 4.4
 PROTECTIVE ACTION RECOMMENDATION FLOW CHART

Abbreviations:

D.W.- Downwind (90° Sector)

R.- Radius

Notes #1, #2, #3, #4 are on
 page 2.
 CATAWBA Evacuation Time
 Estimates are on page 2.

RP/0/A/5000/05
GENERAL EMERGENCY
ENCLOSURE 4.4
PROTECTIVE ACTION RECOMMENDATION FLOW CHART

Notes:

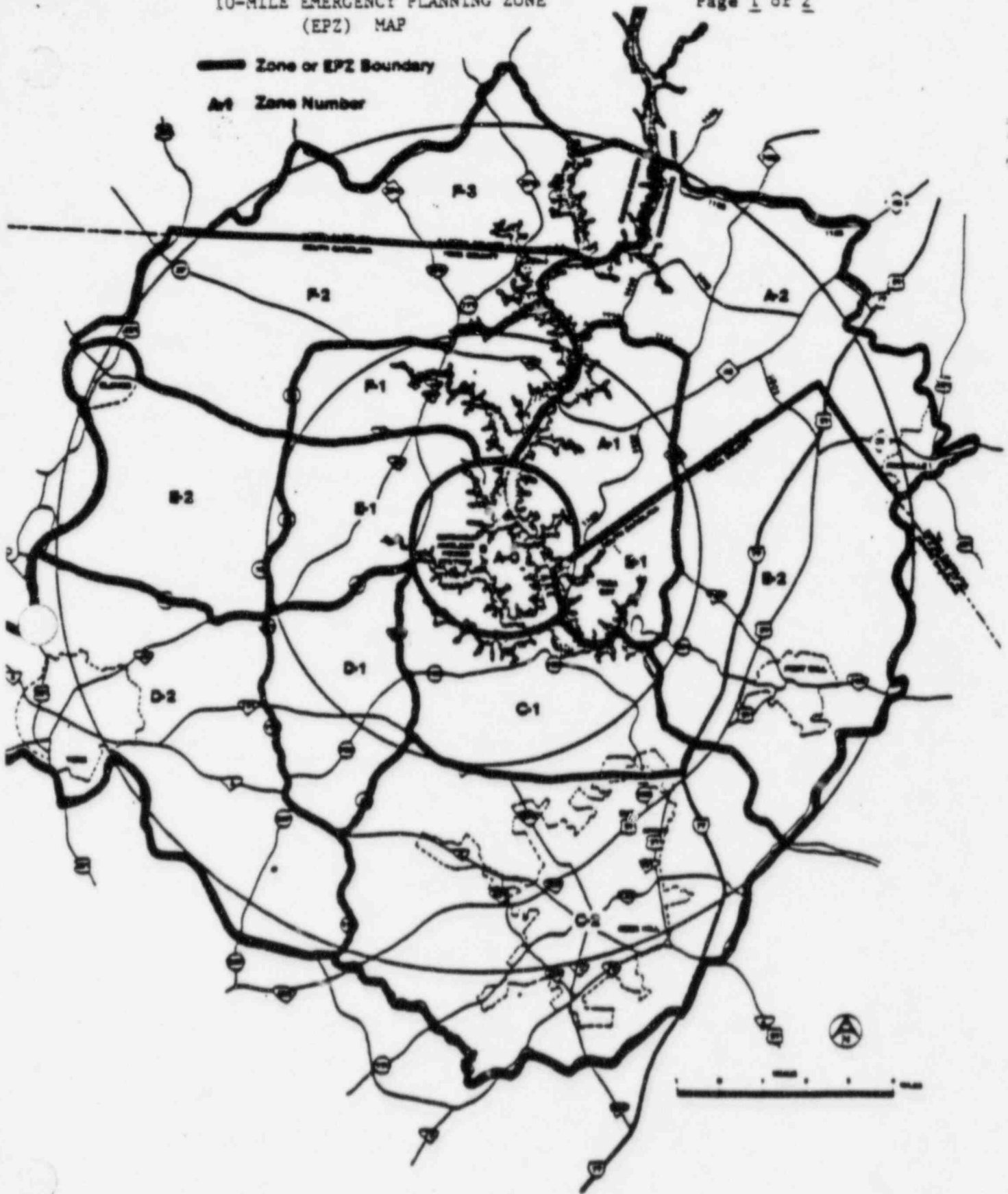
1. For an evacuation recommendation, sheltering of the downwind subzones of the plume exposure EPZ should be recommended.
2. Concentrate on evacuation of areas nearest the plant.
3. The feasibility of an evacuation must be determined by responsible offsite authorities at the time of the emergency. Consideration should include:
 - a. Can State/County agencies support the evacuation?
 - b. Will weather condition inhibit evacuation?
 - c. Do bridge and road conditions present an impediment to evacuation?
 - d. Is the release continuous (>2 hours) or a puff? EPA - 520/1-75-001 Table 1.3.
4. Promptly relocate the population affected by ground contamination following plume passage.
5. Evacuation Time Estimates for Catawba Plume Exposure EPZ:

	<u>Normal Conditions</u>	<u>Adverse Conditions</u>
All Zones (except as noted)	3:25 hrs	3:25 hrs
Zone C-2	4:00 hrs	6:15 hrs
Zone B-2	3:25 hrs	4:00 hrs
Special Facilities (except as noted)	2:45 hrs	4:15 hrs
Special Facilities B-1, C-1, F-1, F-3	1:40 hrs	2:30 hrs

CATAWBA NUCLEAR STATION
10-MILE EMERGENCY PLANNING ZONE
(EPZ) MAP

ENCLOSURE 4.5
Page 1 of 2

Zone or EPZ Boundary
A-1 Zone Number



DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
RP/O/A/5000/05
ENCLOSURE 4.5

WIND DIRECTION DETERMINATION WORK SHEET

Based on wind direction (WD), determine the affected zones from the tables below. Circle the wind direction and affected zones.

NOTE: Upper tower wind direction is preferred. If not available, use lower WD, then use WD from National Weather Service.

A. IF WIND SPEED IS < 5 MPH, THE AFFECTED ZONES ARE A-0, A-1, B-1, C-1, D-1, E-1 and F-1.

B. IF WIND SPEED IS > 5 MPH, SELECT THE AFFECTED ZONES FROM THE TABLES BELOW AS APPLICABLE.

Table 2.1	
0-5 Mile Radius Wind Direction	Affected Zones
0.1° - 360°	A-0
<u>PLUS</u>	
0.1° - 22°	C-1, D-1
22° - 73°	C-1, D-1, E-1
73° - 108°	C-1, D-1, E-1, F-1
108° - 120°	D-1, E-1, F-1
120° - 159°	E-1, F-1
159° - 207°	E-1, F-1, A-1
207° - 247°	F-1, A-1, B-1
247° - 265°	A-1, B-1
265° - 298°	A-1, B-1, C-1
298° - 338°	B-1, C-1
338° - 360°	B-1, C-1, D-1

Table 2.2	
5-10 Mile Radius Wind Direction	Affected Zones
0.1° - 27°	C-2, D-2
27° - 69°	C-2, D-2, E-2
69° - 95°	D-2, E-2, F-2
95° - 132°	D-2, E-2, F-2, F-3
132° - 144°	E-2, F-2, F-3
144° - 160°	E-2, F-2, F-3, A-2
160° - 201°	F-2, F-3, A-2
201° - 229°	F-2, F-3, A-2, B-2
229° - 249°	F-3, A-2, B-2
249° - 259°	A-2, A-3, B-2
259° - 290°	A-2, B-2, C-2, A-3
290° - 304°	A-3, B-2, C-2
304° - 333°	B-2, C-2
333° - 360°	B-2, C-2, D-2

DUKE POWER COMPANY
PROCEDURE PROCESS RECORD(1) ID No. HP/O/B/1000/06Change(s) 0 to
8 IncorporatedPREPARATION(2) STATION Catawba(3) PROCEDURE TITLE Emergency Equipment Functional Check and Inventory(4) PREPARED BY Robert S. Williams DATE 12-18-85(5) REVIEWED BY Fletcher Wilson DATE 12-18-85Cross-Disciplinary Review By _____ N/R F. Wilson

(6) TEMPORARY APPROVAL (If Necessary)

By _____ (SRO) Date _____

By _____ Date _____

(7) APPROVED BY Jr. Lf DATE 12/19/85

(8) MISCELLANEOUS

Reviewed/Approved By _____ Date _____

Reviewed/Approved By _____ Date _____

COMPLETION

(9) DATE(S) PERFORMED _____

(10) PROCEDURE COMPLETION VERIFICATION

- ☐ Yes ☐ N/A Check lists and/or blanks properly initialed, signed, dated or filled in N/A or N/R, as appropriate?
- ☐ Yes ☐ N/A Listed enclosures attached?
- ☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?
- ☐ Yes ☐ N/A Charts, graphs, etc. attached and properly dated, identified and marked?
- ☐ Yes ☐ N/A Acceptance criteria met?

VERIFIED BY _____ DATE _____

(11) PROCEDURE COMPLETION APPROVED _____ DATE _____

(12) REMARKS

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY EQUIPMENT FUNCTIONAL CHECK AND INVENTORY

1.0 PURPOSE

To provide for the availability and readiness of Emergency Equipment.

2.0 REFERENCES

- 2.1 HP/O/B/1005/08; Respirator Quality Assurance
- 2.2 HP/O/B/1009/19; Emergency Radio System Operations, Maintenance and Communications
- 2.3 Catawba Nuclear Station Directive 2.11.13
- 2.4 Catawba Nuclear Station Directive 3.2.2
- 2.5 Catawba Nuclear Station Directive 3.3.3
- 2.6 Catawba Nuclear Station Emergency Plan
- 2.7 Catawba Nuclear Station Technical Specifications 6.8.1
- 2.8 Duke Power Company Radio Operator's Manual
- 2.9 Maintenance of Silver Zeolite Air Sampling Cartridges Letter; File: CN-768.01
- 2.10 10CFR 50 Appendix E
- 2.11 Technical Manual for Groban Gasoline Generators
- 2.12 Shelf-life of Health Physics Clothing; File: CN-766.00.

3.0 LIMITS AND PRECAUTIONS

- 3.1 Operation of Portable Generators
 - 3.1.1 Avoid operating the unit while hands are wet or while standing in water.
 - 3.1.2 Generators shall not be started while equipment is plugged into generator.
 - 3.1.3 Low voltage rubber gloves should be worn while operating the generators. These gloves are stored with the generators.
- 3.2 Silver zeolite cartridges shall be discarded if the seal has been broken.

- 3.3 Any radiation monitoring equipment (located in an emergency kit) that must be removed from service for any reason shall be replaced as soon as possible
- 3.4 Any emergency kit used during training or for drill purposes shall be reinventoried as soon as possible. The individual responsible for the training or drill shall be responsible for inventory and restocking of all on-site kits.
 - 3.4.1 Off-site kits shall be reinventoried as above and a list of deviations shall be given to the Respiratory/Instrument Calibration (R/IC) Supervisor. R/IC shall be responsible for restocking off-site kits as soon as possible.

4.0 PROCEDURE

4.1 Monthly Emergency Equipment Check/Inventory

4.1.1 Portable Generator Check

- 4.1.1.1 Portable generators shall be considered acceptable for use if:

- 4.1.1.1.1 The oil level is at an acceptable level per Reference 2.11.

- 4.1.1.1.2 The generator starts and runs for at least 5 minutes.

- 4.1.1.1.3 The generator stabilizes after a portable air sampler is plugged into each of the generator outlets.

- 4.1.1.2 If generator is acceptable, shut off generator and remove any excess gasoline from the gas tank.

- 4.1.1.3 Document the operability of the generators in the appropriate column on the Monthly/Quarterly Emergency Equipment Check Sheet (Enclosure 5.1).

4.1.2 Two-Way Low Band FM Radios

- 4.1.2.1 The radios shall be considered acceptable for use if:

- 4.1.2.1.1 Each radio transmits a message to another radio.

- 4.1.2.1.2 Each radio receives a message from another radio.

- 4.1.2.2 Document the operability of the radios in the appropriate area on Enclosure 5.1.

4.1.2.3 Inoperable radios shall be removed from service. Contact Toddville Communication Shop Planner for instructions on disposition for repair.

4.1.3 Batteries

4.1.3.1 All batteries shall be considered acceptable for use if:

4.1.3.1.1 The battery tester needle indicates "good" when the battery is tested.

4.1.3.1.2 The battery appears to be in good physical condition (no dents, corrosion, etc.).

4.1.3.2 Document battery check on Enclosure 5.1.

4.1.4 Portable Survey Instruments

4.1.4.1 Portable Survey Instruments shall be considered acceptable for use if:

4.1.4.1.1 The instrument battery checks.

4.1.4.1.2 The instrument source checks in accordance with the instrument's operation procedure (located in the emergency kit).

4.1.4.1.3 The instrument has no apparent physical damage.

4.1.4.1.4 The instrument has been calibrated within 3 months +/- 7 days.

4.1.4.2 Document the instrument's operability on Enclosure 5.1.

4.1.5 Portable Air Samplers

4.1.5.1 Air Samplers shall be considered acceptable for use if:

4.1.5.1.1 The sampler operates when plugged into an electrical outlet.

4.1.5.1.2 The calibration date on the sampler is current.

4.1.5.1.3 The sampler has no apparent physical damage.

- 4.1.5.2 Document the sampler's operability on Enclosure 5.1.

4.1.6 Respiratory Equipment

- 4.1.6.1 Respiratory equipment shall be considered acceptable for use if:

4.1.6.1.1 The equipment is in accordance with criteria stated in Reference 2.1.

4.1.6.1.2 The Emergency Self-Contained Breathing Apparatus (SCBA) are available at the following locations:

<u>Locations</u>	<u>Minimum Units</u>
Control Room	2
Upper Personnel Hatch	2
Lower Personnel Hatch	2
Health Physics Respiratory Storage Area	8

4.1.6.1.3 Six large cylinders of breathing air (minimum of six hours used for 5 people) are located in the Control Room along with 5 airline respirators and associated airline hoses.

- 4.1.6.2 Document operability of respiratory equipment in accordance with Reference 2.1.

4.2 Quarterly Emergency Equipment Inventory/Inspection

- 4.2.1 Emergency equipment kits shall be inventoried quarterly and after each use using the appropriate Emergency Equipment Kit List of Contents (Enclosures 5.4 - 5.13)

4.2.1.1 Consult the Emergency Equipment Kit Location Sheet (Enclosure 5.2) for the locations of each kit.

4.2.1.2 Perform monthly checks as in Steps 4.1.1, 4.1.3, 4.1.4, 4.1.5, 4.1.6.

4.2.1.3 The quarterly operability check on two-way low band radios shall be performed as follows:

4.2.1.3.1 Radios shall be checked from a point 10 miles from the plant in accordance with Reference 2.8.

4.2.1.3.2 Contact shall be made from the base station in the TSC to each of the radios.

4.2.1.3.3 Each of the radios shall make contact with the base station.

NOTE: Base Call Sign

Radio Call Signs
(Alpha, Bravo, Charlie,
Delta, Echo, Foxtrot)

4.2.1.3.4 Document operability of radios on Enclosure 5.1.

4.2.1.4 Perform a functional check of the dosimeter charger/reader. The charger is acceptable for use if the charger light illuminates.

4.2.1.5 Ensure that the leak and source check dates on the dosimeters are current.

4.2.1.6 Ensure that the TLD's are the appropriate ones for the current quarter.

4.2.1.7 Ensure the Potassium Iodide tablets have not exceeded their expiration date.

4.2.1.8 Ensure the seal on the silver zeolite cartridge packet is not broken and the cartridges are not damaged.

4.2.1.9 Ensure that all procedures are current with the Control Copy.

4.2.1.10 Ensure the flashlight bulb illuminates properly.

4.2.1.11 Check all protective clothing to ensure it has not exceeded the recommended shelf-life per Enclosure 5.15.

4.2.1.12 Ensure that GMR-I canisters have not exceeded their expiration date.

4.2.1.13 Document any deviations on the Emergency Equipment Deviation Authorization Sheet (Enclosure 5.14).

4.2.1.14 The Technician shall sign off Enclosure 5.1 and forward to the Respiratory/Instrument Calibration (R/IC) Supervisor.

4.2.2 Weather Information Check

4.2.2.1 Quarterly a call shall be placed to the National Weather Service located in Columbia, SC at [REDACTED] or [REDACTED]. If these numbers cannot be reached, an alternate number in Charlotte [REDACTED] may be used. Obtain wind direction, wind speed, and cloud cover from one of these sources for the vicinity of Catawba Nuclear Station.

4.2.2.2 Obtain the same information from the Control Room.

4.2.2.3 Record this information on the Weather Information Form (Enclosure 5.3).

4.3 Deviation Authorization

4.3.1 The Station Health Physicist shall be made aware of any deviation recorded on Enclosure 5.14.

4.3.2 The Station Health Physicist shall have evaluated the consequences the deviation may have upon the capability to respond to an emergency situation.

4.3.3 Enclosure 5.14 shall be used to state the action taken to remedy the deviation, and to state the justification for taking that action.

4.4 Upon completion of this procedure all required documentation will be filed in the Emergency Equipment Functional Check and Inventory Log, until the end of the quarter.

4.4.1 At the end of the quarter all of the required documentation will be placed in the Health Physics Satellite Master File.

4.4.2 Sign off the PT printout and forward as per Reference 2.4.

5.0 ENCLOSURES

5.1 Sample of Monthly /Quarterly Emergency Equipment Check Sheet

5.2 Sample of Emergency Equipment Kit Location Sheet

5.3 Sample of Weather Information Form

5.4 Sample of Recovery Kit List of Contents

- 5.5 Sample of Environmental Survey Kit List of Contents
- 5.6 Sample of Environmental Survey Kit List of Contents (Helicopter)
- 5.7 Sample of Personnel Survey Kit List of Contents
- 5.8 Sample of Personnel Survey Kit List of Contents (Evacuation Facility)
- 5.9 Sample of Emergency Medical Kit List of Contents (First Aid Room)
- 5.10 Sample of Emergency Medical Kit List of Contents (Piedmont Medical Center)
- 5.11 Sample of Operations Support Center Kit List of Contents
- 5.12 Sample of Technical Support Center Kit List of Contents
- 5.13 Sample of Fuel Transfer Kit List of Contents
- 5.14 Sample of Emergency Equipment Deviation Authorization Sheet
- 5.15 Sample of Recommended Shelf-life for Protective Clothing

MONTHLY/QUARTERLY EMERGENCY EQUIPMENT CHECK SHEET

[illegible]

Generator Number	Comments	Signature/Date

[illegible]

CATAWBA NUCLEAR STATION
EMERGENCY EQUIPMENT LOCATION SHEET
HP/O/B/1000/06
ENCLOSURE 5.2

KITS

LOCATION

Recovery Kits (4)
Evacuation Facilities (2)

Security Pap Area
Construction Personnel Access Area

Environmental Survey Kits (Vehicle) (4)
Environmental Survey Kit (Helicopter) (1)

Personnel Survey Kits (4)
Evacuation Facilities (2)

Security Pap Area
Construction Personnel Access Area

Emergency Medical Kit (2)

Operations Support Center Kit

Technical Support Center Kit

Fuel Transfer Kit

Allen Steam Station
Transmission Line
Maintenance Building
Temp. Admin. Building
Temp. Admin. Building

Temp. Admin. Building
Temp. Admin. Building

Allen Steam Station
Transmission Line
Maintenance Building
Temp. Admin. Building
Temp. Admin. Building

Aux. Building First Aid Room
Piedmont Medical Center

Operations Support Center

Technical Support Center

Temp. Admin. Building

CATAWBA NUCLEAR STATION
WEATHER INFORMATION
HP/O/B/1000/06
ENCLOSURE 5.3

	National Weather Service	Control Room
Wind Direction	_____	_____
Wind Speed	_____	_____
Cloud Cover	_____	_____
Time	_____	_____

Signature/Date

CATAWBA NUCLEAR STATION
RECOVERY KITS LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.4

ITEM	MINIMUM AMOUNT
List of Contents	1
Eberline E-520 w/HP-270 Probe	1
Exempt Source	1
Low/High Range Dosimeters (0-500 mR), (0-5R)	2 each
Dose Cards	25
TLD Badges	6
Dosimeter Charger	1
Boundary Ribbon or Rope (50 yd. roll)	1
Masking Tape (roll)	1
Rain Suits (set)	2
Coveralls: Cotton	2
Gloves: Cotton (pair)	2
Rubber (pair)	2
Shoe Covers: Disposable (pair)	2
Rubber (pair)	2
Hoods: Cotton	2
Poly Bags (Various)	12
Caution Signs w/inserts	2
Legal Pad	1
Instrument/Smear Survey (pad)	1
Pens	2
Grease Pencil and refills	1
Full Face Respirator With GMR-I Canister (or equivalent)	2
First Aid Kit	1
Potassium Iodide Tablets	275 bottles
Trans. Line Maint.	150 bottles
Security PAP	150 bottles
Construction Personnel Area	275 bottles
Allen Steam Station	100
KI Distribution Data Sheet	1
Smears (box)	30
NuCon Smears	1
Flashlight	10
Batteries (Size D)	1
Scissors	100
Medication Envelopes	60
Trans. Line Maint.	60
Security PAP	100
Construction Personnel Area	100
Allen Steam Station	1
Crisis Management Team Phone Directory**	100
SLED Badges (Personnel and Vehicle each)**	3
Emergency Planning Zone Maps**	1
HP/O/B/1009/16	

*Any Deviations will be documented on the Emergency Equipment Deviation Authorization Sheet (Sample Enclosure 5.14).

**These items are found only in the Recovery Kits located at Allen Steam Station and Transmission Line Maintenance Building.

CATAWBA NUCLEAR STATION
 ENVIRONMENTAL SURVEY KITS LIST OF CONTENTS
 HP/O/B/1000/06
 ENCLOSURE 5.5

ITEM	MINIMUM AMOUNT
List of Contents	1
Eberline E-520 w/HP-270 Probe	1
Eberline E-140N w/HP-210 Probe (or equivalent)	1
Exempt Source	1
Portable MCA**	1
Eberline PIC 6A	1
Emergency Radio Transmitter/Receiver	1
Radeco H809V Air Sampler	1
Gasoline Generator (Gasoline in Safety Cabinet)	1
Low/High Range Pocket Dosimeter (0-500 mR), (0-5R)	2 each
Dose Cards	25
TLD Badge	6
Dosimeter Charger	1
Full Face Respirator With GMR-I Canister (or equivalent)	2
Potassium Iodide Tablets (bottle)	2
Coveralls: Cotton	3
Gloves: Cotton (pair)	8
Rubber (pair)	3
Shoe Covers: Disposable (pair)	3
Rubber (pair)	3
Hoods: Cotton	3
Poly Bags (Various Sizes)	6
Masking Tape (roll)	1
Limnological Sampler	1
Cubitainers	6
1 Liter Wide Mouth Bottles	5
Stopwatch	1
Flashlight	1
Batteries (Size D)	14
Batteries (9 volt)	4
Silver Zeolite Filter Cartridges	30
Particulate Filters	30
Filter Cartridges Labels & Bags	100
Smears (box)	1
NuCon Smears	30
Instrument/Smear Survey (pad)	1
Map of Ten Mile Zone Sectors	1
Legal Pad	1
Pen	2
Permanent Marker	1
Hand Spade	1
Grease Pencil and refills	1
Dime Roll	1
Scissors	1
Rain Suits	3
Telephone location maps	1
Field Monitoring Data Sheet	20
Field Monitoring Work Sheet	20

CATAWBA NUCLEAR STATION
ENVIRONMENTAL SURVEY KITS LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.5

ITEM	MINIMUM AMOUNT
KI Tablet Distribution Data Sheet	1
Radio Operator Manual	1
CPD1 Key	1
SLED Badges (Personal - Vehicle)	4
HP/O/B/1009/04	1
HP/O/B/1009/16	1
HP/O/B/1003/17	1
HP/O/B/1009/19	1

*Any Deviations will be documented on the Emergency Equipment Deviation Authorization Sheet (Sample Enclosure 5.14).

**This instrument is stored and maintained in the Health Physics Counting Room Area.

CATAWBA NUCLEAR STATION
 ENVIRONMENTAL SURVEY KITS LIST OF CONTENTS (Helicopter)
 HP/O/B/1000/06
 ENCLOSURE 5.6

ITEM	MINIMUM AMOUNT
List of Contents	1
Eberline PIC-6A	1
Eberline E-520 w/HP-270 Probe	1
Exempt Source	1
Low/High Range Pocket Dosimeter (0-500 mR), (0-5R)	2 each
Dose Cards	25
Field Monitoring Data Sheet	20
TLD Badge	6
Dosimeter Charger	1
Full Face Respirator with GMR-I Canister (or equivalent)	2
Potassium Iodide Tablets (bottle)	2
KI Distribution Data Sheet	1
Stopwatch	1
Flashlight	1
Batteries (Size D)	10
Batteries (9 volt)	4
Ear Plugs (pairs)	6
Map of Ten Mile Zone Sectors	1
Legal Pad	1
Pen	2
Rain Suits	2
Instrument/Smear Survey (pad)	1
Emergency Radio Transmitter/Receiver	1
HP/O/B/1009/19	1
HP/O/B/1009/04	1
HP/O/B/1009/16	1

*Any Deviation will be documented on the Emergency Equipment Deviation Authorization Sheet (Sample Enclosure 5.14).

CATAWBA NUCLEAR STATION
PERSONNEL SURVEY KITS LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.7

ITEM	MINIMUM AMOUNT
List of Contents	1
Eberline E-140N w/HP-210 Probe (or equivalent)***	2
Sample Slide Tray***	1
Exempt Source	1
Emergency Radio Transmitter/Receiver**	1
Radio Operator Manual	1
Low/High Range Dosimeters (0-500 mR/hr), (0-5 R/hr)	2 each
Dose Cards	25
TLD Badges	2
Dosimeter Charger	1
Full Face Respirator With GMR-I (or equivalent)	2
Potassium Iodine Tablets (bottle)	2
KI Distribution Data Sheet	1
Coveralls: Cotton	6
Gloves: Cotton (pair)	6
Rubber (pair)	6
Shoe Covers: Disposable (pair)	6
Rubber (pair)	6
Hoods: Cotton	6
Boundary Ribbon or Rope (50 yd. roll)	1
Caution Signs w/inserts	4
Masking Tape (roll)	1
Poly Bags (Various)	6
Smears (box)	1
NuCon Smears	25
Instrument/Smear Survey (pad)	1
Pens	2
Grease Pencil & Refills	1
Legal Pad	1
Scissors	1
Rain Suits	3
Decon Kit	1
1) Rad Con	
2) Rad Wash	
3) Paper Towels	
4) Scrub Brush	
5) Cotton Swabs	
6) Fingernail Clippers	
7) Phisohex (125 ml)	
8) Personal Decontamination Forms	
Batteries (Size D)	10
Station Directive 3.8.3	1
HP/O/B/1004/06	1
HP/O/B/1009/05	1
HP/O/B/1009/16	1
HP/O/B/1009/19**	1

CATAWBA NUCLEAR STATION
PERSONNEL SURVEY KITS LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.7

- *Any Deviation will be documented on the Emergency Equipment Deviation Authorization Sheet (Sample Enclosure 5.14).
- **Only the Construction Personnel access area shall have an Emergency Radio and procedure.
- ***The Security PAP Area shall have (3) E-140N w/HP-210 Probe or equivalent and Sample Slide Tray. The Construction Personnel Access Area shall have (2) E-140-N w/HP-210 Probe or equivalent and shall not have a Sample Slide Tray.

CATAWBA NUCLEAR STATION
PERSONNEL SURVEY KITS LIST OF CONTENTS
(EVACUATION FACILITY)
HP/O/B/1000/06
ENCLOSURE 5.8

ITEM	MINIMUM AMOUNT
List of Contents	1
Eberline E-140N w/HP-210 Probe (or equivalent)	3
Exempt Source	1
Low/High Range Dosimeters (0-500 mR), (0-5R)	4 each
Dose Cards	25
TLD Badges	4
Dosimeter Charger	1
Potassium Iodide Tablets (bottle)	2
KI Tablet Distribution Data Sheet	1
Medication Envelopes	3
Coveralls: Cotton	6
Gloves: Cotton (pair)	6
Rubber (pair)	6
Shoe Covers: Disposable (pair)	6
Rubber (pair)	6
Hoods: Cotton	6
Disposable Coveralls	40
Boundary Ribbon or Rope (50 yd. roll)	1
Caution Signs w/inserts	4
Masking Tape (roll)	1
Poly Bags (Various)	6
Smears (box)	1
Instrument/Smear Survey (pad)	1
Pens	2
Grease Pencil & Refills	1
Legal Pad	1
Decon Kit	1
1) Rad Con	
2) Rad Wash	
3) Paper Towels	
4) Scrub Brush	
5) Cotton Swabs	
6) Fingernail Clippers	
7) Phisohex (125 ml)	
8) Personnel Decontamination Forms	
Scissors	1
Station Directive 3.8.3	1
Evacuation Personnel Dose Record	50
Catawba Nuclear Station Telephone Directory	1
Batteries (Size D)	10
HP/O/B/1004/06	1
HP/O/B/1009/05	1
HP/O/B/1009/16	1

*Any Deviation will be documented on the Emergency Equipment Deviation Authorization Sheet (Sample Enclosure 5.14).

CATAWBA NUCLEAR STATION
EMERGENCY MEDICAL KIT LIST OF CONTENTS
FIRST AID ROOM
HP/O/B/1000/06
ENCLOSURE 5.9

ITEM	MINIMUM AMOUNT
List of Contents	1
Eberline E-140N w/HP-210 Probe (or equivalent)	1
Exempt Source	1
Poly Bags (various sizes)	6
Smears (box)	1
NuCon Smears	25
Coveralls: Cotton	6
Gloves: Cotton (pair)	6
Rubber (pair)	6
Shoe Covers: Disposable (pair)	6
Rubber (pair)	6
Hoods: Cotton	6
Rain Suits	2
Tape, Radioactive Material	1
Tape, Masking 2"	1
Tape, Duct 2"	1
Instrument/Smear Survey (pad)	1
Pens	2
Legal Pad	1
Caution Signs w/inserts	3
Radioactive Material Tags	50
Scissors	1
Poly for Ambulances (bundles)	3
Batteries (Size D)	4
HP/O/B/1004/06	1
HP/O/B/1009/08	1

*Any Deviation will be documented on the Emergency Equipment Deviation Authorization Sheet (Sample Enclosure 5.14).

CATAWBA NUCLEAR STATION
EMERGENCY MEDICAL KITS LIST OF CONTENTS
PIEDMONT MEDICAL CENTER
HP/O/B/1000/06
ENCLOSURE 5.10

ITEM	MINIMUM AMOUNT
List of Contents	1
Eberline E-520 w/HP-270 Probe	1
Eberline E-140N W/210 Probe (or equivalent)	1
Exempt Source	1
Poly Bags (various sizes)	14
Smears (box)	1
NuCon Smears	25
Tape, Radioactive Material	1
Tape, Masking 2"	2
Tape, Duct 2"	4
Instrument/Smear Survey (pad)	1
Caution Signs w/inserts	5
Rad Rope	1
TLD Badges	10
Pocket Dosimeters (0-500mR)	10
Dose Cards	25
Dosimeter Charger	1
Radioactive Material Tags	50
Floor and Vent Covering	1
Disposable Coveralls	25
Disposable Shoe Covers (pairs)	25
Disposable Hoods	10
Cubitainers	5
Decon Kit	1
1) Rad Con	
2) Rad Wash	
3) Paper Towels	
4) Scrub Brush	
5) Cotton Swabs	
6) Fingernail Clippers	
7) Phisohex (125 ml)	
8) Personnel Decontamination Forms	
Cotton Gloves (pairs)	50
Rubber Gloves (pairs)	20
Batteries (Size D)	8
Grease pencils (box)	1
Stanchions	4
HP/O/B/1004/06	1
HP/O/B/1009/08	1

*Any Deviation will be documented on the Emergency Equipment Deviation Authorization Sheet (Sample Enclosure 5.14).

CATAWBA NUCLEAR STATION
OPERATIONS SUPPORT CENTER KITS LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.11

Page 1 of 2

ITEM	MINIMUM AMOUNT
List of Contents	1
Coveralls: Cotton	40
Gloves: Cotton (pair)	40
Rubber (pair)	40
Shoe Covers: Disposable (pair)	40
Rubber (pair)	40
Hoods: Cotton	40
Full Face Respirators with GMR-I Canister (or equivalent)	10
Flashlights	11
Batteries (Size D)	34
Batteries (9 volt)	20
Eberline PIC 6A	5
RM-14 w/HP-210 Probe	1
E-140N w/HP-210 Probe (or equivalent)	1
Exempt Source	1
Camera (Polaroid)	1
Polaroid Film Pacs	2
Masking Tape (Roll)	2
Dosimeters (0-100R), (0-5R)	5
Dose Cards	25
Dosimeter Charger	1
Small Sample Bottles or Medication Envelopes	10
Rain Suits	5
Poly Bags (various sizes)	50
Radeco H809V Air Sampler	3
Silver Zeolite Filter Cartridges	30
Particulate Filters	30
Filter Cartridge Labels	30
Potassium Iodide Tablets (bottle)	20
KI Distribution Data Sheet	10
HP/O/B/1004/06	1
Decon Kit	1
1) Rad Con	
2) Rad Wash	
3) Paper Towels	
4) Scrub Brush	
5) Cotton Swabs	
6) Fingernail Clippers	
7) Phisohex (125 ml)	
8) Personnel Decontamination Forms	
Instrument/Smear Survey (pad)	1
Telephone	2
Post-Accident Containment Air Sampling Equipment Kit	1
Pen (box)	1
Grease Pencil (and refills) (box)	1
Extension Cord (50 ft.)	2
Extension Cords (25 ft.)	2
Stopwatch	2
Large Battery Lanterns (with 6 volt batteries)	4
Plant Drawings	1

CATAWBA NUCLEAR STATION
OPERATIONS SUPPORT CENTER KITS LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.11

ITEM	MINIMUM AMOUNT
OSC Response Personnel Dose Record Forms Smears (box)	125 1

*Any Deviation will be documented on the Emergency Equipment Deviation
Authorization Sheet (Sample Enclosure 5.14).

CATAWBA NUCLEAR STATION
 TECHNICAL SUPPORT CENTER KIT LIST OF CONTENTS
 HP/O/B/1000/06
 ENCLOSURE 5.12

Page 1 of 2

ITEM	MINIMUM AMOUNT
List of Contents	1
Coveralls: Cotton	20
Gloves: Cotton (pair)	20
Rubber (pair)	20
Shoe Covers: Disposable (pair)	20
Rubber (pair)	20
Hoods: Cotton	20
Full Face Respirators with GRM-I Canister (or equivalent)	6
Eberline E-520 w/HP-270 Probe	1
Eberline PIC-6A	3
E-140N w/HP-210 Probe (or equivalent)	1
Exempt Source	1
Radeco H809V Air Sample	1
Dosimeter (0-100R), (0-5R)	6 each
Dose Cards	25
Silver Zeolite Filter Cartridges	30
Particulate Filters	30
Filter Cartridge Labels	25
Dosimeter Charger	1
Potassium Iodide Tablets (bottle)	25
Boundary Ribbon or Rope (50 yd. roll)	1
Caution Signs w/inserts	3
Rad Tape	2
Smears (box)	1
Poly Bags	6
Masking Tape (Roll)	1
Pen	2
Legal Pad	1
Grease Pencil (and refills)	1
Flashlights	8
Batteries (Size D)	30
Batteries (9V)	12
Small Sample Bottles or Medication Envelopes	10
Rain Suits	6
Decon Kit	1
1) Rad Con	
2) Rad Wash	
3) Paper Towels	
4) Scrub Brush	
5) Cotton Swabs	
6) Fingernail Clippers	
7) Phisohex (125 ml)	
8) Personnel Decontamination Forms	
Instrument/Smear Survey (pad)	1
Request for Exposure Extension Forms	15
Plant Drawings	1
HP/O/B/1009/16	1
HP/C/B/1004/06	1

CATAWBA NUCLEAR STATION
TECHNICAL SUPPORT CENTER KIT LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.12

*Any Deviation will be documented on the Emergency Equipment Deviation
Authorization Sheet (Sample Enclosure 5.14).

CATAWBA NUCLEAR STATION
FUEL TRANSFER KIT LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.13

ITEM	MINIMUM AMOUNT
List of Contents	1
Shoe Covers: Disposable (pair)	20
Rubber (pair)	6
Gloves: Cotton (pair)	20
Surgeons (box)	1
Rubber (pair)	6
Coveralls: Disposable	4
Cotton	6
Hoods	4
Wet Suit	2
Hard Hat	3
Full Face Respirators with GMR-I Canister (or equivalent)	2
Radeco H809V Air Sampler	1
Eberline E-140N w/HP-210 Probe (or equivalent)	1
Eberline FIC-6A	1
Eberline E-520 w/HP-270 Probe	1
Exempt Source	1
Silver Zeolite Cartridges and Particulate Filters	10
Labels for Filters and Cartridges	10
Potassium Iodide Tablets (Bottle)	30
TLD Badge	5
Low/High Range Dosimeter (0-500 mR), (0-5R)	5 each
Dose Card	25
Dosimeter Charger	1
Weather-Proof Caution Signs with Inserts	4
Radioactive Waste Signs (4" x 6")	12
Caution: Radiation/Radioactive Material Tags	12
50 yd. Roll of Barricade Tape (Magenta & Yellow)	4
Step Off Pads	3
Poly Bags	12
Hand Gardening Spade	1
Wide Mouth Sample Bottles	4
Plastic Sample Bottles or Medication Envelopes	12
Kimwipes (box)	2
NuCon Smears	100
Copy of NAC-1 Drawings (Prints)	1
Copy of Loading and Unloading Instructions	1
Duct Tape (Roll)	2
Masking Tape (1" and 2" Rolls)	1 each
Contact Pyrometer with Probe	2
Safety Glasses	5
Binoculars	1
Tool Kit	1
Batteries (9 Volt)	4
Flashlights	2
Batteries (Size D)	18
Steno Pad with 2 Mechanical Lead Pencils	1
Pencil Refills	1

CATAWBA NUCLEAR STATION
FUEL TRANSFER KIT LIST OF CONTENTS
HP/O/B/1000/06
ENCLOSURE 5.13

ITEM	MINIMUM AMOUNT
Grease Pencils	2
All Purpose Marker	2
Scotch Tape Roll and Dispenser	1
Roll of Dimes	1
Gasoline Generator (Gasoline Stored in Safety Cabinet)	1
Instrument/Smear Survey (pad)	1
HP/O/B/1009/16	1

*Any Deviation will be documented on the Emergency Equipment Deviation
Authorization Sheet (Sample Enclosure 5.14).

CATAWBA NUCLEAR STATION
EMERGENCY EQUIPMENT DEVIATION AUTHORIZATION SHEET

Deviation Description	Kit	Action Taken	Action Justification	Signature/Date

R/IC Supervisor _____ Date _____

Station Health Physicist _____ Date _____

CATAWBA NUCLEAR STATION
RECOMMENDED SHELF-LIFE FOR PROTECTIVE CLOTHING

Cotton Goods:	4 years
Tyvek Goods:	4 years
Duraguard Goods:	4 years
Rubber overshoes	4 years
Vinyl Gloves:	6 months
Latex Gloves:	6 months
PVC goods:	1 year

NOTE: If the date marked on the protective clothing exceeds the allowable shelf-life, remove the protective clothing from the emergency kit.



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

January 22, 1986

50-413/414 Catawba

MEMORANDUM FOR: Chief, Document Management Branch, TIDC
FROM: Director, Division of Rules and Records, ADM
SUBJECT: REVIEW OF UTILITY EMERGENCY PLAN DOCUMENTATION

The Division of Rules and Records has reviewed the attached document and has determined that it may now be made publicly available.

Donnie H. Grimsley

Donnie H. Grimsley, Director
Division of Rules and Records
Office of Administration

Attachment: As stated

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