



**Entergy**

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| DOC # | REV # | TITLE | INSTRUCTIONS |
|-------|-------|-------|--------------|
|-------|-------|-------|--------------|

**THE FOLLOWING PROCEDURE(S) HAS BEEN REVISED, PLEASE REMOVE YOUR CURRENT COPY AND REPLACE WITH ATTACHED UPDATED REVISION:**

- IP-EP-AD1 REVISION 8**
- IP-EP-AD6 REVISION 36**
- IP-EP-AD40 REVISION 14**
- IP-1055 REVISION 20**
- IP-EP-120 REVISION 15**
- IP-EP-210 REVISION 28**

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**EFFECTIVE DATE: 5/17/2021**

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# IPEC IMPLEMENTING PROCEDURE PREPARATION, REVIEW, AND APPROVAL

IP-SMM-AD-102 Rev: 17

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## ATTACHMENT 10.2

## IPEC PROCEDURE REVIEW AND APPROVAL

(Page 1 of 1)

Procedure Title: Maintaining Emergency Preparedness

Procedure No. IP-EP-AD1 Existing Rev: 7 New Rev: 8 DRN/EC No: DRN-20-004046 00116

| Procedure Activity<br>(MARK Applicable)                                                                                                                                                                                                                                      | <input type="checkbox"/> Converted To IPEC, Replaces:                                          | Temporary Procedure Change<br>(MARK Applicable)                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW PROCEDURE<br><input type="checkbox"/> GENERAL REVISION<br><input checked="" type="checkbox"/> PARTIAL REVISION<br><input type="checkbox"/> EDITORIAL REVISION<br><input type="checkbox"/> VOID PROCEDURE<br><input type="checkbox"/> SUPERSEDED | Unit 1 Procedure No. _____<br><br>Unit 2 Procedure No. _____<br><br>Unit 3 Procedure No. _____ | <input type="checkbox"/> EDITORIAL Temporary Procedure Change<br><input type="checkbox"/> ADVANCE Temporary Procedure Change<br><input type="checkbox"/> CONDITIONAL Temporary Procedure Change<br>Terminating Condition: _____<br>_____ |
| <input type="checkbox"/> RAPID REVISION                                                                                                                                                                                                                                      | Document in Microsoft Word:<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | <input type="checkbox"/> VOID DRN/TPC No(s): _____                                                                                                                                                                                       |

**Revision Summary**  N/A – see Revision Summary page. – Procedure was revised to reflect Post U3 Shutdown Eplan..

**Implementation Requirements**

Implementation Plan?  Yes  No Formal Training?  Yes  No Special Handling?  Yes  No

Quality Related?  Yes  No **If Yes, then ensure the procedure cover page is marked "Quality Related"**

RPO Dept: Emergency Planning Writer: (Print Name/Ext/Sign): Rebecca Martin x7106/ Rebecca A Martin

**Review and Approval** (Per Attachment 10.1, IPEC Review And Approval Requirements)

1.  Technical Reviewer: Craig Delamater / CD 4/16/2021  
 (Print Name/ Signature/ Date)

2.  Cross-Disciplinary Reviewers:  
 Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 Print Name/ Signature/ Date)

Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 Print Name/ Signature/ Date)

3.  RPO- Responsibilities/Checklist: Frank J Mitchell / FJ Mitchell 4/20/21  
 (Print Name/ Signature/ Date)

- PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
- Previous exclusion from further LI-100 Review is still valid
- PAD not required due to type of change as defined in 4.6

4.  Non-Intent Determination Complete: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

- NO change of purpose or scope
- NO change to less restrictive acceptance criteria
- NO reduction in the level of nuclear safety
- NO change to steps previously identified as commitment steps
- NO voiding or canceling of a procedure, unless requirements are incorporated into another procedure or the need for a procedure was eliminated
- NO deviation from the Quality Assurance Program Manual
- NO change that may result in deviations from Technical Specifications, FSAR, plant design requirements.

5.  On-Shift Shift Manager/CRS: (RPO per SMM-AD-102) – Frank J. Mitchell/ FJ Mitchell 4/20/21  
 (Print Name/ Signature/ Date)

6.  User Validation: User: \_\_\_\_\_

7.  Special Handling Requirements Understood: \_\_\_\_\_  
 Print Name/ Signature/ Date)

## 10CFR50.54(Q)(2) Review

|                                                      |             |
|------------------------------------------------------|-------------|
| Procedure/Document Number: IP-EP-AD1                 | Revision: 8 |
| Equipment/Facility/Other: Indian Point Energy Center |             |
| Title: Maintaining Emergency Preparedness            |             |

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

- Changed Manager, EP to Manager, Nuclear (IP Decom)
- Deleted EN-PL-155 Entergy Nuclear Change Management Policy and replaced with "Change Management Policy"
- Removed any references to Performance Indicators
- Removed interface procedures which no longer will exist after Unit 3 shutdown
- Removed attachment 9.5 Fleet EP procedure licensing NRC transmittal checklist
- Added some reoccurring tasks from the fleet admin procedure EN-FAP-EP-013

Procedure will be effective on May 17, 2021.

**Part II. Emergency Plan Sections Reviewed** (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE, EAL CHANGE OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10CFR50.54(q)(2) DOCUMENTATION IS REQUIRED.

**Part 2 Planning Standards and Criteria:**

**Section D: Emergency Classification**

**Section E: Notification Methods and Procedures**

**Section H: Emergency Facilities and Equipment**

**Section K: Radiological Exposure Control**

**Section N: Drill and Exercise Program**

**Section P: Responsibility for the Maintenance of the Planning Effort**

**Part III. Ability to Maintain the Emergency Plan** (Answer the following questions related to impact on the ability to maintain the emergency plan):

1. Do any elements of the activity change information contained in the emergency plan (Section 3.0 Step 6)?  
YES  NO  IF YES, enter screening process for that element
2. Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?  
YES  NO  IF YES, enter screening process for that element
3. Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?  
YES  NO  IF YES, enter screening process for that element
4. Do any elements of the activity change the Evacuation Time Estimate results or documentation?  
YES  NO  IF YES, enter screening process for that element
5. Do any elements of the activity change the Onshift Staffing Analysis results or documentation?  
YES  NO  IF YES, enter screening process for that element

## 10CFR50.54(Q)(2) Review

|                                                      |             |
|------------------------------------------------------|-------------|
| Procedure/Document Number: IP-EP-AD1                 | Revision: 8 |
| Equipment/Facility/Other: Indian Point Energy Center |             |
| Title: Maintaining Emergency Preparedness            |             |

**Part IV. Maintaining the Emergency Plan Conclusion** The questions in Part III do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part V document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
  2. Check the box below when the 10CFR50.54(q)(2) review completes all actions for all elements of the activity – no 10CFR50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.
- I have completed a review of this activity in accordance with 10CFR50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10CFR50.54(q)(3).

Per Post Shutdown Emergency Plan (PSEP), both Unit 2 and Unit 3 will be at shut down. The procedure was revised to update the EP Manager title to reflect manager title that will be responsible for the Emergency Plan, removed an old Policy number for change management, removed references for performance indicators since they are no longer required for Unit 2 and will not be required for Shut down of Unit 3 prior to implementation of this procedure, removed two procedures from the interface section that will not be used by IPEC after shutdown, removed a fleet attachment since all the procedures will be site procedures and no longer fleet and added tasks that were previously performed per EN-EP-FAP-013 to the site procedure IP-EP-AD1. The proposed changes to IP-EP-AD1, Maintaining Emergency Preparedness, continue to meet the planning standards outlined in 10CFR 50.47(b)(16), Emergency Plan Maintenance.

A review of this activity in accordance with 10 CFR 50.54(q)(2) has been completed and determined that the effectiveness of the IPEC Emergency Plan is maintained. None of the changes affect the ability to perform classifications, notifications, or PARs, it does not affect activation or staffing of the ERO, and all planning standard requirements are maintained. The changes made do not require a change to the Emergency Action Level scheme, On-shift Staffing study or the PSEP.

No further actions are required to screen or evaluate this activity under 10 CFR 50.54(q)(3).

**Part V. Signatures:**

|                                                                                   |                                                                                       |                    |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------|
| Preparer Name (Print)<br>Rebecca A. Martin                                        | Preparer Signature<br><i>Rebecca A Martin</i>                                         | Date:<br>10/7/2020 |
| (Optional) Reviewer Name (Print)                                                  | Reviewer Signature                                                                    | Date:              |
| Reviewer Name (Print)<br>Timothy Garvey<br>Nuclear EP Project Manager             | Reviewer Signature<br><i>Rebecca A Martin for Tim Garvey</i><br>Approved via telecon. | Date:<br>4/10/21   |
| Approver Name (Print)<br>Frank Mitchell<br>Emergency Planning Manager or designee | Approver Signature<br><i>Frank Mitchell</i>                                           | Date:<br>4/20/21   |



## Attachment 9.1

### Emergency Planning Document Change Checklist Form

(All sections must be completed, N/A or place a check on the line where applicable)

#### Section 1

|                      |                                                                                                                                                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doc/Procedure Type:  | Administrative <input checked="" type="checkbox"/> Implementing <input type="checkbox"/> EPLAN <input type="checkbox"/> N/A <input type="checkbox"/> |
| Doc/Procedure No:    | IP-EP-AD1                                                                                                                                            |
| Doc/Procedure Title: | Maintaining Emergency Preparedness                                                                                                                   |
| New revision number: | 8                                                                                                                                                    |
| Corrective Action:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CR#: <u>OL-OLI-2018-00090 CA 19</u>                 |
| Effective date:      | May 17, 2021                                                                                                                                         |

#### Section 2

##### Change Description

1. Ensure the following are completed, or are not applicable and are so marked:

- a. 50.54q                            N/A
- b. EN-FAP-OM-023                 N/A
- c. IP-SMM- AD-102                N/A
- d. OSRC                              N/A
- e. NRC Transmittal               N/A   
(within 30 days)

2. List any other documents affected by this change: N/A

3. Transmittals are completed:  N/A  Date: 4/29/21

4. Ensure the proper revision is active in eB Ref. Lib.:  N/A

5. Approved doc/procedure delivered to Doc. Control for distribution:  N/A  Date: 4/29/21

6. Position Binders updated:  N/A  Date: 4/29/21

7. Copy of EPDCC placed in EP file:  N/A  Date: 4/29/21

8. Supporting documentation is submitted as a general record in eB Ref. Lib.:  N/A  Date: 4/29/21

9. Word files are moved from working drafts folder to current revision folder in the EP drive:  
 N/A  Date: 5/17/21



Entergy

IPEC  
EMERGENCY PLAN  
ADMINISTRATIVE  
PROCEDURES

NON-QUALITY RELATED  
PROCEDURE

IP-EP-AD1

Revision 8

REFERENCE USE

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**CONTROLLED**

## Maintaining Emergency Preparedness

Prepared by:

Rebecca A. Martin

Print Name

*Rebecca A. Martin*

Signature

4/15/21

Date

Approval:

Frank Mitchell

Print Name

*F. Mitchell*


Signature

4/20/21

Date


Effective Date: May 17, 2021

*This procedure excluded from further (1,1) 100 reviews.*

|                                                                                                                                                       |                                          |                  |                   |
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## Maintaining Emergency Preparedness

### 1.0 PURPOSE

This procedure prescribes requirements and processes for the maintenance of the Indian Point Energy Center (IPEC) Emergency Planning Program.

### 2.0 REFERENCES

#### 2.1 Development Documents

2.1.1 Indian Point Energy Center Emergency Plan

2.1.2 Emergency Planning 10CFR 50.54(q) Review Program

2.1.3 ANSI N45.2.9-1974, "Requirements for Storage and Maintenance of Quality Assurance Records for Nuclear Power Plants"

2.1.4 NUREG 0654, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"

2.1.5 EN-IT-104, "Software Quality Assurance Program"

2.1.6 QAPD

### 3.0 DEFINITIONS


The following definitions apply to this procedure:

3.1 Annual – Once per calendar year, however, there must be at least one quarter between successive annual checks.

3.2 Quarterly – Once per calendar quarter, however, there must be at least one month between successive quarterly checks.

3.3 Monthly – Once per calendar month, however, there must be at least one week between successive monthly checks.

3.4 Emergency Planning Staff – Entergy Employees assigned to the IPEC Emergency Planning Department or contractor or consultants contracted to augment the Emergency Planning Staff.

|                                                                                                                                                    |                                          |                  |                   |
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3.5 Emergency Planning Program – All of the elements and activities performed to ensure required actions can be taken to respond to a radiological emergency at the plant.

#### **4.0 RESPONSIBILITIES**

4.1 The site Vice President has overall authority and responsibility for the Indian Point Emergency Center (IPEC) Emergency Preparedness Program and ensuring adequate staffing of the ERO. This includes the authority to provide the necessary resources to ensure the continuous state of readiness for the Emergency Response Organization (ERO).

4.2 The Manager, Nuclear (IP Decom) is responsible for:

4.2.1 Maintaining the effectiveness of the Indian Point Emergency Planning Program (see Section 5.6 of this procedure).

4.2.2 Overseeing maintenance of the Alert Notification System.

4.2.3 Assigning members of the Emergency Planning Staff to fulfill functions and responsibilities as outlined in this procedure.

4.2.4 Assuring members of the Emergency Planning staff receive continuing training to maintain and improve their effectiveness (see Section 5.3 of this procedure).

4.2.5 Ensuring adequate support is provided for the maintenance of offsite emergency response plans and procedures.

4.2.6 Ensuring adequate support for the training program for offsite responders.


4.2.7 Development and maintenance of a strong working relationship with State and local authorities.

4.2.8 Consistency is maintained between the Emergency Plan and the implementing procedures.

4.2.9 Preparation for and conduct of EP drills and exercise program.

4.2.10 Emergency Response Facilities are maintained in a constant state of readiness.

4.2.11 Coordination with the communications group in development and implementation of EP Public Information program.

|                                                                                   |                                                        |                                  |           |            |
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4.2.12 IPEC is appropriately represented at state and local meetings dealing with Emergency Preparedness matters.

4.2.13 Preparations of reports to NRC, FEMA, and other agencies on emergency preparedness matters.

4.2.14 EP staff is involved in a program to maintain an adequate knowledge of state of the art planning techniques and the latest applications of emergency equipment and supplies.

4.2.15 EP staff provides technical assistance to other IPEC organizations in areas of emergency preparedness.

4.2.16 Coordination of EP self-assessments, Audits, and Inspections.

4.2.17 Development and coordination of EP budget.

4.2.18 Corrective actions related to emergency preparedness are tracked using the station's corrective action program.

4.3 The Emergency Planning Staff members are responsible for:

4.3.1 Performing tasks as assigned and described in Section 5.1 of this procedure.

4.3.2 Maintaining an accurate record of training activities as outlined in Section 5.3 of this procedure.

4.3.3 Review all changes to the emergency planning program to ensure maintenance of commitments (see Section 5.7 of this procedure)

4.3.4 The Change Management policy as appropriate for organizational, personnel and work-related changes.


## 5.0 DETAILS

### 5.1 Emergency Planning Department Organization

The Manager, Nuclear (IP Decom) **SHALL** designate department personnel in the following functional areas:

5.1.1 Individual assigned to maintain department Records, **SHALL**:

- a. Ensure compliance with the requirements of the IPEC Records Management Programs, in IP-EP-AD2.

|                                                                                   |                                                        |                                  |              |            |
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- b. Maintain Emergency Planning Files in accordance with Section 5.5 of this procedure.
- c. Coordinate with the EP staff member assigned Emergency Planning Document to ensure records of Emergency Plan Controlled Documents are maintained.
- d. Maintain Emergency Planning Department electronic files to ensure files are current, properly archived and retrievable.

5.1.2 Individual assigned to coordinate the IPEC Drill and Exercise program, **SHALL:**

- a. Coordinate the development of drill and exercise scenarios to ensure that required objectives are met.
- b. Coordinate drill and exercise participation
- c. Arrange for and train sufficient drill controllers and evaluators.
- d. Oversee conduct of drills and exercises
- e. Coordinate the development of Drill and Exercise Reports
- f. Identify corrective actions or improvement items from the conduct of drills/ exercises and enter them into the Paperless Condition Reporting System (PCRS).


5.1.3 Individual assigned to maintain Emergency Planning Documents, **SHALL:**

- a. Ensure annual reviews of Emergency Plan Documents are completed per Section 5.2 of this procedure.
- b. Coordinate revisions to the Emergency Plan, Emergency Plan Implementing Procedures and Emergency Plan Administrative Documents in accordance with IP-EP-AD2, Emergency Planning Controlled Documents.
- c. Maintain the Emergency Response Organization Team Roster and associated On-Call Schedules.
  - 1. Each ERO Responder for positions listed on the ERO Roster has a required response time.

|                                                                                   |                                                        |                                  |           |            |
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2. A formal study was performed for existing ERO Roster assigned individuals to ensure that the positions can be filled within the required times. (LO-WPOLO-2005-0024, CA #15)
  3. Going forward, any individual that is assigned an ERO Responder Duty position will, as part of initial qualification, be determined to be able to meet the response time for that ERO position.
    - d. Maintain the Emergency Telephone Directory up-to-by ensuring a quarterly review is completed and updates are submitted as needed.
- 5.1.4 Individual assigned to coordinate ERO Notification System, **SHALL:**
- a. Maintain the readiness and operability of the ERO notification system.
  - b. Maintain the ERO notification system database up to date.
- 5.1.5 Individual assigned to coordinate emergency response facility readiness, **SHALL:**
- a. Ensure that the emergency response facilities are maintained in a state of readiness at all times.
  - b. Ensure Facility Inventories are performed as necessary to maintain readiness.
  - c. Oversee facility and emergency communications system improvement projects.
  - d. Ensure Communications tests are performed as required.
  - e. Coordinate the full-scale siren test with Offsite Agencies.
  - f. Perform 10CFR50.54 (q) Effectiveness Reviews for any facility changes.
- 5.1.6 Individual assigned to interface with the Training Department and coordinate the Emergency Plan Training Program, **SHALL:**
- a. Track Emergency Response Organization (ERO) qualifications to ensure sufficient personnel are trained to respond to an emergency. (Actual training records are maintained by the Training Department).




|                                                                                   |                                                                  |                                          |                  |                   |
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- b. Coordinate the scheduling and conduct of ERO Initial and continuing training programs.
- c. Coordinate the scheduling and conduct of Severe Accident Management Guideline training program.
- d. Periodically review, revise as necessary and maintain Emergency Plan training materials.
- e. Review Emergency Plan training provided by the Training Department, such as GET, Operations, Health Physics and Maintenance training programs.

5.1.7 An Offsite Emergency Planner, who **SHALL**:

- a. Work with the State and County officials to ensure the IPEC Onsite Emergency Planning Program is consistent with the plans and procedures established by offsite Emergency Response Organizations.
- b. Coordinate and track any support provided by IPEC to the offsite organizations that are expected to respond to an emergency at the site.
- c. Coordinate the conduct of an annual review of the Emergency Action Levels with State and County authorities involved with planning for response to an emergency at IPEC.
- d. Coordinate preparation and dissemination of Emergency Plan educational information to the public with State, and County.
- e. Ensure training is offered to and conducted for offsite agencies such as fire, police and /or hospitals that may respond to an emergency at the site.
- f. Assist, as necessary, with training of offsite responders.
- g. Attend various meetings with Federal, State and County officials to discuss and coordinate planning issues.
- h. Work with EP staff member assigned to Emergency Facilities and Technical Support Nuclear in the conduct of full-scale siren tests.
- i. Prepare and submit the quarterly siren test result report to offsite agencies.

|                                                                                                                                                       |                                          |                  |                   |
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- j. Maintain records on distribution of Tone Alert Radios. When radios are distributed, and annually thereafter, ensure that guidance is provided to holders on testing and using the radios.


5.1.8 Individual assigned to coordinate the Paperless Condition Reporting System (PCRS), **SHALL**:

- a. Assist the Emergency Planning Department staff in tracking all PCRS items assigned to the Emergency Planning Department.
- b. Ensure proper documentation is provided for the closure of PCRS items.

5.2 Review and Updating of Emergency Planning Documents

5.2.1 The Emergency Plan **SHALL** be reviewed annually and findings incorporated into the plan. This review **SHALL** include:


- a. Updating of the Letters of Agreement, as necessary. Unless otherwise specified, Letters are required to be renewed / updated every two years.
- b. Incorporating minor changes made to the Plan into the annual Plan revision. **NOTE:** Changes to implementing procedures or other program elements, which have been assessed not to have reduced the effectiveness of the Indian Point Emergency Plan, do not require a corresponding change to the Emergency Plan at the time of the change. These changes **SHALL** be reflected in the next scheduled Emergency Plan revision but no later than the annual Emergency Plan review performed in accordance with this Section. Paperless Condition Reporting System (PCRS) tracking items **SHALL** be entered to ensure that, in the next revision to the Emergency Plan, documents are re-aligned.
- c. Updating the plan to realign it with procedure changes made throughout the previous year.
- d. Reviewing regulatory changes and commitments to ensure the Emergency Plan meets current requirements.
- e. Reviewing drill critiques, training feedback, changes to site facilities and condition reports and include relative items as necessary.
- f. Reviewing any elements of the Emergency Plan that the Manager, Nuclear (IP Decom) deems appropriate.

|                                                                                                                                                       |                                          |                  |                   |
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- g. Documenting the annual review of the Emergency Plan and Implementing Procedures in a memo to the Manager, Nuclear (IP Decom). Refer to Attachment 9.4, Sample: Annual Emergency Planning Document Review Memo.
- h. Any revision to the Indian Point Emergency Plan **SHALL** require an independent review of the associated changes to verify no unintended consequences, commitment impact or potential issues.

**5.2.2 Emergency Plan Implementing Procedures SHALL be reviewed annually. This review SHALL include:**

- a. Revising procedures, if appropriate, to increase their effectiveness, based on drill critiques, feedback from training, industry benchmarking and/or items identified in the Paperless Condition Reporting System.
- b. Revising procedures, if appropriate, to include identified improvement items.
- c. Reviewing any elements of the procedures that the Manager, Nuclear (IP Decom) deems appropriate.
- d. Documenting the annual review of the Implementing Procedures on a memo to the Manager, Nuclear (IP Decom). Refer to Attachment 9.4, Sample: Annual Emergency Planning Document Review Memo.

|                                                                                   |                                                                  |                                          |                  |                   |
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|  | <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD1</b> | <b>Revision 8</b> |
|                                                                                   |                                                                  | <b>REFERENCE USE</b>                     | <b>Page 11</b>   | <b>of 25</b>      |

e. Revisions to Headquarters Emergency Programs procedures that implement the Indian Point Emergency Plan **SHALL**, within 30 days of the procedure effective date, be provided to Licensing for transmittal to the NRC using Attachment 9.5; Fleet Emergency Programs Procedure Licensing NRC Transmittal Checklist.

5.2.3 Any revision to the Indian Point Emergency Action Levels as described in Section D of the Emergency Plan, or the associated implementing procedure **SHALL** require a corresponding revision to IP-EP-AD 13, Emergency Action Level Technical Bases Document.

5.2.4 Any revision to Indian Point Emergency Action Levels as described in Section D of the Emergency Plan, or the associated Implementing Procedure **SHALL** require an independent review of the associated EAL-related changes to verify no unintended consequences or potential issues.

5.3 Qualification and Training of the Emergency Planning Staff.

5.3.1 The Manager, Nuclear (IP Decom) **SHALL**:

a. Ensure individuals assigned to positions as described in Section 5.1 of this procedure receive training on their assigned tasks. This training **SHALL** be documented by an entry into the Emergency Planning Staff training records. Training may be in the form of:

1. On the job training by an individual qualified to perform the task(s).

OR

2. Self study of procedures and other guidance available for the conduct of the assigned task.

OR

3. Formal training provided on a specific process.


b. Provide for Emergency Planning Staff professional development training on a periodic basis. The following are examples of activities that would be considered professional development training:

1. Observing, evaluating or controlling emergency drills or exercises at another plant.

2. Participating as an Emergency Plan peer reviewer or auditor at another plant.



3. Attending emergency planning seminars and/or industry sponsored conferences/workshops.
  4. Attending formal emergency planning professional development training (such as FEMA REP or NEI courses).
  5. Attending courses provided by the Indian Point Training Department. Examples include: instructor training, systems certification courses or special training for procedure writers, records custodians or other subjects related to maintenance of the Emergency Planning Program.
- c. Maintain an Emergency Planning Staff Training Binder or personnel files containing a record of training received by each member of the Emergency Planning Staff. An EP Staff Training Record Attachment 9.1 (Form EP-AD1-1) should be used to record training. Agenda or course descriptions from outside courses, seminars or conferences should be retained in the training binder or Emergency Planning Files to document subjects covered.
  - d. Review staff training records at least twice a year to ensure that opportunities are provided for staff members to complete training as described in this Section.
- 5.3.2 For contractor personnel assigned performance tasks described in this procedure or other administrative procedures, maintain the following items in the Emergency Planning Staff training records:
- a. A summary of their job experience relating to assigned emergency planning tasks or current resume
  - b. A completed Emergency Planning Contractor Qualification Record Attachment 9.2 (Form EP-AD1-2) documenting which tasks they have been authorized to perform.
  - c. A record of any training received related to Indian Point procedures or processes.
  - d. A record that the vendor/contractor is aware of and agrees to comply with Entergy and IPEC industrial safety policies and procedures. All equipment brought onsite **SHALL** meet or exceed the safety/health standards at IPEC.

|                                                                                                                                                       |                                          |                  |                   |
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| <br><b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD1</b> | <b>Revision 8</b> |
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#### 5.4 Scheduling Ongoing Activities

- 5.4.1 A schedule of required recurring activities, as described in Section 5.1, should be maintained to ensure these activities are completed when required. This schedule may be maintained on paper or electronically using a table, database or spreadsheet. Attachment 9.3, Emergency Planning Activities contains a list of recurring items that should be tracked.
- 5.4.2 The Emergency Planning Activity Schedule will be updated as activities are completed and when new items are identified.
- 5.4.3 A review of the Emergency Planning Program documents **SHALL** be conducted annually to ensure all recurring activities are scheduled.

#### 5.5 Emergency Planning File System and Record Retention

**NOTE:**

Most of the documents listed below should be maintained in an official Emergency Planning File location, however some of the below listed items may be maintained in binders located in individual Emergency Planning Staff work areas.

##### 5.5.1 Files **SHALL** be established for the following items:

- a. Training Records for Emergency Planning Staff. ERO Training Records will be maintained by the Training Department.
- b. Controlled Document Records, a file for each controlled document should contain the following items:
  1. Historical Revisions
  2. Current Revisions
  3. Emergency Plan Document Change Checklists
  4. Any documents that were used to support a change or the 50.54(q) reviews.
- c. Drill and Exercise Records
- d. Communications Test Records
- e. Performance Indicator Records
- f. Facility Surveillance Records
- g. Correspondence with Offsite Organizations.




1. Records of payments made
2. Training offered and given
3. Minutes from meetings
- h. Facility Design Documents
  1. Vendor Manuals
  2. Engineering Studies
  3. Point Papers on installed systems
  4. 50.54(q) reviews of changes to facilities.

#### 5.5.2 Record Retention

- a. The requirements of the IPEC Records Management Programs **SHALL** govern record retention and transmittal of records to the Records Management Center for archive consistent with the requirements.
- b. The staff member assigned to maintain Emergency Plan Records **SHALL** work with Records Management in keeping the Records Type List up to date regarding Emergency Plan record retention requirements.
- c. The staff member assigned to maintain Emergency Plan Records **SHALL** maintain local control of vendor manuals associated with Emergency Plan equipment, hardware and software.

#### 5.6 10CFR50.54(q) Reviews

- 5.6.1 All revisions to the Emergency Plan, Emergency Plan Implementing Procedures (IPs) or Emergency Plan Administrative Documents (ADs) that implement the Emergency Plan **SHALL** be evaluated to determine whether the revision constitutes a potential decrease in effectiveness of the IPEC Emergency Planning Program in accordance with IP-EP-AD2, Emergency Planning Controlled Documents. This review **SHALL** be performed in accordance with EN-EP-305, Emergency Planning 10CFR 50.54(q) Review Program.

|                                                                                                                                             |                                  |           |            |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|------------|
| <br>IPEC<br>EMERGENCY PLAN<br>ADMINISTRATIVE<br>PROCEDURES | NON-QUALITY RELATED<br>PROCEDURE | IP-EP-AD1 | Revision 8 |
|                                                                                                                                             | REFERENCE USE                    | Page 15   | of 25      |

5.6.2 Any modification made to an Emergency Response Facility, system or component described in the Emergency Plan **SHALL** be evaluated to determine whether the modification constitutes a potential decrease in effectiveness of the Indian Point Emergency Planning Program by documentation of a 10CFR50.54 (q) review. Form EP-AD2-3, 50.54(q) Review **SHALL** be completed as part of this review along with any supporting documentations to justify review's conclusions. These reviews **SHALL** be performed in accordance with EN-EP-305.

5.6.3 Prior NRC approval of any document revision or facility/system/component modification **SHALL** be required if, as a result of the 10CFR50.54(q) review, it is determined that the proposed change does not maintain the equivalent or establish an improved capability to:

- a. Respond to an emergency or meet actions or other requirements described in the Emergency Plan.
- b. Protect the health and safety of plant personnel and the general public in the event of an emergency.
- c. Implement a federal regulation or requirement or formal commitment.

5.6.4 All 10CFR50.54 (q) reviews **SHALL** be documented and maintained on file with the document revision or equipment/facility modification package.

5.6.5 Personnel conducting 50.54(q) reviews must be authorized by the Manager, Nuclear (IP Decom) and meet the training requirements of EN-EP-305.

## 5.7 Commitment Tracking

5.7.1 The Manager, Nuclear (IP Decom) and Emergency Planning Staff **SHALL** track and ensure licensing commitments are maintained throughout the performance of activities directed by this procedure.


5.7.2 The Manager, Nuclear (IP Decom) **SHALL** keep the Licensing Commitment Database (s) up-to-date for commitments related to the Emergency Planning Program.





## 6.0 INTERFACES

- 6.1 IP-EP-AD2, Emergency Planning Controlled Documents and Records
- 6.2 EN-EP-306, Drills & Exercises
- 6.3 EN-EP-201, Performance Indicators
- 6.4 IP-EP-AD6, Emergency Facilities & Equipment
- 6.5 IP-EP-AD10, Offsite Emergency Preparedness Support
- 6.6 IP-EP-AD12, Tone Alert Radio Program
- 6.7 IP-EP-AD13, IPEC Emergency Action Level Technical Bases
- 6.8 EN-EP-801-DP, Emergency Response Organization (ERO)
- 6.9 IP-EP-AD20 IPEC Alert Notification System Test
- 6.10 IP-EP-AD30 IPEC ATI Siren System Administration
- 6.11 IP-EP-AD31 IPEC ATI Siren System Maintenance Administration
- 6.12 IP-EP-AD32 IPEC ATI Siren System Routine Polling & Testing
- 6.13 IP-EP-AD33 IPE ATI Siren System Quarterly Preventative Maintenance
- 6.14 IP-EP-AD34 IPEC ATI Siren System Control Station Semi-Annual Preventative Maintenance
- 6.15 IP-EP-AD35 IPEC ATI Siren Site Annual Preventative Maintenance
- 6.16 IP-EP-AD36 IPEC ATI Repeater Tower Semi-Annual Preventative Maintenance
- 6.17 IP-EP-AD38 IPEC ATI Repeater Site Annual Preventative Maintenance
- 6.18 IP-EP-AD39 IPEC ATI Control Station Annual Preventative Maintenance
- 6.19 EN-EP-305, Emergency Planning 10CFR 50.54(q) Review Program
- 6.20 EN-EP-308, Emergency Planning Critiques
- 6.21 EN-EP-601, Corporate Emergency Center Operations
- 6.22 EN-TQ-110, Emergency Response Organization (ERO) Training Program

|                                                                                   |                                                                  |                                          |                  |                   |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------|------------------|-------------------|
|  | <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD1</b> | <b>Revision 8</b> |
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## **7.0 RECORDS**

- 7.1 50.54(q) reviews of document changes **SHALL** be filed with "Document Change Checklist". Other reviews, such as facility changes, **SHALL** be filed in files specific to the change.
- 7.2 The IPEC PCRS **SHALL** be used to document one-time items performed to maintain and or improve the Emergency Preparedness Program.

## **8.0 REQUIREMENTS AND COMMITMENTS**

This procedure implements the following requirements/commitments:

- 8.1 Unit 2, NL-99-116-C13
- 8.2 10CFR50 Appendix E.IV.B and G
- 8.3 10CFR50.47(b).7, 14, 15 and 16

## **9.0 ATTACHMENTS**

- 9.1 EP Staff Training Record (Form EP-AD1-1)
- 9.2 Emergency Planning Contractor Qualification Record (Form EP-AD1-2)
- 9.3 Emergency Planning Reoccurring Activity
- 9.4 Sample: Annual Emergency Planning Document Review Memo





Attachment 9.2

Emergency Planning Contractor Qualification Record (Form IP-EP-AD1-2)

Sheet 1 of 1

**Emergency Planning Contractor Qualification Record**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Based on a review of individual's experience and an interview the above listed contractor is authorized to perform the following tasks:

| Activities Authorized                                                              |                                                  | EP Manager's Initials / Date |
|------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------|
| Write and sign as the "Preparer" for Emergency Planning controlled documents       |                                                  |                              |
| Perform 50.54(q) reviews of Emergency Planning documents                           |                                                  |                              |
| Perform Technical Reviews on Emergency Planning controlled documents               |                                                  |                              |
| Prepare emergency plan training materials                                          |                                                  |                              |
| Conduct emergency plan training                                                    |                                                  |                              |
| Develop Exercise and Drill packages                                                |                                                  |                              |
| Act as Exercise/Drill Controller/Evaluator                                         |                                                  |                              |
| Conduct investigations into events related to implementation of the Emergency Plan |                                                  |                              |
| Date                                                                               | Document Reviews (Contractor review and initial) | Initials                     |
|                                                                                    | IPEC Emergency Plan                              |                              |
|                                                                                    | IPEC Emergency Plan Implementing Procedures.     |                              |
|                                                                                    | Emergency Planning Administrative Procedures     |                              |
|                                                                                    |                                                  |                              |
|                                                                                    |                                                  |                              |
|                                                                                    |                                                  |                              |
| Date                                                                               | Indian Point Training Attended (list course)     | Initials                     |
|                                                                                    | General Employee Training                        |                              |
|                                                                                    |                                                  |                              |
|                                                                                    |                                                  |                              |
|                                                                                    |                                                  |                              |



**Attachment 9.3  
Emergency Planning Recurring Activities**

| Task                                                                              | Periodicity | Imp. Ref. | Plan/SMM Ref. | Commitment/ Regulatory Ref.                            |
|-----------------------------------------------------------------------------------|-------------|-----------|---------------|--------------------------------------------------------|
| <b>Document Reviews, Updates and Distribution</b>                                 |             |           |               |                                                        |
| ERO Team Schedule                                                                 | Monthly     | IP-EP-AD1 | B.1           | NL-99-116-C08                                          |
| ERO Team Roster                                                                   | Quarterly   | IP-EP-AD1 | B.1           | NL-99-116-C08                                          |
| Emergency Telephone Directory                                                     | Quarterly   | IP-EP-AD1 | P.10          | NUREG 0654 P.10                                        |
| Review Emergency Plan                                                             | Annual      | IP-EP-AD1 | P.7           | NUREG 0654 P.4                                         |
| Update Plan Letters of Agreement                                                  | Annual      | IP-EP-AD1 | Appendix 2    | NUREG 0654 P.4                                         |
| Review Implementing Procedures                                                    | Annual      | IP-EP-AD1 | P.7           | NUREG 0654 P.4                                         |
| Review Administrative Documents                                                   | Annual      | IP-EP-AD1 | P.7           | N/A                                                    |
| Prepare & Submit Document Review Results Report to Onsite Safety Review Committee | Annual      | IP-EP-AD1 | P.9           | N/A                                                    |
| Review EALs with Offsite Authorities                                              | Annual      | IP-EP-AD1 | P.4           | 10CFR50 Appendix E.IV.B                                |
| <b>Emergency Facilities &amp; Equipment</b>                                       |             |           |               |                                                        |
| Notification Test (Everbridge)                                                    | Weekly      | EN-EP-310 | N/A           | N/A                                                    |
| Emergency Communications Tests                                                    | Monthly     | IP-EP-AD6 | N.2.a         | 10CFR50 Appendix E.IV.E.9.a<br>NUREG 0654-<br>N.2.a, d |
| Notification Test (Everbridge)                                                    | Monthly     | EN-EP-310 | N/A           | N/A                                                    |

Attachment 9.3  
Emergency Planning Recurring Activities

| <b>Task</b>                                   | <b>Periodicity</b> | <b>Imp. Ref.</b> | <b>Plan/SMM Ref.</b> | <b>Commitment/<br/>Regulatory Ref.</b>             |
|-----------------------------------------------|--------------------|------------------|----------------------|----------------------------------------------------|
| Emergency Communications Test                 | Quarterly          | IP-EP-AD6        | N.2.a                | 10CFR50 Appendix E.IV.E.9.b<br>NUREG 0654-N.2.a, c |
| Emergency Facility Inventories                | Quarterly          | IP-EP-AD6        | H.10                 | NL-82-A90-C13                                      |
| Siren System Test- Silent                     | Bi-Weekly          | IP-EP-AD30       | E.6                  | N/A                                                |
| Siren System Test- Growl                      | Quarterly          | IP-EP-AD30       | E.6                  | N/A                                                |
| Siren System Test- Alert                      | Annual             | IP-EP-AD30       | E.6                  | NL-82-A93-C01                                      |
| Siren Test Result Report to Off-Site Agencies | Monthly            | IP-EP-AD30       | N/A                  | N/A                                                |
| FEMA Siren Availability Report                | Annual             | EP-AD-01         | N/A                  | N/A                                                |
| <b>Demonstration of Drill Objectives</b>      |                    |                  |                      |                                                    |
| Accident detection and assessment             | Annual             | EN-EP-306        | N.1                  | NUREG 0654 I.1, I.2                                |
| Emergency classification                      | Annual             | EN-EP-306        | N.1                  | NUREG 0654 D.1, D.2                                |
| Notification and communications               | Annual             | EN-EP-306        | N.1                  | NUREG 0654 E.1-4, F.1, F.2, H.6, J.1               |
| Radiological exposure control                 | Annual             | EN-EP-306        | N.1                  | NUREG 0654 K.1-.3, K.5, K.6, J.3, J.6              |
| Radiological assessment                       | Annual             | EN-EP-306        | N.1                  | NUREG 0654 I.2-.4, I.8-.10                         |



Attachment 9.3

Emergency Planning Recurring Activities

| Task                                                                                   | Periodicity | Imp. Ref. | Plan/SMM Ref. | Commitment/ Regulatory Ref.          |
|----------------------------------------------------------------------------------------|-------------|-----------|---------------|--------------------------------------|
| Protective action decision making                                                      | Annual      | EN-EP-306 | N.1           | NUREG 0654 J.7                       |
| Staff augmentation                                                                     | Annual      | EN-EP-306 | N.1           | NUREG 0654 A.1, A.3, A.4, B.7-9, H.4 |
| Shift staffing                                                                         | Annual      | EN-EP-306 | N.1           | NUREG 0654 B.1-3, B.5, Table 2       |
| Off-hours staffing (6 pm – 4 am)                                                       | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 N.1.                      |
| Activation of the Joint News Center and rumor control                                  | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 G.3, G.4, G.4.c           |
| Use of Fire Brigade                                                                    | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 N.2.b, O.4.d              |
| Use of first aid and/or rescue teams                                                   | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 K.1-.5, L.2, O.4.f        |
| Use of medical support personnel                                                       | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 N.2.c, L.1, L.4, O.4.h    |
| Use of headquarters personnel                                                          | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 O.4.i                     |
| Use of Security personnel to provide prompt access for emergency equipment and support | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 O.4.d                     |
| Use of back-up communications                                                          | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 F.1                       |
| Use of emergency power (e.g. TSC)                                                      | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 8.2.1 (NUREG 0737 Sup 1)  |
| Evacuation of ERFs, relocation to backup ERFs as applicable                            | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 J.10.g                    |



Attachment 9.3


Emergency Planning Recurring Activities

| Task                                              | Periodicity | Imp. Ref. | Plan/SMM Ref. | Commitment/ Regulatory Ref.                |
|---------------------------------------------------|-------------|-----------|---------------|--------------------------------------------|
| Assembly and accountability                       | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 J.5                             |
| Recovery and re-entry                             | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654 M.1                             |
| <b>Conduct of Drills &amp; Exercises</b>          |             |           |               |                                            |
| Health Physics Drill - In-Plant Monitoring        | Semi-Annual | EN-EP-306 | N.1           | NUREG 0645-N.2.e(1)                        |
| Health Physics Drill - PASS                       | Deleted     | Deleted   | Deleted       | NUREG 0645-N.2.e(2)                        |
| Radiological Monitoring Drill                     | Annual      | EN-EP-306 | N.1           | NUREG 0654-N.2.d                           |
| Conduct Small-Scale Exercise                      | Annual      | EN-EP-306 | N.1           | 10CFR50 Appendix E.IV.F.2.c                |
| Conduct Full-Scale (FEMA) Exercise                | Bi-ennial   | EN-EP-306 | N.1           | 10CFR50 Appendix E.IV.F.2.c                |
| Medical Emergency Drill                           | Annual      | EN-EP-306 | N.1           | NUREG 0654-N.2.c                           |
| Fire Drills                                       | Per T.S.    | Fire Plan | N.1           | NUREG 0654-N.2.b                           |
| Unannounced Mobilization Drill                    | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654-N.1.b                           |
| Off Hour Mobilization Drill                       | Eight-Year  | EN-EP-306 | N.1           | NUREG 0654-N.1.b                           |
| Continuous ERO Training                           | Annual      | EN-TQ-110 | O.5           | 10CFR50 Appendix E.IV.F.1<br>NL-80-A15     |
| Training for Off-Site Agencies Responding to Site | Annual      | IP-EP-AD1 | O.1 - O.4     | 10CFR50 Appendix E.IV.F.1<br>NL-81-157-CO5 |
| EP Staff Training                                 | Annual      | IP-EP-AD1 | P.1           | 10CFR50.47(b)(16)<br>NUREG 0654 P.1        |





| Task                                                               | Periodicity                                                     | Imp. Ref.                        | Plan/SMM Ref. | Commitment/ Regulatory Ref.                |
|--------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|---------------|--------------------------------------------|
| <b>Training</b>                                                    |                                                                 |                                  |               |                                            |
| <b>Miscellaneous</b>                                               |                                                                 |                                  |               |                                            |
| Distribution of Educational Information to the Public              | Annual                                                          | IP-EP-AD1                        | G.2           | 10CFR50 Appendix E.IV.D.2<br>NL-81-157-C45 |
| Independent Program Audit                                          | Annual                                                          | QAPD                             | P.9           | NUREG 0654 P.9                             |
| EAL IC Use Tracking                                                | Use all ICs each 8 year exercise cycle, excluding judgment EALs | EN-EP-306                        |               | NRC ISG-01                                 |
| Objective Tracking                                                 | Various<br>See EN-EP-306                                        | EN-EP-306                        |               | NUREG-0654 / 10CFR50 Appendix E IV.F       |
| Update 8 year drill schedule                                       | Annual                                                          | EN-EP-306                        |               | EN-EP-306                                  |
| Update matrix for 8 year requirements, objectives and EAL use      | Annual                                                          | EN-EP-306                        |               | EN-EP-306                                  |
| Replace silver zeolite cartridges                                  | Normal shelf-life is 10 years                                   | Site Specific                    |               |                                            |
| Replace KI                                                         | Normal shelf-life is 5+ years                                   | Site Specific                    |               |                                            |
| Emergency Response Vehicle Inspection                              | Annually                                                        | State or Site Specific           |               |                                            |
| Emergency Response Vehicle Routine Maintenance (oil changes, etc.) | Varies                                                          | Per Vehicle Manufacturer or Site |               |                                            |

|                                                                                                                                                    |                                          |                  |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------|-------------------|
|  <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD1</b> | <b>Revision 8</b> |
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**Attachment 9.4**

**Sample: Annual Emergency Planning Document Review Memo**

**To:** Manager, Nuclear (IP Decom)  
**From:** (Individual assigned to coordinator Emergency Planning Documents)  
**Date:** xx/xx/xx  
**Subject:** Annual Review of Emergency Plan Controlled Documents

The annual review of the IPEC Emergency Plan controlled documents has been completed. \_\_\_\_ of the \_\_\_\_ total emergency planning controlled documents were revised during the past year. A review all documents which were not revised was conducted to ensure that these documents were current with the Emergency Plan and other Emergency Planning controlled documents. The following required changes or possible inconsistencies were identified have been entered into the Paperless Condition Reporting System:

*List any items which need to be addressed along with CR numbers.*

**Name**

**Signature**

**Copy to file**

# IPEC IMPLEMENTING PROCEDURE PREPARATION, REVIEW, AND APPROVAL

IP-SMM-AD-102    Rev: 17

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## ATTACHMENT 10.2

## IPEC PROCEDURE REVIEW AND APPROVAL

(Page 1 of 1)

Procedure Title: Emergency Facilities and Equipment

Procedure No. IP-EP-AD6    Existing Rev: 35    New Rev: 36    DRN/EC No: DRN-21-00144

| Procedure Activity<br>(MARK Applicable)                                                                                                                                                                                                                                      | <input type="checkbox"/> Converted To IPEC, Replaces:                                          | Temporary Procedure Change<br>(MARK Applicable)                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW PROCEDURE<br><input type="checkbox"/> GENERAL REVISION<br><input checked="" type="checkbox"/> PARTIAL REVISION<br><input type="checkbox"/> EDITORIAL REVISION<br><input type="checkbox"/> VOID PROCEDURE<br><input type="checkbox"/> SUPERSEDED | Unit 1 Procedure No. _____<br><br>Unit 2 Procedure No. _____<br><br>Unit 3 Procedure No. _____ | <input type="checkbox"/> EDITORIAL Temporary Procedure Change<br><input type="checkbox"/> ADVANCE Temporary Procedure Change<br><input type="checkbox"/> CONDITIONAL Temporary Procedure Change<br><br>Terminating Condition: _____<br>_____ |
| <input type="checkbox"/> RAPID REVISION                                                                                                                                                                                                                                      | Document in Microsoft Word:<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | <input type="checkbox"/> VOID DRN/TPC No(s): _____                                                                                                                                                                                           |

**Revision Summary**     N/A – see Revision Summary page. – Procedure was revised to reflect Post U3 Shutdown Eplan.

**Implementation Requirements**

Implementation Plan?  Yes  No    Formal Training?  Yes  No    Special Handling?  Yes  No  
 Quality Related?  Yes  No    **If Yes, then ensure the procedure cover page is marked "Quality Related"**

RPO Dept: Emergency Planning    Writer: (Print Name/Ext/Sign): Rebecca Martin x7106/ Rebecca Martin

**Review and Approval** (Per Attachment 10.1, IPEC Review And Approval Requirements)

1.  Technical Reviewer: Michael York [Signature] 4/28/21  
 (Print Name/ Signature/ Date)

2.  Cross-Disciplinary Reviewers:  
 Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

3.  RPO- Responsibilities/Checklist: Frank J Mitchell [Signature] 4/28/21  
 (Print Name/ Signature/ Date)

- PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
- Previous exclusion from further LI-100 Review is still valid
- PAD not required due to type of change as defined in 4.6

4.  Non-Intent Determination Complete: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>NO</u> change of purpose or scope</p> <p><u>NO</u> reduction in the level of nuclear safety</p> <p><u>NO</u> voiding or canceling of a procedure, unless required</p> <p>are incorporated into another procedure or the need for it procedure was eliminated</p> | <p><u>NO</u> change to less restrictive acceptance criteria</p> <p><u>NO</u> change to steps previously identified as commitment steps</p> <p><u>NO</u> deviation from the Quality Assurance Program Manual</p> <p><u>NO</u> change that may result in deviations from Technical Specifica FSAR, plant design requirements,</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5.  On-Shift Shift Manager/CRS: (RPO per SMM-AD-102) – Frank J. Mitchell [Signature] 4/28/21  
 (Print Name/ Signature/ Date)

6.  User Validation: User: \_\_\_\_\_

7.  Special Handling Requirements Understood: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-AD6                 | Revision: 36 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Emergency Facilities and Equipment            |              |

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

The following changes were made:

- Changed Emergency Planning Manager to Manager, Nuclear (IP Decom)
- Corrected a procedure document number
- Removed reference to ERDS testing
- Removed reference to Unit 3 Simulator
- Removed references to Hot EAL Charts.
- Removed testing of Facility Communicator Hotline
- Added Extra lines to comment sections.

Procedure will be effective on May 17, 2021.

**Part II. Emergency Plan Sections Reviewed** (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE, EAL CHANGE OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10CFR50.54(q)(2) DOCUMENTATION IS REQUIRED.

**Part 2 Planning Standards and Criteria:**

**Section H: Emergency Facilities and Equipment**

**Part III. Ability to Maintain the Emergency Plan** (Answer the following questions related to impact on the ability to maintain the emergency plan):

1. Do any elements of the activity change information contained in the emergency plan (Section 3.0 Step 6)?  
YES  NO  IF YES, enter screening process for that element
2. Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?  
YES  NO  IF YES, enter screening process for that element
3. Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?  
YES  NO  IF YES, enter screening process for that element
4. Do any elements of the activity change the Evacuation Time Estimate results or documentation?  
YES  NO  IF YES, enter screening process for that element
5. Do any elements of the activity change the Onshift Staffing Analysis results or documentation?  
YES  NO  IF YES, enter screening process for that element

## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-AD6                 | Revision: 36 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Emergency Facilities and Equipment            |              |

**Part IV. Maintaining the Emergency Plan Conclusion** The questions in Part III do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part V document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
2. Check the box below when the 10CFR50.54(q)(2) review completes all actions for all elements of the activity – no 10CFR50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.  
 I have completed a review of this activity in accordance with 10CFR50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10CFR50.54(q)(3).

Administrative changes were made to update the title of the manager who will be responsible for the Eplan program including Eplan facilities and equipment post U3 shutdown, updated procedure documents number, and added extra lines to the comment section.

Per NRC, ERDS is no longer required for a shutdown plant and reference to test has been removed. Simulators will no longer be in use due to Unit 3 shutdown. Hot condition EALs will no longer exist for a shutdown plant per the IPEC PSEP, and the facility communicator position has been eliminated per the IPEC PSEP, so their phones will no longer be needed. These were all removed due to Unit 3 shut down.

A review of this activity in accordance with 10 CFR 50.54(q)(2) has been completed and determined that the effectiveness of the PSEP is maintained. This revision does not affect the ability to perform classifications, notifications, or PARs, it does not affect activation or staffing of the ERO as described in the Unit 3 PSEP, and it does not change any Eplan facilities or required equipment. The change made does not require a change to the Emergency Action Level scheme, On-shift Staffing study, or the PSEP.

No further actions are required to screen or evaluate this activity under 10 CFR 50.54(q)(3).

**Part V. Signatures:**

|                                                                                   |                                                                                       |                    |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------|
| Preparer Name (Print)<br>Rebecca A. Martin                                        | Preparer Signature<br><i>Rebecca A. Martin</i>                                        | Date:<br>4/22/2021 |
| (Optional) Reviewer Name (Print)                                                  | Reviewer Signature                                                                    | Date:              |
| Reviewer Name (Print)<br>Timothy Garvey<br>Nuclear EP Project Manager             | Reviewer Signature<br><i>Rebecca A. Martin for Tim Garvey</i><br>Approved Via Telecom | Date:<br>4/26/2021 |
| Approver Name (Print)<br>Frank Mitchell<br>Emergency Planning Manager or designee | Approver Signature<br><i>F. Mitchell</i>                                              | Date:<br>4/28/21   |

## Attachment 9.1

### Emergency Planning Document Change Checklist Form

(All sections must be completed, N/A or place a check on the line where applicable)

#### Section 1

|                      |                                                                                                                                                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doc/Procedure Type:  | Administrative <input checked="" type="checkbox"/> Implementing <input type="checkbox"/> EPLAN <input type="checkbox"/> N/A <input type="checkbox"/> |
| Doc/Procedure No:    | IP-EP-AD6                                                                                                                                            |
| Doc/Procedure Title: | Emergency Facilities and Equipment                                                                                                                   |
| New revision number: | 36                                                                                                                                                   |
| Corrective Action:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CR#: <u>OL-OLI-2018-00090 CA 19</u>                 |
| Effective date:      | May 17, 2021                                                                                                                                         |

#### Section 2

##### Change Description

1. Ensure the following are completed, or are not applicable and are so marked:

- a. 50.54q                            N/A
- b. EN-FAP-OM-023                 N/A
- c. IP-SMM- AD-102                N/A
- d. OSRC                              N/A
- e. NRC Transmittal               N/A   
(within 30 days)

2. List any other documents affected by this change: N/A

3. Transmittals are completed:  N/A  Date: 4/29/21

4. Ensure the proper revision is active in eB Ref. Lib.:  N/A

5. Approved doc/procedure delivered to Doc. Control for distribution:  N/A  Date: 4/29/21

6. Position Binders updated:  N/A  Date: 4/29/21

7. Copy of EPDCC placed in EP file:  N/A  Date: 4/29/21

8. Supporting documentation is submitted as a general record in eB Ref. Lib.:  N/A  Date: 4/29/21

9. Word files are moved from working drafts folder to current revision folder in the EP drive:  
 N/A  Date: 5/17/21



IPEC  
EMERGENCY PLAN  
ADMINISTRATIVE  
PROCEDURES

NON-QUALITY RELATED  
PROCEDURE

IP-EP-AD6

Revision 36

REFERENCE USE

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**CONTROLLED**

## Emergency Facilities and Equipment

Prepared by:

Rebecca A. Martin

Print Name

Rebecca A Martin

Signature

4/28/2021

Date

Approval:

Frank J. Mitchell

Print Name

Frank J Mitchell

Signature

4/28/2021

Date

Effective Date: May 17, 2021


*This procedure excluded from further LI-100 reviews.*



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## Emergency Facilities and Equipment

### **1.0 PURPOSE**


This procedure describes the Indian Point Energy Center (IPEC) Emergency Facilities and Equipment surveillance program.

### **2.0 REFERENCES**

- 2.1 Indian Point Energy Center Emergency Plan
- 2.2 IP-EP-AD2, Emergency Plan Controlled Documents
- 2.3 IP-EP-210, Central Control Room
- 2.4 EN-EP-610-DP, Technical Support Center (TSC) Operations
- 2.5 EN-EP-611-DP, Operations Support Center (OSC) Operations
- 2.6 EN-EP-609-DP, Emergency Operations Facility (EOF) Operations
- 2.7 IP-EP-260, Joint Information Center
- 2.8 EN-EP-306, Drills and Exercises


### **3.0 DEFINITIONS**

- 3.1 Annual – Once per calendar year, however there must be at least one quarter between successive annual checks.
- 3.2 Approximately – Inventoried amount should be within 10% of required inventory.
- 3.3 Checker – The individual that conducts the activity associated with the inventory or operational checks of the emergency facilities and equipment addressed in this procedure.
- 3.4 Monthly – Once per calendar month, however there must be at least one week between successive checks.
- 3.5 Sealed – Container / Locker / Door that has a Valid Emergency Plan seal which is so placed such that contents of container cannot be accessed without breaking the seal. Seals shall be dated to indicate when the container was sealed. Seals shall be considered valid only for one year.
- 3.6 Quarterly – Once per calendar quarter, however there must be at least thirty days between successive quarterly checks.
- 3.7 Valid Emergency Plan Seal – Plastic or metal seal which is numbered and traceable to a date less than one year old.
- 3.8 Semi-Annual – Twice per calendar year, however, there must be at least 5 months between successive semi-annual checks and cannot occur in same half year.

|                                                                                                                                                       |                                          |                  |                    |
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#### **4.0 RESPONSIBILITIES**


- 4.1 The Manager, Nuclear (IP Decom) is responsible for:
  - 4.1.1 Ensuring that inventory surveillances listed in this procedure are current to support functions assigned to the Emergency Response Organization.
  - 4.1.2 Random review of surveillances performed in accordance with this procedure to ensure compliance.
- 4.2 The Manager, Nuclear (IP Decom) or designee is responsible for:
  - 4.2.1 The configuration of the telephone service and equipment in the emergency response facilities.
  - 4.2.2 Ensuring departments outside Emergency Planning are cognizant of their responsibilities for the surveillance and maintenance of emergency facilities and equipment.
  - 4.2.3 Revising checklists as necessary to ensure they comply with Emergency Plan.
  - 4.2.4 Ensuring that equipment required for emergency response is available.
  - 4.2.5 Assigning EP personnel as inventory checkers.
- 4.3 The Emergency Planning Staff members are responsible for:
  - 4.3.1 Conduct of surveillances when assigned as checker.
- 4.4 Manager Rad Protection Is responsible for:
  - 4.4.1 The assignment of an individual(s) to perform the RP surveillances as assigned in Attachment 9.1.
  - 4.4.2 Verifying that members of the RP group have performed facility inventories as assigned in 4.4.1 above.
- 4.5 Operations is responsible for:
  - 4.5.1 Using procedure 0-PT-M007 when performing the RECS test.
- 4.6 Security is responsible for performing surveillance on ERF Accountability Card Readers in accordance with Accountability Card Reader Monthly Test (Form EP-AD6-22).

|                                                                                                                                             |                                  |           |             |
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## 5.0 DETAILS

### 5.1 Discussion


- 5.1.1 Actual supplies available in facilities may be in excess of those listed on the checklist. This is to allow for use during conduct of drills and still ensure supplies are available in the event of a real emergency.
- 5.1.2 There may be additional communications systems present in the facilities that are not tested in accordance with this procedure. Implementing procedures do not require these systems. These systems' operability is not critical to emergency response, however, they are used during drills and if found to be non-functional a remedy request should be issued so the system can be repaired.
- 5.1.3 Facility inventories are required to be performed as scheduled and after facility use. It is expected that some items will need to be replaced during the conduct of these surveillances. Individuals performing the inventory should make an attempt to correct all discrepancies immediately. If corrections cannot be made within 1 day of identification and pose an immediate threat to the ability of the Emergency Response Organizations to perform their duties, the discrepancy shall be entered into the Condition Reporting System or IT Help Desk. Other conditions that cannot be corrected within 7 days **SHALL** be documented in a CR.

|                                                                                                                                             |                                  |           |             |
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## 5.2 Facility Inventories

### 5.2.1 Scheduling Inventories

- a. Tracking of required Emergency Response Facility maintenance may be placed on the station's schedule or tracked internally by the EP Department. In either case the Manager, Nuclear (IP Decom) or designee **SHALL** ensure all required elements of the program are maintained.
- b. **IF** items are tracked internally **THEN**:
  1. Attachment 9.1, Facilities and Equipment Maintenance Schedule provides the Organizational Responsibility and periodicity that checks are to be scheduled.
  2. The Manager, Nuclear (IP Decom) or designee is assigned to maintain the schedule of activities needed to maintain facility readiness.
  3. Any deviation from schedule **SHALL** be pre-approved by the Manager, Nuclear (IP Decom).
- c. The Manager, Nuclear (IP Decom) or designee **SHALL** assign individuals to perform the inventories identified in Attachment 9.1 and assigned to EP and NEM.
- d. Rad Protection **SHALL** assign an individual(s) to perform the RP surveillances as assigned in Attachment 9.1
- e. Operations is responsible for performing monthly RECS line tests.
- f. Security **SHALL** assign an individual(s) to test the Accountability Card Readers in accordance with the Accountability Card Reader Monthly Test (Form EP-AD6-22).
- g. Frequency:
  1. All facility inventories **SHALL** be performed at least quarterly.
  2. Facility inventories shall be performed after facility use (after each drill, exercise or real event in which facility equipment is used).
  3. Facility inventories **SHALL** be scheduled if conditions are identified that put the reliability of emergency response facilities and equipment in question (such as broken seals or other obvious degraded conditions).


|                                                                                                                                             |                                  |                            |
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5.2.2 Guidelines for conduct of inventories:

**NOTE:**

Sealed containers containing items that require periodic calibration must be opened to check calibration dates. Seals shall be dated and are considered valid for one year.

- a. **IF** a container is sealed with a valid emergency plan seal, **THEN** all items listed as within the container may be considered inventoried without breaking the seal. The inventory is valid for one (1) year from the time the kit was sealed.
  1. Check the last inventory performed to ensure all items with an expiration date do not expire prior to the end of the next inventory period.
  2. Record the seal number and the date of the last inventory performed on the inventory sheet for the current period.
- b. **IF** a sealed container is opened to check equipment **THEN** reseal the container and record the seal number on the inventory checklist.
- c. Use a new checklist to perform required checks.
- d. Calibration dates for radiological equipment must be current. **IF** calibration will not be valid through the last day of the current period or if it will expire in the next inventory period **THEN RP SHALL** be notified to replace the equipment with equipment that will remain in calibration. A notation **SHALL** be made in the comment or action section identifying the person notified and the date notified.
- e. Place expiration dates for items with shelf lives in the "Due Date".
- f. Check "SAT" if inventory meets or exceeds required amounts.
- g. Check "UNSAT" if inventory does not meet requirements.
- h. Place comments in the "Comments/Actions" section if further explanation is needed to explain deficiencies found during conduct of the inventory. Record applicable Condition Report and/or IT Help Desk Case numbers in this section.
- i. Record "Calibration Due Dates" where appropriate.
- j. **WHEN** performing inventory and a broken seal is noticed, **THEN** inventory the contents of the container, date, sign and seal the container.

|                                                                                                                                             |                                  |           |             |
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- k. Inventory Checker **SHALL** inspect the condition of equipment in addition to actual counts, e.g. if inventory contains masking tape, verify the tape is not brittle and can still be used.
- l. During an inventory of the facility, equipment **SHALL** be energized and tested to ensure the equipment is operable.
  - 1. Log on to computers to ensure LAN connections are functioning properly and any updates run. IF computer contains special software or files required for emergency response **THEN** ensure software is present and runs properly.
  - 2. Fax machines should be tested by faxing a test sheet to another Emergency Planning fax machine.
- m. Inventory Checker **SHALL** observe and make comments on general condition of facilities. Items such as cleanliness, condition of furniture, missing furniture or any other conditions which may limit the ability of the Emergency Response Organization to respond to an emergency.

5.2.3 Upon completion of a required inventory the Checker **SHALL**:

- a. Sign the Inventory Checklist.
- b. Turn in Inventory Checklist to the Manager, Nuclear (IP Decom) or designee.
- c. Enter (or have entered) discrepancies into the Condition Reporting (CR) System or IT Help Desk System.

5.2.4 Inventory Checker (may be Manager, Nuclear (IP Decom) or designee) **SHALL**:

- a. Review inventory.
- b. Ensure discrepancies are entered into either the Condition Reporting System (PCRS) or the IT Help Desk system.

**NOTE:**

Personnel shall be responsible for correcting equipment deficiencies identified in their respective inventory. The Emergency Planning Department **SHALL** be responsible for all other items.

- c. Determine necessary corrective actions and assign resources to correct items. Inventories **SHOULD** be corrected within 7 days from the time a discrepancy is identified.
- d. Sign the Inventory Checklist as completed when all discrepancies have been corrected or entered into the Condition Reporting System or Help Desk system.



**NOTE:**

Personnel may hold checklist for up to 7 days that contain equipment discrepancies until they are corrected and note corrective actions in the comment section of the checklist.


- e. Return completed Inventory Checklist to the EP Project Manager, or designee within 7 days of completion of inventory.

**NOTE:**

The Manager, Nuclear (IP Decom) may designate a member of the Emergency Planning Staff to review and sign inventories. Emergency Planning Staff member who performs an Inventory Checklist may NOT sign as reviewer for his/her own checks.

5.2.5 The Manager, Nuclear (IP Decom) or designee **SHALL:**

- a. Periodically review selected Inventory Checklists for completion.
- b. Determine if any discrepancy trends exist.
- c. Enter any trends or needed changes to correct items not handled by other IPEC Departments as assigned.
- d. File or have someone file the completed checklist(s) in Emergency Planning files. Completed checklists shall be maintained per IP-EP-AD16.
- e. List discrepancies on the individual checklists and planned or completed corrective actions along with expected completion date(s). The applicable CR or IT Help Desk Case **SHOULD** be noted in the Comments/Actions section of the inventory form.
- f. Review completed inventory checklist within 30 days of receipt.

|                                                                                                                                             |                                  |           |             |
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### 5.3 Communications Tests

**NOTE:**

Communications tests may be performed as part of drills and/or exercises, however, tests must be documented using applicable IP-EP-AD6 checklists.

#### 5.3.1 Test Frequency

- a. The Emergency Facilities Quarterly Communications Test (Form EP-AD6-8) **SHALL** be performed once each calendar quarter.
- b. The Emergency Facilities Monthly Communications Test (Form EP-AD 6-9) **SHALL** be performed once each calendar month. Monthly tests may be conducted on a greater frequency as required by Offsite Agencies.
- c. Radiological Emergency Communications System (RECS) is tested by CCR Personnel using O-PT-M007. If, due to Plant Conditions it is not desirable to test from the CCR, then Emergency Planning Personnel **SHALL** conduct the test from the EOF using Form EP-AD6-9.

#### 5.3.2 Guidelines for Conduct of Communications Tests

- a. Federal Communication Commission (F.C.C.) rules and regulations require that each radio station initially identify itself by announcing its F.C.C. assigned call sign. During subsequent transmissions, location names such as EOF, Mobile 1 etc. may be substituted to facilitate communications. At the end of the test the controlling base station (i.e. EOF) is required to close out transmission by announcing the call letters followed by the word "Clear".
- b. Notify the Central Control Room prior to testing any Central Control Room communications systems.
- c. Acceptance Criteria:
  1. The radio being tested **SHALL** be considered operable if actual communications occurs between two points.





**NOTE:**

Tester may call one instrument from another instrument in the same facility to check for ring.

2. Normal (this does not include Ring-Down circuits or special bridging on line) phone lines **SHALL** be considered operable if there is a dial tone on the instrument, the instrument can dial another line and the instrument rings when called. **IF** there are multiple lines on an instrument **THEN** each phone line or number **SHALL** be checked for dial tone but each number does not need to be called.
3. Special phone circuits (Ring Down, Three-Way, and Conference) **SHALL** be checked to ensure they actually ring at specified locations.

### 5.3.3 Conduct of Test

**NOTE:**

**ONE** individual should be designated the lead for conduct of a required test. Forms are arranged by facility. Consolidate test results into a Summary Form. Summary Form **SHALL** be saved by test date on the Emergency Planning site protected drive.

- a. **IF** directed to perform the quarterly communications test **THEN** use an Emergency Facilities Quarterly Communications Test (Form EP-AD6-8) to perform required quarterly test.
  1. To conduct the quarterly test ensure that personnel are assigned to each of the listed facilities below to test communications between each of the following locations:
    - i. CCR's
    - ii. EOF
    - iii. TSC/OSC
    - iv. AEOF
    - v. JIC
- b. **IF** directed to perform the monthly communications test **THEN** use an Emergency Facilities Monthly Communications Test (Form EP-AD6-9) to perform required monthly test except as noted below in section (c).
- c. Radiological Emergency Communications System (RECS) is tested by CCR Personnel using 0-PT-M007. If, due to Plant Conditions it is not desirable to test from a CCR, then Emergency Planning Personnel **SHALL** conduct the test from the EOF/AEOF using (Form EP-AD6-9).




- d. The testing of radios during the quarterly communications test requires coordination and assignment of an individual to each location to ensure that all radios are operable. Radio tests **SHOULD** include the transmission and receiving of messages through each radio tested. The use of state and county personnel for the verification of radio operability is acceptable and encouraged.
- e. All communications tests for Control Room equipment **SHOULD** be coordinated with Operations prior to the test to ensure availability of the communications equipment in the Control Room.

5.3.4 Upon completion of test, the Test Lead **SHALL** perform the following:

- a. Enter all discrepancies into the Condition Reporting System **OR** IT Help Desk System as appropriate, and ensure steps are underway to correct problems.
- b. Ensure Summary Form is completed properly with any Condition Reports or IT Help Desk Tickets documented on form.
- c. Save Summary Form by date on Emergency Planning site protected drive.

5.3.5 Point-to-Point Tests for RECS and EHL

- a. When a single phone's functionality needs to be verified, then a point-to-point test is performed as follows:
  - 1. Establish contact with organization where RECS is to tested and determine test time.
  - 2. Determine Session ID to be used by using Attachment 9.3 and select the ID number associated with the phone to be tested.  
  
\_\_\_\_\_ Location to be tested  
\_\_\_\_\_ Session ID number
  - 3. Pick up phone to initiate test
  - 4. When you hear "Welcome to Wave. Please enter session ID", depress the appropriate session ID number obtained in Step 5.3.5.a.2 (above)
  - 5. Wait 5 seconds, then establish contact with test location by stating, "This is a TEST, This is a TEST. **LOCATION** do you receive"?
  - 6. When test is complete, hang up phone.

|                                                                                                                                             |                                  |           |             |    |
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#### 5.4 Facility Readiness Checks

5.4.1 Facility readiness checks **SHALL** be performed as assigned by the Manager, Nuclear (IP Decom) or designee.

- a. A facility readiness check **SHALL** be performed after the use of a facility in a drill, exercise or real event and after restoration of power to an IPEC ERF that had a total loss of power.
- b. Credit may be taken for satisfactory performance of all equipment used during this activity by noting such on the form.

5.4.2 A facility readiness checklist (monthly or quarterly) **SHOULD** be used to document completion of all readiness checks.

5.4.3 **IF** deficient items cannot be corrected immediately **THEN** Condition Reports or IT Help Desk **SHALL** be generated for these items.

## 6.0 INTERFACES


6.1 All Emergency Plan Implementing Procedures

6.2 IP-EP-AD16 "Emergency Planning Records"

6.3 IP-EP-AD40 "Equipment Important to Emergency Response"

6.4 O-PT-M007 "Emergency Plan Communication Test"

6.5 O-PT-M006 "Respiratory Protection Equipment Inspection"

|                                                                                                                                             |                                  |           |             |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|-------------|
| <br>IPEC<br>EMERGENCY PLAN<br>ADMINISTRATIVE<br>PROCEDURES | NON-QUALITY RELATED<br>PROCEDURE | IP-EP-AD6 | Revision 36 |
|                                                                                                                                             | REFERENCE USE                    | Page 14   | of 18       |

## 7.0 RECORDS

- 7.1 All checklists and summaries generated by performance of this procedure are Non-Permanent Records and **SHALL** be maintained in accordance with requirements of IP-EP-AD2.

## 8.0 REQUIREMENTS AND COMMITMENTS

This procedure implements the following requirements and commitments:

- 8.1 Section F of the Emergency Plan describes required communications equipment and the requirements for maintaining this equipment.
- 8.2 Section N.2 of the Emergency Plan describes required communication drills and surveillance tests.
- 8.3 Section H.10 of the Emergency Plan describes the requirement for testing and inventorying emergency response equipment.
- 8.4 Commitment A – 104 10 for thirteen Satellite Phones in ERF's.

## 9.0 ATTACHMENTS

- 9.1 Facility & Equipment Maintenance Responsibilities and Schedule
- 9.2 Inventory Discrepancies
- 9.3 Session IDs for RECS and Executive Hot Line
- 9.4 Checklists: EP-AD6-1 through EP-AD6-24



Attachment 9.1  
**Facility & Equipment Maintenance Schedule**  
Sheet 1 of 2  
**EP Equipment Inventories**

| Description                       | Form   | Frequency | Page(s)         | Resp. |
|-----------------------------------|--------|-----------|-----------------|-------|
| EOF                               | AD6-1  | Quarterly | 1 – 7<br>9 – 10 | EP    |
| AEOF                              | AD6-2  | Quarterly | 1               | EP    |
| Unit 2 CR                         | AD6-3  | Quarterly | 1               | RP    |
| TSC/OSC                           | AD6-4  | Quarterly | 1 – 3           | RP    |
| TSC/OSC                           | AD6-4  | Quarterly | 4               | EP    |
| Unit 2 Guard House &<br>Main Gate | AD6-5  | Quarterly | 1 – 2           | EP    |
| JIC                               | AD6-6  | Quarterly | 1 – 3           | EP    |
| Unit 2 CR Admin                   | AD6-7  | Quarterly | 1               | EP    |
| Unit 3 CR Admin                   | AD6-7  | Quarterly | 2               | EP    |
| Unit 2 CR Comm.                   | AD6-8  | Quarterly | 2               | EP    |
| Unit 2 CR Comm.                   | AD6-8  | Quarterly | 3, 4, 5 & 6     | EP    |
| Unit 3 CR Comm.                   | AD6-8  | Quarterly | 1, 2 & 5        | EP    |
| AEOF Comm.                        | AD6-8  | Quarterly | 1, 2 & 6        | EP    |
| EOF/ICP Comm,                     | AD 6-8 | Quarterly | 1 – 3           | EP    |
| TSC/OSC Comm.                     | AD6-8  | Quarterly | 1, 2 & 4        | EP    |



Attachment 9.1  
Facility & Equipment Maintenance Schedule  
Sheet 2 of 2  
EP Equipment Inventories

| Description                       | Form   | Frequency   | Page(s)      | Resp.    |
|-----------------------------------|--------|-------------|--------------|----------|
| RECS/ExHL/LGR                     | AD6-9  | Monthly     | 1 – 4        | EP       |
| UNIT 2 CR Comm.                   | AD6-9  | Monthly     | 5            | EP       |
| UNIT 3 CR Comm.                   | AD6-9  | Monthly     | 5            | EP       |
| AEOF Comm.                        | AD6-9  | Monthly     | 5            | EP       |
| EOF/ICP Comm.                     | AD6-9  | Monthly     | 5            | EP       |
| TSC/OSC Comm.                     | AD6-9  | Monthly     | 5            | EP       |
| UNIT 3 CR                         | AD6-10 | Quarterly   | 1            | RP       |
| Fire Brigade & Assembly           | AD6-11 | Quarterly   | 1            | RP       |
| NYP/HVH                           | AD6-12 | Quarterly   | 1 – 3        | EP       |
| Phelps Hospital                   | AD6-13 | Quarterly   | 1 – 3        | EP       |
| West. Med. Center                 | AD6-14 | Semi-Annual | 1 – 2        | EP       |
| Good Samaritan                    | AD6-15 | Semi-Annual | 1 – 2        | EP       |
| Montefiore St. Luke's<br>Cornwall | AD6-16 | Semi-Annual | 1 – 2        | EP       |
| Putnam Hospital                   | AD6-17 | Semi-Annual | 1 – 2        | EP       |
| RESP. Protect                     | AD6-20 | Monthly     | 0-RP-RSP-105 | RP       |
| RESP. Protect Verification        | AD6-21 | Monthly     | 1            | RP       |
| Account Card Reader               | AD6-22 | Monthly     | 1            | Security |
| Assembly Area GSB                 | AD6-23 | Quarterly   | 1            | EP       |
| Assembly Area IPTC                | AD6-23 | Quarterly   | 1            | EP       |
| Assembly Area EEC                 | AD6-23 | Quarterly   | 1            | EP       |
| Battery Mgt. Guideline            | AD6-24 | Various     | 1            | EP       |
| Alt. TSC/OSC                      | AD6-25 | Quarterly   | 1 – 3        | EP       |
| Alt. ICP                          | AD6-26 | Quarterly   | 1            | EP       |



Attachment 9.2

**Inventory Discrepancies**

(An equivalent document or process may be used to track discrepancies)

Page 1 of 1

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Follow Up Actions:**

**Completion Date**

- |     |       |
|-----|-------|
| 1.  | _____ |
| 2.  | _____ |
| 3.  | _____ |
| 4.  | _____ |
| 5.  | _____ |
| 6.  | _____ |
| 7.  | _____ |
| 8.  | _____ |
| 9.  | _____ |
| 10. | _____ |

Condition Reports or Remedy Requests:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Inventory Performed:**

**Print Name/Sign Name/Date:**



Attachment 9.3

SESSION ID NUMBERS FOR RECS AND EXECUTIVE HOT LINE

Page 1 of 1

| LOCATION                   | ID NUMBER |
|----------------------------|-----------|
| AEOF – EHL Test            | 4512      |
| AEOF – RECS Test           | 4502      |
| NYS DOH – RECS Test        | 4801      |
| EHL                        | 9         |
| EOF – EHL Test             | 4011      |
| EOF – RECS Test            | 4001      |
| IP2 CCR – RECS Test        | 4002      |
| IP3 CCR – RECS Test        | 4003      |
| NYS WC - EHL               | 4731      |
| NYS WC – RECS              | 4721      |
| ORANGE COUNTY EOC – CEHL   | 4411      |
| ORANGE COUNTY EOC – RECS   | 4401      |
| ORANGE COUNTY WP – RECS    | 4402      |
| PUTNAM COUNTY EOC – CEHL   | 4311      |
| PUTNAM COUNTY EOC – RECS   | 4301      |
| PUTNAM COUNTY WP – RECS    | 4321      |
| PEEKSKILL EOC – RECS       | 4601      |
| PEEKSKILL WP – RECS        | 4602      |
| ROCKLAND COUNTY EOC – CEHL | 4211      |
| ROCKLAND COUNTY EOC – RECS | 4201      |
| ROCKLAND COUNTY WP – RECS  | 4202      |
| RECS                       | 7         |
| SIMULATOR Unit 2 – RECS    | 4004      |
| SIMULATOR Unit 3 – RECS    | 4005      |
| USMA EOC – RECS            | 4902      |
| USMA MP Desk – RECS        | 4901      |
| USMA AEOC – RECS           | 4903      |
| WESTCHESTER EOC – CEHL     | 4111      |
| WESTCHESTER EOC – RECS     | 4101      |
| WESTCHESTER DOSE – RECS    | 4106      |
| WESTCHESTER WP – RECS      | 4121      |



## EOF Quarterly Inventory Checklist

| EOF Radiological Supplies |       |                                                                 |          |                          |                          |          |
|---------------------------|-------|-----------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No                        | Unit  | Item                                                            | Due Date | Sat                      | UnSat                    | Comments |
| 1                         | Ea.   | Ba-133 Source                                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Ea.   | 5-10 uCi Cs-137 Source                                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                        | Ea.   | Charcoal Cartridges                                             |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                        | Ea.   | Silver Zeolite Iodine Cartridges (sealed)                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Box   | Particulate Filters                                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 16                        | Ea.   | 500 mRem Dosimeters or Equivalent                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8                         | Ea.   | 5 Rem Dosimeters or Equivalent                                  |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                         | Ea.   | Flashlights w/batteries <sup>(2)</sup>                          |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                        | Ea.   | Packages of 14 KI Tablets                                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 11                        | Sets  | Protective Clothing                                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                         | Ea.   | Dosimeter Chargers <sup>(1)</sup> <sup>(2)</sup>                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 20                        | Ea.   | DLRs in Holders                                                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                         | Ea.   | Electronic Dosimeters                                           |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5                         | Ea.   | Planchets for Counter                                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                         | Ea.   | Stanchions & 1 roll Rad Rope                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 20                        | Ea.   | Air Sample envelopes                                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Ea.   | Calculator                                                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                        | Ea.   | Petri Dishes                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12                        | Ea.   | 9 Volt Batteries <sup>(2)</sup>                                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12                        | Ea.   | D Cell Batteries <sup>(2)</sup>                                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                         | Pkg   | Gauze Wipes                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                        | Pairs | Surgeons Gloves                                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                        | Pairs | Low Shoe Cover                                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Ea.   | Radiation Health Book                                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                         | Ea.   | Step off pads (Remove PCs Before Stepping)                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Ea.   | Roll of Tape                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Ea.   | RAD Material Bags                                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Ea.   | Enlarged Laminated Site Monitoring Map                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                         | Sets  | Keys to Each Offsite Team Vehicle                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Box   | Scrub Pants & Tops (size 3X)                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6                         | Ea.   | Radiological Posting Signs                                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Pkg.  | Blank Radiological Posting Inserts                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Pkg.  | Smears                                                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                         | Ea.   | Extension Cords                                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Pkg.  | Maslin                                                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                         | Roll  | RAD Rope                                                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                         | Ea.   | Extra Pre-Cut 2 ft x 3 ft Polyethylene Sheets                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                           |       | Notify RP if any equipment will expire prior to next quarterly. | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |

<sup>(1)</sup> Dosimeter Chargers shall be functionally checked by inserting a dosimeter into the charger and adjusting the hairline up and down scale.

<sup>(2)</sup> Check due date on batteries and replace before due date is reached.

Inventory Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Actions:

---



---

## EOF Quarterly Inventory Checklist

| Medical Decon Kits (2)                                                                                                                                                                     |       |                                                |             |                          |                          |                          |                          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| No.                                                                                                                                                                                        | Unit  | Item                                           | Due Date    | Kit 1                    |                          | Kit 2                    |                          | Comments |
|                                                                                                                                                                                            |       |                                                |             | Sat                      | Un Sat                   | Sat                      | Un Sat                   |          |
| 1                                                                                                                                                                                          | Ea.   | Bottle of Phisoderm <sup>(5)</sup>             | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Bottle of Clorox                               | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Bottle of Cornmeal                             | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Bottle of Baby Shampoo                         | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Bottle of Hydrogen Peroxide <sup>(5)</sup>     |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Container with Decon Pads                      | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Bottle of Betadine                             | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                         | Box   | E-Z Scrubs                                     | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                          | Ea.   | Bottles of Saline Solution <sup>(5)</sup>      |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Bottle of Aloe Vera Skin Cream                 | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5                                                                                                                                                                                          | Ea.   | Tegaderm Transparent Dressings                 | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                         | Ea.   | Towels                                         | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                         | Pkg   | Q – Tips (sealed) <sup>(5)</sup>               | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                         | Pairs | Surgical Gloves <sup>(5)</sup>                 | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                          | Ea.   | Solution Bowls                                 | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Irrigation Syringe (sealed) <sup>(5)</sup>     | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Shave Prep Kit (sealed) <sup>(5)</sup>         | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Irrijet Syringe System (sealed) <sup>(5)</sup> | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Toe Nail Clipper                               | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Forceps                                        | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Roll  | Surgical Tape                                  | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Marker                                         | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Pen                                            | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                          | Ea.   | Medical Scissors                               | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Box of Borax Hand Soap                         | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                          | Ea.   | Procedure for Decon                            | N/A         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Date of last inventory                                                                                                                                                                     |       |                                                | Seal Number |                          |                          |                          |                          |          |
| <sup>(5)</sup> Many Items in the decon Kit have shelf lives or are sealed for cleanliness. Checker should consider item missing if expiration date has passed or sealed container is open. |       |                                                |             |                          |                          |                          |                          |          |
| Inventory Performed By:                                                                                                                                                                    |       |                                                |             |                          |                          |                          | Date:                    |          |
| Reviewed By:                                                                                                                                                                               |       |                                                |             |                          |                          |                          | Date:                    |          |
| Comments/Actions:                                                                                                                                                                          |       |                                                |             |                          |                          |                          |                          |          |
|                                                                                                                                                                                            |       |                                                |             |                          |                          |                          |                          |          |

## EOF Quarterly Inventory Checklist

| Field Team Inventory Checklist – Case A (Circle One) Kit # 1 # 2 Spare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                            |                   |                          |                          |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------|-------------------|--------------------------|--------------------------|----------|
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Unit | Item                                                                       | Due Date          | Sat                      | UnSat                    | Comments |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Box  | Particulate Filters                                                        | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pkg. | 14 KI Tablets (130 mg)                                                     |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ea.  | Silver Zeolite Iodine Cartridges                                           |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Electronic Dosimeters                                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set  | 4 County Road Atlases                                                      | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | SH-4 or SH-4A Counter Holder<br>(Fixture Cap, Spacer)                      | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | DLRs in Holders                                                            |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Clip Board                                                                 | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Flashlight w/batteries <sup>(2)</sup>                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Pencils                                                                    | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Pens                                                                       | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ea.  | Sample Envelopes & Plastic Bags                                            | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pkg. | Gauze Wipes                                                                | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pkg. | Smears                                                                     | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Roll of Tape                                                               | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pair | Surgeon's Rubber Gloves                                                    | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | 10 Mile Wind Sector Map                                                    | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ea.  | Planchets                                                                  | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Ba – 133 Source (left on storage shelf or in cabinet)                      | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | 5 – 10 uCi Cs- 137 Source<br>(left on storage shelf or in cabinet)         | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | 1.5 volt batteries <sup>(2)</sup>                                          |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Ion Chamber Dose Rate Meter<br>(left on storage shelf or in cabinet)       |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ea.  | Count Rate Meter and HP-210 probe<br>(left on storage shelf or in cabinet) |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | Notify RP if any equipment will expire prior to next quarterly.            | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Date of last inventory _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                            | Seal Number _____ |                          |                          |          |
| <p>This inventory checklist shall be completed for each kit (Kits 1, 2 and spare). Most items in each Field Team Kit are maintained in two cases (A &amp; B / 6 totals). These containers should be sealed after inventory is verified.</p> <p>(1) Survey Meters and counting equipment shall be functionally checked by observing response (upscale movement on lowest range to a least 2 times background) to a check source and checking the battery indication where appropriate.</p> <p>(2) Check due date on batteries and replace when due date is reached</p> |      |                                                                            |                   |                          |                          |          |
| Inventory Performed By: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                            |                   |                          | Date: _____              |          |
| Reviewed By: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                            |                   |                          | Date: _____              |          |
| Comments/Actions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                            |                   |                          |                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                            |                   |                          |                          |          |

## EOF Quarterly Inventory Checklist

| Field Team Inventory Checklist – Case B (Circle One)                                                                                                                                         |      |                                       |                   | Kit # 1                  | # 2                      | Spare    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------|-------------------|--------------------------|--------------------------|----------|
| No.                                                                                                                                                                                          | Unit | Item                                  | Due Date          | Sat                      | UnSat                    | Comments |
| 1                                                                                                                                                                                            | Ea.  | Clip Board                            | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                            | Set  | 4 County Road Maps                    | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                            | Ea.  | Soil Core Sample Tool                 | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                            | Ea.  | Grass Clipper                         | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 15                                                                                                                                                                                           | Ea.  | Blank Tags                            | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                            | Ea.  | Envelope with small blank labels      | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                            | Ea.  | Gallon Bottles                        | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5                                                                                                                                                                                            | Ea.  | Plastic Bags                          | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                            | Ea.  | Rolls of Tape                         | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                           | Ea.  | Tie Wraps                             | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                            | Pkg. | Smears                                | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                           | Ea.  | Petri Dish                            | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                            | Ea.  | Black Marker                          | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                            | Box  | Paper Towels                          | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                            | Ea.  | Stop Watch (1)                        | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                           | Ea.  | Charcoal Filters for NEM Air Samplers |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                           | Ea.  | Air Particulate Filters               | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                           | Prs. | Surgeon's Rubber Gloves               | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                           | Ea.  | Sample Envelopes & Plastic Bags       | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Date of last inventory _____                                                                                                                                                                 |      |                                       | Seal Number _____ |                          |                          |          |
| <p>This inventory checklist shall be completed for each kit (Kits 1, 2 and spare). These containers should be sealed after inventory is verified.</p> <p>(1) Ensure Stop Watch operates.</p> |      |                                       |                   |                          |                          |          |
| Inventory Performed By: _____                                                                                                                                                                |      |                                       |                   |                          | Date: _____              |          |
| Reviewed By: _____                                                                                                                                                                           |      |                                       |                   |                          | Date: _____              |          |
| Comments/Actions:                                                                                                                                                                            |      |                                       |                   |                          |                          |          |
|                                                                                                                                                                                              |      |                                       |                   |                          |                          |          |
|                                                                                                                                                                                              |      |                                       |                   |                          |                          |          |

## EOF Quarterly Inventory Checklist

| Location     | Equipment                              | Note | Cal Due | HP# | SAT | UNSAT | Comments |
|--------------|----------------------------------------|------|---------|-----|-----|-------|----------|
| EOF          | Ion Chamber Dose Rate Inst.            | 2    |         |     |     |       |          |
| EOF          | Ion Chamber Dose Rate Inst.            | 2    |         |     |     |       |          |
| EOF          | Frisker                                | 2    |         |     |     |       |          |
| EOF          | Frisker                                | 2    |         |     |     |       |          |
| EOF          | Frisker                                | 2    |         |     |     |       |          |
| EOF          | HP 210 probe w/cable                   |      |         |     |     |       |          |
| EOF          | HP 210 probe w/cable                   |      |         |     |     |       |          |
| EOF          | HP 210 probe w/cable                   |      |         |     |     |       |          |
| EOF          | MS-2/SPA 3/Pig/Holder                  |      |         |     |     |       |          |
| EOF          | Air Sampler w/sample Holder            | 1    |         |     |     |       |          |
| EOF          | Air Sampler w/sample Holder            | 1    |         |     |     |       |          |
| EOF          | Noble Gas Monitor                      |      |         |     |     |       |          |
| EOF          | Continuous Air Monitor (ASM4 or equal) |      |         |     |     |       |          |
| Field Kit #1 | Air Sampler w/sample Holder            | 1    |         |     |     |       |          |
| Field Kit #1 | Ion Chamber Dose Rate Inst.            | 2    |         |     |     |       |          |
| Field Kit #1 | Frisker                                | 2    |         |     |     |       |          |
| Field Kit #1 | HP 210 probe w/cable                   |      |         |     |     |       |          |

- (1) Air Samplers **SHALL** be energized and run for ~30 seconds.
- (2) Survey Meters and counting equipment **SHALL** be functionally checked by observing response (up-scale movement on lowest range to at least 2 times background) to a check source and checking the battery indication where appropriate.

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments/Actions:       |       |
|                         |       |
|                         |       |
|                         |       |

## EOF Quarterly Inventory Checklist

| Location     | Equipment                                                       | Note | Cal Due | HP# | SAT                      | UNSAT                    | Comment |
|--------------|-----------------------------------------------------------------|------|---------|-----|--------------------------|--------------------------|---------|
| FIELD Kit #2 | Air Sampler w/sample Holder                                     | 1    |         |     |                          |                          |         |
| FIELD Kit #2 | Ion Chamber Dose Rate Inst.                                     | 2    |         |     |                          |                          |         |
| FIELD Kit #2 | Frisker                                                         | 2    |         |     |                          |                          |         |
| FIELD Kit #2 | HP 210 probe w/cable                                            |      |         |     |                          |                          |         |
| Spare        | Air Sampler w/sample Holder                                     | 1    |         |     |                          |                          |         |
| Spare        | Ion Chamber Dose Rate Inst.                                     | 2    |         |     |                          |                          |         |
| Spare        | Frisker                                                         | 2    |         |     |                          |                          |         |
| Spare        | HP 210 probe w/cable                                            |      |         |     |                          |                          |         |
|              | Notify RP if any equipment will expire prior to next quarterly. |      |         |     | <input type="checkbox"/> | <input type="checkbox"/> |         |

- (1) Samplers **SHALL** be energized and run for ~30 seconds.  
 (2) Survey Meters and counting equipment **SHALL** be functionally checked by observing response (up-scale movement on lowest range to at least 2 times background) to a check source and checking the battery indication where appropriate.

Inventory Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Actions:

|  |
|--|
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## EOF Quarterly Inventory Checklist

| EOF Checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                               |                          |                          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------|--------------------------|--------------------------|----------|
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Unit | Item                                                                          | Sat                      | UnSat                    | Comments |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Backup Met Tower Graphic recorder                                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Halon System Control Panel <sup>(1)</sup>                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Halon Storage Tank(s) <sup>(6)</sup>                                          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Toshiba UPS <sup>(2)</sup>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Portable UPS <sup>(4)</sup> (2 <sup>nd</sup> floor FAX Machines)              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Emergency lighting – conference room <sup>(3)</sup>                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Emergency lighting – main stairway <sup>(3)</sup>                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Emergency lighting – emergency exit stairway <sup>(4)</sup>                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Emergency lighting – Upstairs <sup>(3)</sup>                                  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Verify PM is scheduled for battery replacement of data loggers <sup>(6)</sup> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| EP Vehicles (three vehicles total)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                               |                          |                          |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Cell Phone (located in equipment room) and Chargers                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Vehicle Radio                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | GPS units (located in equipment room) and Chargers                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Registration/Insurance Card                                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | AC/DC converter                                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Beacon                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Jumper cables/scrapper/first aid kit/fire ext.                                | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Clock                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | 2 ft x 3 ft Polyethylene Sheets                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ea.  | Mobile Devices w/ AC Chargers (located in equipment room)                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <p>(1) Verify "System Normal" light is lit.<br/>                     (2) Perform UPS check according to instructions on following page.<br/>                     (3) Check that the red LED attached to battery housing is lit. Press the "TEST" button and verify that the lights operate for approximately 2 seconds.<br/>                     (4) Verify condition of the battery. Depress the test button in back of Unit. Audio Alarm should sound for 15 secs and check light should go on for 15 secs then return to normal status.<br/>                     (5) Verify gauges are in Normal range (green area)<br/>                     (6) Original WO # 00382897 – WO# may have changed if completed, PM is to be completed every 2 years.</p> |      |                                                                               |                          |                          |          |
| Inventory Performed By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                               |                          | Date:                    |          |
| Reviewed By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                               |                          | Date:                    |          |
| Comments/Actions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                               |                          |                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                               |                          |                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                               |                          |                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                               |                          |                          |          |

# EOF Quarterly Inventory Checklist

## Toshiba UPS Check

1. Verify that the Green LED is lit on the UPS status panel. The UPS status panel is mounted on the West wall of the EOF operations room. If the green LED lamp is not lit or the audio alarm is sounding, notify Emergency Planning and check the Toshiba, 1400XL Plus series operation manual (10/95, Part #41794) to identify fault.
2. Check the front panel of the UPS unit located in the EOF electrical equipment room.
  - (a) AC line – green light indicates normal AC power is being supplied to the UPS unit.
  - (b) UPS RUN/FAULT – green light indicates the unit is operating in the run mode and the output is normal.
  - (c) OUTPUT/BATTERY – LED lamps 1 and 2 indicate normal operating load. Any flashing red LED lamps indicate a system problem. Check the Toshiba 1400XL Plus series operation manual (10/95, Part #41794) to identify fault and notify Emergency Planning.
  - (d) Check batteries in the two cabinets for corrosion or leakage and record the date the batteries were installed. Batteries shall be replaced every three years.



## EOF Quarterly Inventory Checklist

| Admin Inventory Checklist                                                                    |      |                                                                                                                 |                          |                          |          |
|----------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------|
| No.                                                                                          | Unit | Item                                                                                                            | Sat                      | UnSat                    | Comments |
| 1                                                                                            | Ea.  | IPEC Emergency Plan                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Set Emergency Planning Implementing Procedures                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Set NYS Emergency Plan and Implementing Procedures                                                              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Emergency Action Level Technical Bases                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Set Orange County Emergency Plan and Procedures                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Set Putnam County Emergency Plan and Procedures                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Set Rockland Emergency Plan and Procedures                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Set Westchester County Emergency Plan and Procedures                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | NRC Response Team Book                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                            | Sets | Cold EAL Wall Charts (1 Set in Command Room, 1 Set in EOF Conference. Room. and 1 Set on 2 <sup>nd</sup> Floor) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Set of Overlays for 10 Mile EPZ Map                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Emergency Director Position Binder                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Radiological Assessment Coordinator Position Binder                                                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Dose Assessor Position Binder                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Offsite Team Coordinator Position Binder                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Technical Advisor Position Binder                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Offsite Communicator Position Binder                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Lead Offsite Liaison Position Binder                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                            | Ea.  | Offsite Monitoring Team Position Binders                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | EOF Rad Pro Monitor Position Binder                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                            | Ea.  | EAL Reference Manuals                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                            | Ea.  | Evacuation Time Estimate                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                            | Ea.  | Stand Alone Copies of Emergency Telephone Directory (ETD). (2) First Floor. (2) Second Floor. (1) ICP.          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| NOTE: Check Position Binder content against Index Sheet to assure proper Rev# and quantities |      |                                                                                                                 |                          |                          |          |
| Inventory Performed By:                                                                      |      |                                                                                                                 | Date:                    |                          |          |
| Reviewed By:                                                                                 |      |                                                                                                                 | Date:                    |                          |          |
| Comments/Actions:                                                                            |      |                                                                                                                 |                          |                          |          |
|                                                                                              |      |                                                                                                                 |                          |                          |          |
|                                                                                              |      |                                                                                                                 |                          |                          |          |
|                                                                                              |      |                                                                                                                 |                          |                          |          |

## EOF Quarterly Inventory Checklist

| Admin Inventory Checklist continued                                                                       |      |                                                                               |                          |                          |          |
|-----------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------|--------------------------|--------------------------|----------|
| No.                                                                                                       | Unit | Item                                                                          | Sat                      | UnSat                    | Comments |
| 4                                                                                                         | Ea.  | Fax machines (Check operations & Time)                                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                         | Ea.  | Clerical Area – Copy Machine <sup>(7)</sup>                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                         | Ea.  | Spare Bulb for Epson 2 <sup>nd</sup> floor Projectors <sup>(8)</sup>          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                         | Ea.  | Projector (Mezz. Wall)                                                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                         | Ea.  | EOF Key Lockbox at Entrance                                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                         | Ea.  | EOF Key Lockbox on West Wall (By Sign In Board)                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                         | Ea.  | Clipboard on EOF Registration Desk with a minimum of 4 copies of Sign in Log  | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                           |      | Check EOF Ground Floor Display Equipment                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                           |      | Check EOF 2 <sup>nd</sup> Floor Display Equipment                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                                                                         | Ea.  | Clock Time Check (Master on Mezzanine SHOULD agree with clock over map table) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| (7) Ensure actual machines are located in the Emergency Operations Facility and that they are operational |      |                                                                               |                          |                          |          |
| (8) Or equivalent product                                                                                 |      |                                                                               |                          |                          |          |
| Inventory Performed By:                                                                                   |      |                                                                               |                          | Date:                    |          |
| Reviewed By:                                                                                              |      |                                                                               |                          | Date:                    |          |
| Comments/Actions:                                                                                         |      |                                                                               |                          |                          |          |
|                                                                                                           |      |                                                                               |                          |                          |          |
|                                                                                                           |      |                                                                               |                          |                          |          |
|                                                                                                           |      |                                                                               |                          |                          |          |

# EOF Quarterly Inventory Checklist

## EOF NRC Conference Room AV Equipment

### Avectus Rack

Verify that power to Avectus rack in southwest corner of the room is powered up.

IF not, THEN turn power switch ON

Crestron green "PWR" light should be ON

Cable Vision Plasma Right and Left boxes are turned on. IF they are ON a power symbol will be displayed above the clock display.

### Displays/Monitors using Remote Control

Using the RC turn on the Left Display OR Right display. The display may take a short time to come on.

Press the INPUT button on the RC and a menu of inputs will be displayed. The Left display will only provide TV. The Right display will provide TV and may be used as a PC Monitor. For the Left display use INPU # 2 OR # 4 if needed.

For the Right display to be PC Monitor make sure the PC on the floor under the Right display is tuned on. The Keyboard and Mouse may be used to control input.

For the Left display, the RC can be used to change channels and control sound volume.

### Creston Panel

A Creston Panel/Box is mounted on the North wall next to the entry door.

To START touch the home screen.

Select and touch Plasma Left and Plasma Right to turn on displays.

On Plasma Right you can select either TV or PC,

IF PC is selected make sure the PC on the floor under the Plasma Right is turned on. The Keyboard and Mouse may be used to control input.

IF TV is selected for Plasma Left OR Plasma Right the channels desired may be selected from either the Crestron Panel/Box or the RC

# EOF Quarterly Inventory Checklist

## EOF Mezzanine Displays

There are effectively four displays on the south wall of the Mezzanine. All four displays are generated from Projectors but the fourth is a Smart Board.

As you enter the Mezzanine you will see four desktop monitors at the other end of the room. Two PC's and the four monitors control the projections. There are four Remote Controls (RC) numbered 1, 2, 3, and 4. Each projector is numbered correspondingly. By pointing the corresponding RC at its projector and pressing the power button the projectors will turn on. Initially a front mounted light will change from amber to green while the projector warms up. Once warmed up three of the projectors will project a blue field onto the wall screen. The fourth projector will project onto the Smart Board. The Smart Board has a power button on the lower left corner.

Log on to one of the three ganged monitors. Once logon is completed you can select whatever you need to display on the wall screens. To move the image first diminish it and then grab the blue bar at the top of the image and move it left to right. Multiple images may be brought up and displayed. There is a wireless keyboard and wireless mouse that can be used as well.

There is a single monitor and PC nearest the Smart Board. This controls projector 4. Log on and select whatever you need to display.

Next to this last PC near the Smart Board there is a Black Box controller. On the right end is a power switch. If the power is on a blue light is illuminated. On the front left of the controller are four knobs. They should be set as follows:

Far Left, Smart Board with indicator at 1100 position  
Mid Left, Video Wall with indicator at 1100 position  
Mid Right Downstairs with indicator at 0700 position.  
Far Right, Video Source Audio with indicator at 1100 position

# EOF Quarterly Inventory Checklist

## EOF Ground Floor Display Equipment Startup

### Power Up

On the southwest wall adjacent to the EOF Tech Advisor work station there is a Wireless Crestron Touch Screen monitor approximately 8 inches square.

Touch the screen and the display will light up. Touch the screen again for the home screen.

Touch the orange "Device Power" button in the upper right corner

The screen will display six on/off buttons.

Touch the ON all six on/off buttons to power three projectors mounted to the above mezzanine wall and three Displays on the northeast wall

The projectors should project a blue area on the northeast wall and there will be a green light displayed on the front of each projector. The displays on the wall should light up.

IF the projectors do not turn on, THEN use the Remote Control (RC) on the Avectus cabinet next to the Offsite Tech Advisor to turn on the projectors.

To turn on a projector point the remote at the offending projector and press the ON button.

Once the projectors are ON the Aspect button on the RC can be pressed to enlarge or shrink the image area, by pointing at the projector

IF the Panels do not turn on, THEN take the RC from the Avectus cabinet and use the power button to turn on the display.

### Technical Advisor (Top and Left Projectors and Display Panels # 1 and # 2)

The Technical Advisor (TA) should then log onto their work station. Both desk top monitors should display the Entergy screen saver. This work station will control the Top and Left Projectors and Display Panel # 1 and Display Panel # 2 of the three wall mounted displays. The TA can then call up any function they wish to display, e.g. MRPDAS, Emergency Classification, and WebEOC. The recommended/preferred content is on the next page.

The displayed function can be seen on its respective projector or display screen by placing the cursor on the blue bar at the top of each diminished display and dragging to the right. The image will move from desk top Monitor 1 and 2 to the Top projector to the Left projector to Display # 1 and then to Display # 2.

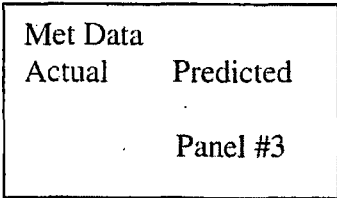
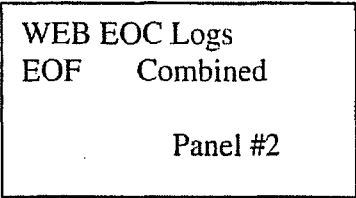
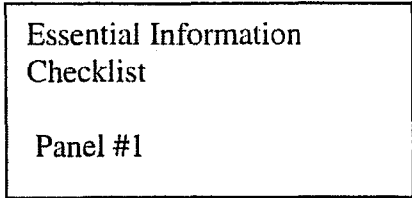
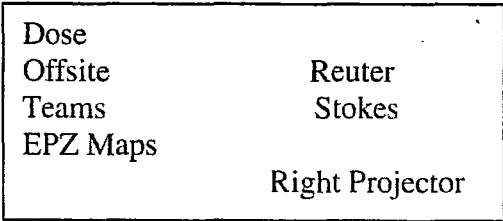
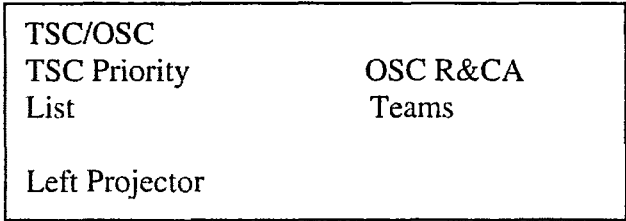
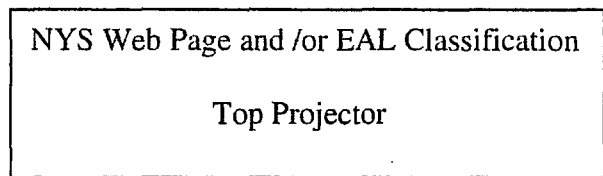
# EOF Quarterly Inventory Checklist

## Dose Assessment (Right projector and Display Panel # 3)

The southern Right projector and Display Panel # 3 are controlled by Dose Assessment.

Turn on the Dose Assessor (DA) computer that is under the EOF Offsite Tech Advisors work station. Proceed to the Dose Assessors keyboard and mouse and log in. This keyboard and mouse will control the Right Projector and Display Panel # 3 The DA can then call up any function they wish to display, e.g. MRPDAS, Emergency Classification, and WebEOC.

The display function can be moved to its respective projector or display by placing the cursor on the blue bar at the top of each diminished display and dragging to the right. Use the keyboard and mouse on the DA work surface to control the images, the image will move from desk top Right Projector to Display Panel # 3. To display the EPZ maps double click on the GIS Icon on the Desktop.



## AEOF Quarterly Inventory Checklist

| Admin Inventory Checklist                                                                                                                                                                                |      |                                                                                                           |                          |                          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------|
| No.                                                                                                                                                                                                      | Unit | Item                                                                                                      | Sat                      | UnSat                    | Comments |
| 1                                                                                                                                                                                                        | Ea.  | IPEC Emergency Plan                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Set IPEC Emergency Plan Implementing Procedures                                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                        | Sets | Cold EAL Wall Charts (AEOF & State/Cnty. Rm.)                                                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Emergency Action Level Technical Bases                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Set NYS Emergency Plan and Procedures                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Set Orange Cnty. Emergency Plan and Procedures                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Set Putnam Cnty. Emergency Plan and Procedures                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Set Rockland Emergency Plan and Procedures                                                                | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Set Westchester Cnty. Emergency Plan & Procedures                                                         | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | NRC Response Team Book                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Set of Overlays for 10 Mile EPZ Map                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Emergency Director Binder                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Radiological Assessment Coordinator Binder                                                                | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Dose Assessor Binder                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Offsite Team Coordinator Binder                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Technical Advisor Binder                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Offsite Communicator Binder                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Lead Offsite Liaison Binder                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | IT Specialist Binder                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                        | Ea.  | EAL Reference Manuals                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | Evacuation Time Estimates                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                                                                                                                                                                        | Ea.  | Stand Alone Emergency Telephone Directory (ETD) (2 copies AEOF, 1 copy St/Cnty. Rm. & 1copy Clerical Rm.) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                        | Ea.  | Flashlights w/batteries - (2)                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                                                                                                                                                                        | Ea.  | Multi-Function Machines (1)                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                        | Ea.  | White Boards (1)                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        | Ea.  | FAX/Printer (1)                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        |      | Stationary Supplies including 2 Reams of wrapped copy paper                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        |      | Rad Health Handbook                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                        |      | EPZ Map                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                                                                                                                                       |      | Packages of 14 KI Tablets Expiration Date _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| NOTE: Check Position Binder content against Index Sheet to assure proper Rev# and quantities.<br>(1) Test equipment to ensure operability.<br>(2) Check due date and replace before due date is reached. |      |                                                                                                           |                          |                          |          |
| Inventory Performed By:                                                                                                                                                                                  |      |                                                                                                           | Date:                    |                          |          |
| Reviewed By:                                                                                                                                                                                             |      |                                                                                                           | Date:                    |                          |          |
| Comments/Actions:                                                                                                                                                                                        |      |                                                                                                           |                          |                          |          |
|                                                                                                                                                                                                          |      |                                                                                                           |                          |                          |          |
|                                                                                                                                                                                                          |      |                                                                                                           |                          |                          |          |
|                                                                                                                                                                                                          |      |                                                                                                           |                          |                          |          |

## U2 Control Room Quarterly Inventory Semi-Annual Inventory

| Unit 2 Control Room                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                 |          |                          |                          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Unit | Item                                            | Due Date | Sat                      | UnSat                    | Comments |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Particulate Filters                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ea.  | Silver Zeolite cartridges in sealed plastic (1) |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ea.  | Charcoal Cartridges                             |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Packs smears/envelopes                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Tweezers / Planchets / gauze wipes              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Calculator (check operability)                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ea.  | Packages of 14 KI Tablets                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ea.  | Protective Clothing Kits                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Radiological Posting Signs                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Step-Off pads (outside cabinet)                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Ink Cartridge for fax                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Flashlight with batteries (1)                   |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | 25' Extension Cord                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | RAD Material Bags                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Dosimeter charger (1) (2)                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ea.  | 0-200 mRem Dosimeters or Equivalent             |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ea.  | DLRs / Holders                                  |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pkg. | Blank Radiological Posting Inserts              |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Roll RAD Rope                                   |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pkg. | Maslin                                          |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Box  | Surgeon Gloves                                  |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Air Sampler (3 & 5)<br>with Sample Holder       | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Friskers (4 & 5)                                | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | HP-210 probe w/ cable<br>(4 & 5)                | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Ion Chamber Dose Rate<br>Instrument (4 & 5)     | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ea.  | Cs-137 Button Source (5)                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| (1) Check due date and replace before due date is reached<br>(2) Dosimeter Charger SHALL be functionally checked by inserting a dosimeter into the charger and adjusting the hairline up and down scale.<br>(3) Air Samplers SHALL be energized and run for ~10 seconds.<br>(4) Survey Meters and counting equipment SHALL be tested functionally by turning instrument on and checking the battery indication where appropriate. Record instrument due date. |      |                                                 |          |                          |                          |          |
| Inventory Performed By:                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                 |          | Date:                    |                          |          |
| Reviewed By:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                 |          | Date:                    |                          |          |
| Comments/Actions:                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                 |          |                          |                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                 |          |                          |                          |          |



## TSC/OSC Quarterly Inventory Checklist

| OSC Locker #1                                            |      |                                           |          |                          |                          |          |
|----------------------------------------------------------|------|-------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                      | Unit | Item                                      | Due Date | Sat                      | UnSat                    | Comments |
| 2                                                        | Ea.  | SH4 Counter Holder                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                        | Ea.  | Ba-133 Source                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                        | Ea.  | 5-10 uCi Cs-137 Source                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                        | Ea.  | Box of Pens and Box of Grease Pencils     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8                                                        | Ea.  | Magnetic Door Signs – No Exit             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                        | Ea.  | Magnetic Door Signs – Exit                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                        | Ea.  | Magnetic Door Signs – No Entry            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                        | Ea.  | Magnetic Door Signs – TSC/OSC Entrance    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                        | Ea.  | Extra Air Sampler Heads                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                       | Ea.  | Charcoal Cartridges                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 30                                                       | Ea.  | Silver Zeolite Iodine Cartridges (sealed) |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                        | Box  | Particulate Filters                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                       | Ea.  | Packages of 14 KI Tablets                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                       | Ea.  | Radiological Posting Signs                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5                                                        | Ea.  | Planchets                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8                                                        | Ea.  | Step off Pads – White                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 20                                                       | Ea.  | RAD Material Bags                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                        | Pkg. | Maslin                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                        | Pkg. | Blank Radiological Posting Inserts        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                        | Box  | Surgeons Gloves                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                        | Ea.  | Flashlights with Batteries (1)            |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                        | Roll | Duct Tape                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| (1) Check batteries and replace prior to expiration date |      |                                           |          |                          |                          |          |
| Inventory Performed By:                                  |      |                                           |          | Date:                    |                          |          |
| Reviewed By:                                             |      |                                           |          | Date:                    |                          |          |
| Comments/Actions:                                        |      |                                           |          |                          |                          |          |
|                                                          |      |                                           |          |                          |                          |          |
|                                                          |      |                                           |          |                          |                          |          |
|                                                          |      |                                           |          |                          |                          |          |

## TSC/OSC Quarterly Inventory Checklist

| OSC Locker #2                                                                                                                                 |      |                                       |          |                          |                          |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                                                                                                           | Unit | Item                                  | Due Date | Sat                      | UnSat                    | Comments |
| 1                                                                                                                                             | Roll | RAD Rope                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                             | Ea.  | Extension Cords (25")                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                             | Pkg  | Gauze Wipes                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                             | Box  | Smears                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                                                                            | Ea.  | 0 - 500 mRem Dosimeters or Equivalent |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 30                                                                                                                                            | Ea.  | 0 - 5 Rem Dosimeters or Equivalent    |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5                                                                                                                                             | Ea.  | 0 - 200 Rem Dosimeters or Equivalent  |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 20                                                                                                                                            | Ea.  | DLRs and Holders                      |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                             | Ea.  | Dosimeter Chargers (1) with batteries |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| OSC Locker #3                                                                                                                                 |      |                                       |          |                          |                          |          |
| N/A                                                                                                                                           |      | N/A                                   |          |                          |                          |          |
| OSC Locker #4                                                                                                                                 |      |                                       |          |                          |                          |          |
| 50                                                                                                                                            | Pair | Paper Coveralls                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                                                                            | Pair | Low Shoe Covers                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                                                                            | Pair | High Shoe Covers                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                                                                            | Ea.  | Hoods                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                                                                            | Pair | Cotton Liners                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                                                                            | Pair | Rubber Gloves                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| (1) Dosimeter Charger SHALL be functionally checked by inserting one dosimeter into the charger and adjusting the hairline up and down scale. |      |                                       |          |                          |                          |          |
| Inventory Performed By:                                                                                                                       |      |                                       |          |                          | Date:                    |          |
| Reviewed By:                                                                                                                                  |      |                                       |          |                          | Date:                    |          |
| Comments/Actions:                                                                                                                             |      |                                       |          |                          |                          |          |
|                                                                                                                                               |      |                                       |          |                          |                          |          |
|                                                                                                                                               |      |                                       |          |                          |                          |          |
|                                                                                                                                               |      |                                       |          |                          |                          |          |
|                                                                                                                                               |      |                                       |          |                          |                          |          |

## TSC/OSC Quarterly Inventory Checklist

| LOCATION  | EQUIPMENT                         | NOTE | CAL DUE | HP# | SAT | UNSAT | COMMENTS |
|-----------|-----------------------------------|------|---------|-----|-----|-------|----------|
| Locker #1 | Ion Chamber                       | 2    |         |     |     |       |          |
| Locker #1 | Ion Chamber                       | 2    |         |     |     |       |          |
| Locker #1 | Ion Chamber                       | 2    |         |     |     |       |          |
| Locker #1 | Ion Chamber                       | 2    |         |     |     |       |          |
| Locker #1 | Frisker                           | 2    |         |     |     |       |          |
| Locker #1 | Frisker                           | 2    |         |     |     |       |          |
| Locker #1 | Frisker                           | 2    |         |     |     |       |          |
| Locker #1 | HP 210 Probe W/cable              | 2    |         |     |     |       |          |
| Locker #1 | HP 210 Probe w/cable              | 2    |         |     |     |       |          |
| Locker #1 | HP 210 Probe w/cable              | 2    |         |     |     |       |          |
| Locker #1 | MS-2/SPA-3/Holder/Source          |      |         |     |     |       |          |
| Locker #1 | Air. Sampler W/Holder.            | 1    |         |     |     |       |          |
| Locker #1 | Air. Sampler W/Holder.            | 1    |         |     |     |       |          |
| Locker #1 | Extendable Dose Rate Inst.        | 2    |         |     |     |       |          |
| Locker #1 | Extendable Dose Rate Inst.        | 2    |         |     |     |       |          |
| TSC/OSC   | Gamma Alarm (on wall)             |      |         |     |     |       |          |
| TSC/OSC   | AMS-4 or Equal (Partic.)          |      |         |     |     |       |          |
| TSC/OSC   | AMS-4 or Equal<br>(Gas/Noble Gas) |      |         |     |     |       |          |

- (1) Air Samplers SHALL be energized and run for ~ 10 seconds
- (2) Survey Meters SHALL be functionally checked by observing response (upscale movement on lowest range to at least 2 times background) to a check source and checking the battery indication where appropriate.

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments/Actions:       |       |
|                         |       |
|                         |       |
|                         |       |
|                         |       |

## TSC/OSC Quarterly Inventory Checklist

| TSC / OSC Complex                                                                             |      |                                                   |      |                          |                          |          |
|-----------------------------------------------------------------------------------------------|------|---------------------------------------------------|------|--------------------------|--------------------------|----------|
| No.                                                                                           | Unit | Item                                              | Date | Sat                      | UnSat                    | Comments |
| 2                                                                                             | Sets | Cold EAL Charts                                   | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Emergency Action Level Technical Bases (EP-AD-13) | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Emergency Plant Manager Position Binder           | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Engineering Coordinator Position Binder           | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Radiological Coordinator Position Binder          | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | TSC Security Coordinator Position Binder          | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | OSC Manager Position Binder                       | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Radiation Protection Technician Position Binder   | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                             | Ea.  | Unit 2 PICS Computer with 3 Monitors each         | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                             | Ea.  | Unit 3 PICS Computer with 1 Monitor each          | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Engineering Coordinator Computer                  | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | PICS B&W Printer & Color Printer                  | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                                                             | Ea.  | Emergency Telephone Directory (ETD)               |      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Printer/Copier                                    | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Plotter HP T790                                   | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                             | Ea.  | PA System and 2 Microphone(s) Green __ Red __     | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8                                                                                             | Ea.  | Displays Per Pages 5 – 8 of AD6-4                 | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| NOTE: Check Position Binder content against Index Sheet to assure proper Rev# and quantities. |      |                                                   |      |                          |                          |          |
| Inventory Performed By:                                                                       |      |                                                   |      | Date:                    |                          |          |
| Reviewed By:                                                                                  |      |                                                   |      | Date:                    |                          |          |
| Comments/Actions:                                                                             |      |                                                   |      |                          |                          |          |
|                                                                                               |      |                                                   |      |                          |                          |          |
|                                                                                               |      |                                                   |      |                          |                          |          |
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|                                                                                               |      |                                                   |      |                          |                          |          |
|                                                                                               |      |                                                   |      |                          |                          |          |
|                                                                                               |      |                                                   |      |                          |                          |          |

# TSC/OSC Quarterly Inventory Checklist

## OSC Display Startup and Use

There are eight displays, numbered 1 through 8 and one smart board installed in the OSC/TSC. The original manual white boards have been saved and are stored in the TSC Conference Room. There are tables in the TSC Conference Room that can be used to support the Status Boards if needed.

## OSC

There are two-displays and a Smart Board in the OSC and a display in the R&CA team briefing room. The displays in the OSC proper are numbered 1 and 2. These displays are mounted across from the Team Coordinator on the West wall. There is a PC stored on the shelf with the Repair and Corrective Action Team radios.

The display in the R&CA Team briefing area is mounted on the east wall at the rear of the room and the controlling PC is against the west wall on the counter top.

## DISPLAYS

### OSC Proper

Use the remote control to turn on and off the OSC Displays.

Turn on the PC just below the two displays by pressing the power button in the front and then logon the computer using the keyboard and mouse on the work surface below near the radios.

The user may display any file on the displays, e.g. WebEOC.

The file displayed may be moved by diminishing the picture and grabbing the blue bar at the top and moving left to right.

### R&CA Team Briefing Area

Turn ON the power to the Display with the power switch on the remote control next to the controlling PC.

Turn on the PC against the west wall by pressing the power button in the front and they logon the computer using the keyboard and mouse on the work surface.

Sign onto WebEOC via the IPEC Web Site and select the drill or event and go to R&CA Status. The display provides the same information that is on the Smart Board in the OSC proper maintained by the Work Control Coordinator.

## SMART BOARD

The Smart Board (SB) is powered up when the Projector is turned on by using the Remote Control or the Button on the right side under the front flip-up panel.

The PC on the Work Control Coordinator (WCC) desk controls the Smart Board display. There is a wireless keyboard and mouse on the WCC's desk that can be used to control the screen. The Smart Board may be used to display the Repair and Corrective Action Team status from WebEOC.

The left monitor on the Work Control Coordinator's desk displays the same image as the Smart Board and the right monitor is a personal monitor to be used for other functions as determined by the WCC.

## **TSC/OSC Quarterly Inventory Checklist**

### **TSC Display Startup and Use**

There are six displays in the TSC. The displays are numbered 3 through 8. The original manual white boards have been saved and are stored in the TSC Conference Room. There are tables in the TSC Conference Room that can be used to support the Status Boards if needed.

### **TSC Displays**

There are four displays on the east wall of the TSC behind the Support Staff and Communicator Desk. These are controlled from a roll around stand in the TSC at the end of the engineers table.

### **SUPPORT STAFF**

Turn ON the power to the wall mounted displays using the remote control.

The four PC's on the lower shelf of the roll around stand must be turned on. The KVM behind the keyboard on the top shelf must be turned on and a blue light visible in the front.

The monitor on the top shelf must be turned on.

Logon to the PC as yourself with your normal user name and password: User/Password

The top of the KVM switch is labeled for the four buttons which correspond to monitors 3, 4, 5 and 6. To switch from one display to another, PRESS and HOLD the button for the desired screen until a "beep" is heard.

## TSC/OSC Quarterly Inventory Checklist

### Recommended Content:

Display # 3 - Display Essential Information, WebEOC, and EAL Status

Display # 4 - Facility Logs, WebEOC

Display # 5 - TSC Task Tracking and Status, WebEOC, TSC Job Assignments

Display # 6 - Unit Status – Power Point on desktop: (shift to enter next line, esc to edit, F5 starts slide show)

# 3  
Essential  
Information  
  
WebEOC  
  
EAL Status

# 4  
  
Facility Logs  
  
  
WebEOC

# 5  
  
TSC Task  
Tracking and  
Status  
  
WEBEOC  
  
TSC Job  
Assignments

# 6  
  
Unit Status via  
a  
Power Point  
Display

## TSC/OSC Quarterly Inventory Checklist

### Reactor Engineer

There are two displays # 7 and # 8 on the north wall of the TSC above the Reactor Engineer work station.

Turn ON the power to the wall mounted displays using the remote control.

The PC at the Reactor Engineer station controls wall mounted display # 7 above. An additional PC at this work station controls wall mounted display # 8.

Typically the engineers display 42 A, B, C and 31 A, B and C. Each engineer can display whatever they wish above their work station. Once a display is opened on the PC monitor it can be dragged up to the wall monitor.



## Secondary Alarm Station Inventory Checklist

| Secondary Alarm Inventory Checklist                                                           |      |                                                                 |          |                          |                          |          |
|-----------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                                                           | Unit | Item                                                            | Due Date | Sat                      | UnSat                    | Comments |
| Note: The following items should be in a sealed locker or container                           |      |                                                                 |          |                          |                          |          |
| 50                                                                                            | Ea.  | TLDs in Holders                                                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 75                                                                                            | Ea.  | Electronic Dosimeters                                           |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                                                                            | Ea.  | Packages of 14 KI Tablets                                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Lieutenant Supervisor Position Binder S-5                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                             | Ea.  | Secondary Alarm Station S-8 Position Binder                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                               |      | Notify RP if any equipment will expire prior to next quarterly. | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| NOTE: Check Position Binder content against Index Sheet to assure proper Rev# and quantities. |      |                                                                 |          |                          |                          |          |
| Inventory Performed By:                                                                       |      |                                                                 |          | Date:                    |                          |          |
| Reviewed By:                                                                                  |      |                                                                 |          | Date:                    |                          |          |
| Comments/Actions:                                                                             |      |                                                                 |          |                          |                          |          |
|                                                                                               |      |                                                                 |          |                          |                          |          |
|                                                                                               |      |                                                                 |          |                          |                          |          |
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|                                                                                               |      |                                                                 |          |                          |                          |          |
|                                                                                               |      |                                                                 |          |                          |                          |          |

## Main Gate Quarterly Inventory Checklist

| Main Gate Inventory Checklist                                                                                                                     |      |                                                                 |                   |                          |                          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------|-------------------|--------------------------|--------------------------|----------|
| No.                                                                                                                                               | Unit | Item                                                            | Due Date          | Sat                      | UnSat                    | Comments |
| <b>Ambulance Kit</b>                                                                                                                              |      |                                                                 |                   |                          |                          |          |
| 3                                                                                                                                                 | Ea.  | Escort DLRs – replace annually                                  |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                 | Ea.  | 0 - 200 mRem Dosimeters or Equivalent                           |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                 | Ea.  | Protective Clothing Sets                                        | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                 | Ea.  | Dosimeter Charger with batteries (1)                            |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                 | Ea.  | Spare gloves/shoe covers                                        | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                 | Ea.  | Copy of IP-SMM-IS-128                                           | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                 | Ea.  | Roll of masking tape                                            | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                 | Ea.  | Pens                                                            | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                | Ea.  | Copies of Form EP- 6-ALL                                        | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Date of last inventory _____                                                                                                                      |      |                                                                 | Seal Number _____ |                          |                          |          |
| <b>Fire Fighter Kit</b>                                                                                                                           |      |                                                                 |                   |                          |                          |          |
| 8                                                                                                                                                 | Ea.  | Escort DLRs – replace annually                                  |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8                                                                                                                                                 | Ea.  | 0-5 Rem Dosimeters or Equivalent                                |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8                                                                                                                                                 | Ea.  | 0-200 mRem Dosimeters or Equivalent                             |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                 | Ea.  | Dosimeter Charger with batteries (1)                            |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                | Ea.  | Copies of Form EP-6-ALL                                         | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                                                                   |      | Notify RP if any equipment will expire prior to next quarterly. | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Date of last inventory _____                                                                                                                      |      |                                                                 | Seal Number _____ |                          |                          |          |
| (1) Dosimeter Charger shall be functionally checked by inserting one dosimeter into the charger and adjusting the hairline up and down the scale. |      |                                                                 |                   |                          |                          |          |
| <b>Storage Cabinet</b>                                                                                                                            |      |                                                                 |                   | <b>Sat</b>               | <b>UnSat</b>             |          |
| Binder/Position Book:                                                                                                                             |      | OCA Security Main Gate                                          |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                                                                   |      | OCA Security Vehicle                                            |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                                                                   |      | Ambulance Emergency Kit                                         |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                                                                   |      | Offsite Firefighter                                             |                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Inventory Performed By: _____                                                                                                                     |      |                                                                 | Date: _____       |                          |                          |          |
| Reviewed By: _____                                                                                                                                |      |                                                                 | Date: _____       |                          |                          |          |
| Comments/Actions:                                                                                                                                 |      |                                                                 |                   |                          |                          |          |
|                                                                                                                                                   |      |                                                                 |                   |                          |                          |          |
|                                                                                                                                                   |      |                                                                 |                   |                          |                          |          |
|                                                                                                                                                   |      |                                                                 |                   |                          |                          |          |
|                                                                                                                                                   |      |                                                                 |                   |                          |                          |          |

## JIC Quarterly Inventory Checklist

| PIO Coordination Room                                               |      |                                                                     |                          |                          |          |
|---------------------------------------------------------------------|------|---------------------------------------------------------------------|--------------------------|--------------------------|----------|
| No.                                                                 | Unit | Item                                                                | Sat                      | UnSat                    | Comments |
| 1                                                                   | Ea.  | Plasma/smart board and software/manual                              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Wall mounted camera                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Intercom and head set                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Clock                                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | PIO Command Rack                                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Crestron unit                                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | IP Phone                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                                   | Ea.  | Microphones                                                         | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | NYSOEM Media Briefing Worksheet-wall mounted                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Entergy Sign-in Board – wall mounted in the corridor                | <input type="checkbox"/> | <input type="checkbox"/> |          |
| JIC Work Room                                                       |      |                                                                     |                          |                          |          |
| 9                                                                   | Ea.  | PC Computer, flat screen monitors, keyboards, and mouse             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 11                                                                  | Ea.  | IP Phone                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                   | Ea.  | Projectors                                                          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Crestron unit                                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Wall mounted white screen                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Intercom and headset                                                | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | TPS IMPC Crestron connector                                         | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Clock                                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                   | Ea.  | Printers                                                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Printer/FAX Machine                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                   | Ea.  | Laptop Computer and mouse                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Copier/Printer                                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                   | Ea.  | Black toner for the Copier/Printer                                  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                   | Ea.  | * Satellite Phone<br>(check battery indicator, charge if below 80%) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| *1 deployable w/ extended mast antenna and 1 hand held              |      |                                                                     |                          |                          |          |
| Copier is currently in SEMO EOC but could be relocated as required. |      |                                                                     |                          |                          |          |

## JIC Quarterly Inventory Checklist

| A/V Control Room               |      |                                                          |                          |                          |          |
|--------------------------------|------|----------------------------------------------------------|--------------------------|--------------------------|----------|
| No.                            | Unit | Item                                                     | Sat.                     | UnSat.                   | Comments |
| 2                              | Ea.  | PC Computer, flat screen, monitors, keyboards, and mouse | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | IP Phone                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Audio-Video Master Control Center                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Main Lobby Media Briefing Room |      |                                                          |                          |                          |          |
| 1                              | Ea.  | Podium                                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Screens and Cameras                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                              | Ea.  | Stanchions                                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 7                              | Ea.  | "This Is A Drill" stands                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Mult Box                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Crestron Touch Panel                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Podium Monitor                                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Intercom and Headset                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Clerestory Media Briefing Room |      |                                                          |                          |                          |          |
| 1                              | Ea.  | Podium                                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Crestron Touch Panel                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Intercom and Headset                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Wireless Microphones                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Screens and Cameras                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Mult Box                                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                |      |                                                          |                          |                          |          |

## JIC Quarterly Inventory Checklist

| Joint Information Center Documents/Administration                                                  |      |                                                    |                          |                          |          |
|----------------------------------------------------------------------------------------------------|------|----------------------------------------------------|--------------------------|--------------------------|----------|
| No.                                                                                                | Unit | Item                                               | Sat.                     | UnSat.                   | Comments |
| 1                                                                                                  | Ea.  | Emergency Plan                                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | Implementing Procedures IP-EP-260 & IP-EP-115      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Set  | Cold Emergency Action Level (EAL) Charts           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | Dictionary                                         | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | EAL Reference Manual                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | JIC Manager Binder                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | Company Spokesperson Binder                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | Technical Advisor Binder                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | Media Liaison Binder                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                  | Ea.  | Media Monitoring Binder                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                                                                                    |      | Ensure office supplies and batteries are available | <input type="checkbox"/> | <input type="checkbox"/> |          |
| (1) Checker SHALL verify that binder contents are in accordance with index in front of the binder. |      |                                                    |                          |                          |          |
| Inventory Performed By:                                                                            |      |                                                    |                          |                          | Date:    |
| Reviewed By:                                                                                       |      |                                                    |                          |                          | Date:    |
| Comments/Actions:                                                                                  |      |                                                    |                          |                          |          |
|                                                                                                    |      |                                                    |                          |                          |          |
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|                                                                                                    |      |                                                    |                          |                          |          |

## U2 Control Room Quarterly Administrative Items Inventory Checklist

| Unit 2 Control Room                                                        |      |                                                                                               |      |                          |                          |          |
|----------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------|------|--------------------------|--------------------------|----------|
| No.                                                                        | Unit | Item                                                                                          | Date | Sat                      | UnSat                    | Comments |
| 1                                                                          | Ea.  | Emergency Plan                                                                                | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | Set Emergency Planning Implementing Procedures                                                | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | Emergency Action Level Technical Bases                                                        | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                          | Sets | Cold Emergency Action Level Charts – 1 under glass and 1 set in map table drawer.             | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | Shift Manager/Emergency Director Position Binder (2 Binders #1 Operational & 1A Radiological) | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | Control Room Communicator Position Binder                                                     | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | Radiation Protection Technician Position Binder                                               | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | CCR Dose Assessor Position Binder                                                             | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | 10-Mile Map w/ Overlays                                                                       | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                          | Ea.  | Emergency Telephone Directory                                                                 |      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>NOTE:</b> Check Position Binder contents against index in front of book |      |                                                                                               |      |                          |                          |          |
| Inventory Performed By:                                                    |      |                                                                                               |      |                          | Date:                    |          |
| Reviewed By:                                                               |      |                                                                                               |      |                          | Date:                    |          |
| Comments/Actions:                                                          |      |                                                                                               |      |                          |                          |          |
|                                                                            |      |                                                                                               |      |                          |                          |          |
|                                                                            |      |                                                                                               |      |                          |                          |          |
|                                                                            |      |                                                                                               |      |                          |                          |          |
|                                                                            |      |                                                                                               |      |                          |                          |          |
|                                                                            |      |                                                                                               |      |                          |                          |          |
|                                                                            |      |                                                                                               |      |                          |                          |          |

## U3 Control Room Quarterly Administrative Items Inventory Checklist

| Unit 3 Control Room – (Circle One)                                          |      |                                                                                           |      |                          |                          |          |
|-----------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------|------|--------------------------|--------------------------|----------|
| No.                                                                         | Unit | Item                                                                                      | Date | Sat                      | UnSat                    | Comments |
| 1                                                                           | Ea.  | Emergency Plan                                                                            | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | Set Emergency Planning Implementing Procedures                                            | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | Emergency Action Level Technical Bases                                                    | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                           | Set  | Cold Emergency Action Level Charts<br>(on Bottom)                                         | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | Shift Manager/Emergency Director Binder<br>(2 Binders: #1 Operational & #1A Radiological) | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | Control Room Communicator Binder                                                          | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | Radiation Protection Technician Binder                                                    | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | Chemistry Technician Position Binder                                                      | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | CCR Dose Assessor Position Binder                                                         | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | 10 – Mile Map w/Overlays                                                                  | N/A  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                           | Ea.  | Emergency Telephone Directory                                                             |      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>NOTE:</b> Check Position Binder contents against index in front of book. |      |                                                                                           |      |                          |                          |          |
| Inventory Performed By:                                                     |      |                                                                                           |      | Date:                    |                          |          |
| Reviewed By:                                                                |      |                                                                                           |      | Date:                    |                          |          |
| Comments/Actions:                                                           |      |                                                                                           |      |                          |                          |          |
|                                                                             |      |                                                                                           |      |                          |                          |          |
|                                                                             |      |                                                                                           |      |                          |                          |          |
|                                                                             |      |                                                                                           |      |                          |                          |          |
|                                                                             |      |                                                                                           |      |                          |                          |          |
|                                                                             |      |                                                                                           |      |                          |                          |          |

## Emergency Facilities Quarterly Communications Test & Inventory

| Inter-facility Test; Unit 2CR, Unit 3CR, EOF, TSC/OSC, AEOF                  |                                           |                                                                                           |                                                                                           |
|------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| System / Test                                                                | Circuits                                  | Sat                                                                                       | UnSat                                                                                     |
| Offsite Radio Freq.<br><br>Talk to each location from EOF                    | 1. U2 CCR                                 | 1. <input type="checkbox"/>                                                               | 1. <input type="checkbox"/>                                                               |
|                                                                              | 2. U3 CCR                                 | 2. <input type="checkbox"/>                                                               | 2. <input type="checkbox"/>                                                               |
|                                                                              | 3. AEOF                                   | 3. <input type="checkbox"/>                                                               | 3. <input type="checkbox"/>                                                               |
|                                                                              | 4. TSC/OSC                                | 4. <input type="checkbox"/>                                                               | 4. <input type="checkbox"/>                                                               |
| Onsite Radio Freq.<br><br>Talk to each location from OSC                     | 1. U2 CCR                                 | 1. <input type="checkbox"/>                                                               | 1. <input type="checkbox"/>                                                               |
|                                                                              | 2. U3 CCR                                 | 2. <input type="checkbox"/>                                                               | 2. <input type="checkbox"/>                                                               |
|                                                                              | 3. EOF                                    | 3. <input type="checkbox"/>                                                               | 3. <input type="checkbox"/>                                                               |
|                                                                              | 4. AEOF                                   | 4. <input type="checkbox"/>                                                               | 4. <input type="checkbox"/>                                                               |
| <b>TEST</b><br>Offsite Radio Freq.<br><br>Talk to each vehicle from the AEOF | 1. Mobile 1<br>2. Mobile 2<br>3. Mobile 3 | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/> | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/> |
| <b>TEST</b><br>Offsite Radio Freq.<br><br>Talk to each vehicle from the EOF  | 1. Mobile 1<br>2. Mobile 2<br>3. Mobile 3 | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/> | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/> |



# Emergency Facilities Quarterly Communications Test & Inventory

## Facility Managers Hotline

**All facilities must be staffed or notified in advance to perform this test by Dialing "A1"**

| Initiated By | Dial    | Sat | Unsat | Comments: |
|--------------|---------|-----|-------|-----------|
| U2CR         | A1      |     |       |           |
| U3CR         | A1      |     |       |           |
| EOF          | A1 & A3 |     |       |           |
| ED           | A1 & A3 |     |       |           |
| TSC          | A1 & A3 |     |       |           |
| OSC Mgr.     | A1 & A3 |     |       |           |
| EPM          | A1 & A3 |     |       |           |
| AEOF         | A1 & A3 |     |       |           |
| JIC          | A1 & A3 |     |       |           |

## Point to Point Facility Manager Hotline (Note results as Sat. or Unsat.)

| Initiated By<br>Circle one | U2 | U3 | EOF | ED | TSC | OSC<br>Mgr. | EPM | AEOF | JIC |
|----------------------------|----|----|-----|----|-----|-------------|-----|------|-----|
| Sat/Unsat                  |    |    |     |    |     |             |     |      |     |

## Time Check for all Facility Clocks

| Initiated By Circle One | Unit 2 CR | Unit 3 CR | EOF | TSC/OSC | AEOF | JIC |
|-------------------------|-----------|-----------|-----|---------|------|-----|
| Sat/Unsat               |           |           |     |         |      |     |

### Facility Manager Hotline Quarterly Test

(1) With all Six ERF's staffed the A 1 Group SHOULD be used to initiate the call from each facility.

1. EP SHOULD staff all locations that will participate in the test.
2. Establish a time to start the test, \_\_\_\_\_.
3. Establish which location will start and lead the test, \_\_\_\_\_.
4. Establish a Conference Bridge to use for all to call into for coordination, Conference Phone \_\_\_\_\_.
5. Each location will use "A1" to broadcast to the other locations and conduct a roll call.
6. After all locations have initiated the broadcast call a location SHOULD be designated to start using the "A3" broadcast calls, \_\_\_\_\_.
7. Each location will use "A3" to broadcast to the other locations and conduct a roll call.
8. At the end of the "A3" calls one location will be identified to make point to point calls to all other facilities using the menu under the phone.  
Facility Manager \_\_\_\_\_
9. The last caller will then make an "A1" call and verify that all tests are complete.
10. During the testing the lead will keep track of completed tests and note any failures in the Notes section below.

**NOTES:**

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Performed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Facilities Quarterly Communications Test & Inventory

| Emergency Operations Facility & Incident Command Post (EOF/ICP) |                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                      |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Test                                                            |                                                                                                                                                                                                                                                                                                     | Sat                                                                                                                                  | UnSat                                                                                                                                |
| Phones (normal)                                                 | Ensure each circuit listed in the EOF Section of the Emergency Telephone Directory has a dial tone and each instrument rings; make one call to another emergency response facility.<br>1. Operations Room<br><br>2. NRC Conference Room<br><br>3. EOF Upper Level Phones<br><br>4. ICP (Both Rooms) | 1. <input type="checkbox"/><br><br>2. <input type="checkbox"/><br><br>3. <input type="checkbox"/><br><br>4. <input type="checkbox"/> | 1. <input type="checkbox"/><br><br>2. <input type="checkbox"/><br><br>3. <input type="checkbox"/><br><br>4. <input type="checkbox"/> |
| FAX Machines                                                    | 1. FAX between machines to ensure they operate<br>2. Verify Date/Time stamp is correct                                                                                                                                                                                                              | 1. <input type="checkbox"/><br>2. <input type="checkbox"/>                                                                           | 1. <input type="checkbox"/><br>2. <input type="checkbox"/>                                                                           |
| NRC Lines<br>(FTS – 2001)                                       | 1. Reactor Safety Counterpart Link (RSCL)<br>2. Protective Measures Counterpart Link (PMCL)<br><br>3. Management Counterpart Link (MCL)<br>4. LAN Access Link (LAN)                                                                                                                                 | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/>         | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/>         |
| PA System                                                       | Check Red System                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| PA System (Backup)                                              | Check Green System                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| Emergency Telephone Directory                                   | Verify remaining numbers in the facilities section of the ETD are correct. <b>Do not attempt to call ERO personnel telephone numbers.</b>                                                                                                                                                           | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| EOF – 10 Hand Held Radios                                       | Verify working by turning on and talking to another radio on the on-site channel. Leave radios off and out of charger. Rotate batteries in radio & charger each Quarter (4 radios required for Flex response)                                                                                       | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| EOF – 2 each                                                    | 6 Positive Battery Chargers                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| EOF – 20 each                                                   | Spare Batteries for Radios                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| ICP – 10 Hand Held Radios                                       | Verify working by turning on and talking to another radio on the on-site channel (Ref CR IP2-2011-02712) Leave out of charger. Check battery condition. Charge if below 50%.                                                                                                                        | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| EOF – 11 Satellite Phones (5 deployable, 6 hand held)           | Verify working by turning on. Check battery condition. Charge if below 80%. (these are for Flex response).                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                             |
| Inventory Performed By: _____                                   |                                                                                                                                                                                                                                                                                                     | Date: _____                                                                                                                          |                                                                                                                                      |
| Reviewed By: _____                                              |                                                                                                                                                                                                                                                                                                     | Date: _____                                                                                                                          |                                                                                                                                      |
| Comments/Actions:                                               |                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                      |
|                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                      |

## Emergency Facilities Quarterly Communications Test & Inventory

| TSC / OSC Complex –                                                                                                                                  |                                                                                                 |                              |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| System / Test                                                                                                                                        | Circuits                                                                                        | Sat                          | UnSat                        |
| Phones (normal)<br><br>Ensure each circuit listed in for the TSC/OSC in the Emergency Telephone Directory has a dial tone and each instrument rings. | 1. EPM                                                                                          | 1. <input type="checkbox"/>  | 1. <input type="checkbox"/>  |
|                                                                                                                                                      | 2. TSC Manager                                                                                  | 2. <input type="checkbox"/>  | 2. <input type="checkbox"/>  |
|                                                                                                                                                      | 3. Radiological Coordinator                                                                     | 3. <input type="checkbox"/>  | 3. <input type="checkbox"/>  |
|                                                                                                                                                      | 4. Operations Coordinator                                                                       | 4. <input type="checkbox"/>  | 4. <input type="checkbox"/>  |
|                                                                                                                                                      | 5. Engineering Coordinator                                                                      | 5. <input type="checkbox"/>  | 5. <input type="checkbox"/>  |
|                                                                                                                                                      | 6. Communicator                                                                                 | 6. <input type="checkbox"/>  | 6. <input type="checkbox"/>  |
|                                                                                                                                                      | 7. Mechanical Engineer                                                                          | 7. <input type="checkbox"/>  | 7. <input type="checkbox"/>  |
|                                                                                                                                                      | 8.. Electrical/I&C Engineer                                                                     | 8. <input type="checkbox"/>  | 8. <input type="checkbox"/>  |
|                                                                                                                                                      | 9. IT Specialist                                                                                | 9. <input type="checkbox"/>  | 9. <input type="checkbox"/>  |
|                                                                                                                                                      | 10. OSC Manager                                                                                 | 10. <input type="checkbox"/> | 10. <input type="checkbox"/> |
|                                                                                                                                                      | 11. Work Control Coordinator                                                                    | 11. <input type="checkbox"/> | 11. <input type="checkbox"/> |
|                                                                                                                                                      | 12. TSC Security Coordinator                                                                    | 12. <input type="checkbox"/> | 12. <input type="checkbox"/> |
|                                                                                                                                                      | 13. Operations Support                                                                          | 13. <input type="checkbox"/> | 13. <input type="checkbox"/> |
|                                                                                                                                                      | 14. RAD/Chem Coordinator                                                                        | 14. <input type="checkbox"/> | 14. <input type="checkbox"/> |
|                                                                                                                                                      | 15. Mechanical Coordinator                                                                      | 15. <input type="checkbox"/> | 15. <input type="checkbox"/> |
|                                                                                                                                                      | 16. I&C/Electrical Coordinator                                                                  | 16. <input type="checkbox"/> | 16. <input type="checkbox"/> |
|                                                                                                                                                      | 17. OSC Log Keeper                                                                              | 17. <input type="checkbox"/> | 17. <input type="checkbox"/> |
| NRC Lines (FTS-2001)<br>Note: These phones are located in the NRC Conference Room                                                                    | 1. Reactor Safety Counterpart Link (RSCL)                                                       | 1. <input type="checkbox"/>  | 1. <input type="checkbox"/>  |
|                                                                                                                                                      | 2. Protective Measures Counterpart Link (PMCL)                                                  | 2. <input type="checkbox"/>  | 2. <input type="checkbox"/>  |
|                                                                                                                                                      | 3. Management Counterpart Link (MCL)                                                            | 3. <input type="checkbox"/>  | 3. <input type="checkbox"/>  |
|                                                                                                                                                      | 4. LAN Access Link                                                                              | 4. <input type="checkbox"/>  | 4. <input type="checkbox"/>  |
| 39 hand held radios                                                                                                                                  | Check All Portable Radios by talking from Portable Radio to Portable Radio.                     | <input type="checkbox"/>     | <input type="checkbox"/>     |
| 4 each                                                                                                                                               | Position Battery Chargers                                                                       | <input type="checkbox"/>     | <input type="checkbox"/>     |
| 78 each                                                                                                                                              | Spare Batteries for Radios, For battery conditioning and charging see AD6-24                    | <input type="checkbox"/>     | <input type="checkbox"/>     |
| 8 Satellite Phones (3 deployable, 5 hand held)                                                                                                       | Verify working by turning on. Check battery condition. Charge if below 80%. (For Flex response) | <input type="checkbox"/>     | <input type="checkbox"/>     |
| Inventory Performed By:                                                                                                                              |                                                                                                 | Date:                        |                              |
| Reviewed By:                                                                                                                                         |                                                                                                 | Date:                        |                              |
| Comments/Actions:                                                                                                                                    |                                                                                                 |                              |                              |
|                                                                                                                                                      |                                                                                                 |                              |                              |
|                                                                                                                                                      |                                                                                                 |                              |                              |

## Emergency Facilities Quarterly Communications Test & Inventory

| <b>Central Control Room – Unit 2 &amp; Unit 3 (CIRCLE ONE)</b>                   |                                                                                                                                                                                                                            |                                                                |                                                                |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| System / Test                                                                    | Circuits                                                                                                                                                                                                                   | Sat.                                                           | UnSat                                                          |
| Phones (normal)                                                                  | 1. Ensure each circuit listed for the CCR in the Emergency Telephone Directory has a dial tone and each instrument rings.<br><br>2. Ensure that the speed dial buttons, related to EPlan, are dialing the correct numbers. | 1. <input type="checkbox"/><br><br>2. <input type="checkbox"/> | 1. <input type="checkbox"/><br><br>2. <input type="checkbox"/> |
| NRC Counter Part Lines (FTS-2001)                                                | Performed Monthly on ENS refer to AD6-9                                                                                                                                                                                    | <input type="checkbox"/>                                       | <input type="checkbox"/>                                       |
| FAX Machines                                                                     | Ensure they operate and the time stamp is correct                                                                                                                                                                          | <input type="checkbox"/>                                       | <input type="checkbox"/>                                       |
| Unit 2 – (4)<br>*Satellite Phones                                                | Verify working by turning on. Check battery condition. Charge if below 80%. (For Flex response)                                                                                                                            | <input type="checkbox"/>                                       | <input type="checkbox"/>                                       |
| Unit 3 – (4)<br>*Satellite Phones                                                | Verify working by turning on. Check battery condition. Charge if below 80%. (For Flex response)                                                                                                                            | <input type="checkbox"/>                                       | <input type="checkbox"/>                                       |
| *1 installed Satellite Phone, 1 deployable unit with antenna, 2 hand held units. |                                                                                                                                                                                                                            |                                                                |                                                                |
| Inventory Performed By:                                                          |                                                                                                                                                                                                                            | Date:                                                          |                                                                |
| Reviewed By:                                                                     |                                                                                                                                                                                                                            | Date:                                                          |                                                                |
| Comments/Actions:                                                                |                                                                                                                                                                                                                            |                                                                |                                                                |
|                                                                                  |                                                                                                                                                                                                                            |                                                                |                                                                |
|                                                                                  |                                                                                                                                                                                                                            |                                                                |                                                                |
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|                                                                                  |                                                                                                                                                                                                                            |                                                                |                                                                |

# Emergency Facilities Quarterly Communications Test & Inventory

| Alternate Emergency Operations Facility (AEOF) |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Test                                           |                                                                                                                                                                                                                                                                                                                                                            | Sat                                                                                                                                                                                                                                                                              | UnSat                                                                                                                                                                                                                                                                            |
| Phones (normal)                                | Ensure each circuit listed in the AEOF Section of the Emergency Telephone Directory has a dial tone and each instrument rings; make one call to another emergency response facility.<br>1. Operations Room<br><br>2. Dose Room<br><br>3. Admin Room<br><br>4. State/County Room<br><br>5. NRC Room<br><br>6. Library<br><br>7. Kitchen<br><br>8. E.D. Room | 1. <input type="checkbox"/><br><br>2. <input type="checkbox"/><br><br>3. <input type="checkbox"/><br><br>4. <input type="checkbox"/><br><br>5. <input type="checkbox"/><br><br>6. <input type="checkbox"/><br><br>7. <input type="checkbox"/><br><br>8. <input type="checkbox"/> | 1. <input type="checkbox"/><br><br>2. <input type="checkbox"/><br><br>3. <input type="checkbox"/><br><br>4. <input type="checkbox"/><br><br>5. <input type="checkbox"/><br><br>6. <input type="checkbox"/><br><br>7. <input type="checkbox"/><br><br>8. <input type="checkbox"/> |
| FAX Machines                                   | 1. FAX between machines to ensure they operate<br>2. Verify Date/Time stamp is correct                                                                                                                                                                                                                                                                     | 1. <input type="checkbox"/><br>2. <input type="checkbox"/>                                                                                                                                                                                                                       | 1. <input type="checkbox"/><br>2. <input type="checkbox"/>                                                                                                                                                                                                                       |
| NRC Lines                                      | Performed Monthly refer to AD6-9                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |
| Backup MET Tower                               | Verify that MET information can be acquired in the AEOF                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |
| Emergency Telephone Directory                  | Verify remaining numbers in the facilities section of the ETD are correct. <b>Do not attempt to call ERO personnel telephone numbers.</b>                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                         |
| 2 Satellite Phones                             | Verify dial tone, make one call. Check battery condition. Charge if below 80%. (for Flex response).                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                         |
| Inventory Performed By:                        |                                                                                                                                                                                                                                                                                                                                                            | Date:                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |
| Reviewed By:                                   |                                                                                                                                                                                                                                                                                                                                                            | Date:                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |
| Comments/Actions:                              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |
|                                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |
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# Emergency Facilities Monthly Communications Test & Inventory

## RECS Test

Start the test by picking up phone "When you hear the message "Welcome to Wave. Please enter session ID", Depress the "7" button on the key pad, wait 5 seconds then state: "This is a test, this is a test. All stations stand by for roll call"

Perform Roll call by reading the locations listed under circuits below:

| System / Test                                                                                                                                                                                                                                                                                                                                                                  | Locations                                             | Responded                    | No Response                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------|------------------------------|
| Radiological<br>Emergency<br>Communications<br>System (RECS)<br><br>Initiate call from the<br>(please check)<br><br>EOF <input type="checkbox"/><br>AEOF <input type="checkbox"/><br>U2 CCR <input type="checkbox"/><br>U3 CCR <input type="checkbox"/><br><br>Perform roll call of all<br>stations.<br><br>OPS: 0-PT-M007 may<br>be used if Operations<br>initiates the test. | 1. New York State Watch Center                        | 1. <input type="checkbox"/>  | 1. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 2. Westchester County Warning Point                   | 2. <input type="checkbox"/>  | 2. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 3. Putnam County Warning Point                        | 3. <input type="checkbox"/>  | 3. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 4. Orange County Warning Point                        | 4. <input type="checkbox"/>  | 4. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 5. Rockland County Warning Point                      | 5. <input type="checkbox"/>  | 5. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 6. Peekskill Warning Point                            | 6. <input type="checkbox"/>  | 6. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 7. Unit 2 Central Control Room                        | 7. <input type="checkbox"/>  | 7. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 8. Unit 3 Central Control Room                        | 8. <input type="checkbox"/>  | 8. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 9. Emergency Operations Facility (EOF)                | 9. <input type="checkbox"/>  | 9. <input type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                                                | 10. Westchester County Command Room                   | 10. <input type="checkbox"/> | 10. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 11. West Point (MP Desk)                              | 11. <input type="checkbox"/> | 11. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 12. Alternate Emergency Operations<br>Facility (AEOF) | 12. <input type="checkbox"/> | 12. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 13. NYS Department Of Health                          | 13. <input type="checkbox"/> | 13. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 14. Putnam County Emergency<br>Operations Center      | 14. <input type="checkbox"/> | 14. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 15. Orange County Emergency<br>Operations Center      | 15. <input type="checkbox"/> | 15. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 16. Rockland County Emergency<br>Operations Center    | 16. <input type="checkbox"/> | 16. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 17. Westchester County Dose                           | 17. <input type="checkbox"/> | 17. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 18. West Point Emergency Operations<br>Center         | 18. <input type="checkbox"/> | 18. <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                | 19. Peekskill Emergency Operations<br>Center          | 19. <input type="checkbox"/> | 19. <input type="checkbox"/> |

Initiated By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Actions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Emergency Facilities Monthly Communications Test & Inventory

| Local Government Radio                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LGR Test is initiated by New York State                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| System / Test                                                                            | Locations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Responded                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| LGR<br><br>Initiated by NYS (and<br>monthly by Entergy)<br><br>Call Letters:<br>KNFM-394 | 1. New York State Watch Center<br>2. Rockland County Warning Point<br>3. Orange County Warning Point<br>4. Putnam County Warning Point<br>5. Westchester County Warning Point<br>6. Peekskill Warning Point<br>7. Unit 2 Central Control Room<br>8. Unit 3 Central Control Room<br>9. Alternate Emergency Operations<br>Facility (AEOF)<br>10. Putnam County Emergency<br>Operations Center<br>11. Orange County Emergency<br>Operations Center<br>12. Rockland County Emergency<br>Operations Center<br>13. Westchester County Emergency<br>Operations Center<br>14. Peekskill Emergency Operations<br>Center<br>15. EOF | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/><br>5. <input type="checkbox"/><br>6. <input type="checkbox"/><br>7. <input type="checkbox"/><br>8. <input type="checkbox"/><br>9. <input type="checkbox"/><br>10. <input type="checkbox"/><br>11. <input type="checkbox"/><br>12. <input type="checkbox"/><br>13. <input type="checkbox"/><br>14. <input type="checkbox"/><br>15. <input type="checkbox"/> | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/><br>5. <input type="checkbox"/><br>6. <input type="checkbox"/><br>7. <input type="checkbox"/><br>8. <input type="checkbox"/><br>9. <input type="checkbox"/><br>10. <input type="checkbox"/><br>11. <input type="checkbox"/><br>12. <input type="checkbox"/><br>13. <input type="checkbox"/><br>14. <input type="checkbox"/><br>15. <input type="checkbox"/> |
| Initiated By:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Reviewed By:                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Comments/Actions:                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Emergency Facilities Monthly Communications Test & Inventory

### Executive Hotline Roll Call (Note: Results as SAT or UNSAT in box)

| Initiated By     | NYS WC | Orange EOC | Putnam EOC | Rockland EOC | Westchester EOC | EOF | AEOF |
|------------------|--------|------------|------------|--------------|-----------------|-----|------|
| NYS Watch Center | N/A    |            |            |              |                 |     |      |
| Orange EOC       |        | N/A        |            |              |                 |     |      |
| Putnam EOC       |        |            | N/A        |              |                 |     |      |
| Rockland EOC     |        |            |            | N/A          |                 |     |      |
| Westchester EOC  |        |            |            |              | N/A             |     |      |
| EOF              |        |            |            |              |                 | N/A |      |
| AEOF             |        |            |            |              |                 |     | N/A  |

### Executive Hotline Call Back (Note: Results as SAT or UNSAT in box)

| Initiated By | NYS WC | Orange EOC | Putnam EOC | Rockland EOC | Westchester EOC | EOF | AEOF |
|--------------|--------|------------|------------|--------------|-----------------|-----|------|
| NYS WC       | N/A    |            |            |              |                 |     |      |
| Orange EOC   |        | N/A        | N/A        | N/A          | N/A             | N/A | N/A  |

Performed By:

Reviewed By:

Comments/Actions:



## Emergency Facilities Monthly Communications Test & Inventory

| <b>RECS Back-Up Conference Bridge Test</b>                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Follow directions in Everbridge RECS Back-up Conference notification procedure to notify offsite participants.                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| System / Test                                                                                                                                                                                                                                                                                                                                                              | Locations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Responded                                                                                                                                                                                                                                                                                                                                                                                                           | No Response                                                                                                                                                                                                                                                                                                                                                                                                         |
| Radiological<br>Emergency<br>Communications<br>System (RECS)<br>Back-Up<br>Conference Bridge<br><br>Initiate call from the<br>(please check)<br><br>EOF <input type="checkbox"/><br>AEOF <input type="checkbox"/><br>U2 CCR <input type="checkbox"/><br>U3 CCR <input type="checkbox"/><br><br>Other <input type="checkbox"/><br><br>Perform roll call of<br>all stations. | 1. New York State Watch Center<br>2. Peekskill Warning Point<br>3. Putnam County Warning Point<br>4. Orange County Warning Point<br>5. Rockland County Warning Point<br>6. Westchester County Warning Point<br>7. Putnam County Emergency Operations<br>Center<br>8. Orange County Emergency Operations<br>Center<br>9. Rockland County Emergency<br>Operations Center<br>10. Westchester County Emergency<br>Operations Center<br>11. West Point (MP Desk)<br>12. Peekskill EOC<br>13. West Point EOC | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/><br>5. <input type="checkbox"/><br>6. <input type="checkbox"/><br>7. <input type="checkbox"/><br>8. <input type="checkbox"/><br>9. <input type="checkbox"/><br>10. <input type="checkbox"/><br>11. <input type="checkbox"/><br>12. <input type="checkbox"/><br>13. <input type="checkbox"/> | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/><br>5. <input type="checkbox"/><br>6. <input type="checkbox"/><br>7. <input type="checkbox"/><br>8. <input type="checkbox"/><br>9. <input type="checkbox"/><br>10. <input type="checkbox"/><br>11. <input type="checkbox"/><br>12. <input type="checkbox"/><br>13. <input type="checkbox"/> |
| Initiated By:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date:                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Comments/Actions:                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Emergency Facilities Monthly Communications Test & Inventory

| <b>FACILITY: (CIRCLE ONE) EOF TSC/OSC U2 CR U3 CR AEOF ICP</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>System / Test</b>                                                                                                                                                                                                                                              | <b>Checks</b>                                                                                                                                                                                                                                             | <b>Sat</b>                                                                                                                                                                                                            | <b>UnSat</b>                                                                                                                                                                                                          |
| General                                                                                                                                                                                                                                                           | 1. Furniture in place and in good condition<br>2. Facility is clean<br>3. All lights work<br>4. Adequate office supplies<br>5. Copy machine(s) working (1)<br>6. FAX machines working (1)<br>7. Perform job site review and mitigate any identified risks | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/><br>5. <input type="checkbox"/><br>6. <input type="checkbox"/><br>7. <input type="checkbox"/> | 1. <input type="checkbox"/><br>2. <input type="checkbox"/><br>3. <input type="checkbox"/><br>4. <input type="checkbox"/><br>5. <input type="checkbox"/><br>6. <input type="checkbox"/><br>7. <input type="checkbox"/> |
| NOTE:                                                                                                                                                                                                                                                             | (1) Verify that at least 2 new wrapped reams of copy/fax paper are available                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| <b>ENS and HPN Lines</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |
| Perform the test by calling from the FTS phones in the listed locations to one of the numbers listed on the label. Inform individual from the NRC who answers the call that you are calling from the Indian Point Station to conduct monthly communications test. |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |
| FTS 2001 Phone System to the NRC                                                                                                                                                                                                                                  | Emergency Notification System (ENS) and/or Health Physics Network (HPN)<br><br>1. ENS<br>2. HPN                                                                                                                                                           | 1. <input type="checkbox"/><br>2. <input type="checkbox"/>                                                                                                                                                            | 1. <input type="checkbox"/><br>2. <input type="checkbox"/>                                                                                                                                                            |
| MRPDAS/ Met Tower<br>Unit 2 CCR<br>Unit 3 CCR<br>EOF/AEOF                                                                                                                                                                                                         | Ensure System can access remote offsite Rad Monitors<br>Ensure System can access Meteorological Data from station Met Tower<br>Check Met Tower Displays<br>Ensure MRPDAS can access Plant Data for both Unit 2 & Unit 3                                   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                          | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                          |
| PICS<br>U2 CR, U3 CR<br>TSC, EOF/AEOF                                                                                                                                                                                                                             | Ensure PICS (2 stations) can access U 2 & U 3 Plant Data<br><br>Check Printers for PICS                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| Computers<br>All Facilities                                                                                                                                                                                                                                       | Ensure Computers turn on and can log on. Spot check that they are mapped to the local printer.                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| Computers –<br>Unit 2 CCR<br>Unit 3 CCR<br>EOF/AEOF                                                                                                                                                                                                               | Ensure MIDAS runs.                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| TSC/OSC                                                                                                                                                                                                                                                           | Check that TSC/OSC Doors close without aid                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| FMHL                                                                                                                                                                                                                                                              | Check point-to-point between U2 CR, U3 CR, EOF to ensure hardware is OK                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| CHL Check                                                                                                                                                                                                                                                         | Check point-to-point between U2 CR, U3 CR, EOF to ensure hardware is OK                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| County Liaison<br>Bridge                                                                                                                                                                                                                                          | Check using number in ETD                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| Check Phones                                                                                                                                                                                                                                                      | After restoration of power to an ERF that had lost all power,                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                              |
| Initiated By: _____                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                           | Date: _____                                                                                                                                                                                                           |                                                                                                                                                                                                                       |
| Reviewed By: _____                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           | Date: _____                                                                                                                                                                                                           |                                                                                                                                                                                                                       |
| Comments/Actions:                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |

## Unit 3 Control Room Quarterly Semi-Annual Inventory Checklist

| Unit 3 Control Room                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                |          |                          |                          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Unit | Item                                                           | Due Date | Sat                      | UnSat                    | Comments |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Particulate Filters                                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ea.  | Silver Zeolite cartridges in sealed plastic                    |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ea.  | Charcoal Cartridges                                            |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Packs smears/envelopes                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Tweezers / Planchets / gauze wipes                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Calculator (check operability)                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ea.  | Packages of 14 KI tablets                                      |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ea.  | Protective Clothing Kits                                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Radiological Posting Signs                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Step-Off pads (outside cabinet)                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Ink Cartridge for fax (Hp21 B&W, Hp22 Color)                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Flashlight (1)                                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | 25' Extension Cord                                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | RAD Material Bags                                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Dosimeter charger with batteries <sup>(1)</sup> <sup>(2)</sup> |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ea.  | 0-200 mRem Dosimeters or Equivalent                            |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ea.  | DLRs / Holders                                                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Air Sampler (3&5)<br>with Sample Holder                        | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Friskers (4&5)                                                 | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | HP-210 probe w/ cable<br>(4&5)                                 | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Ion Chamber Dose Rate<br>Instrument (4&5)                      | HP#      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Cs-137 Button Source (5)                                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Roll RAD Rope                                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Pkg. | Blank Radiological Posting Inserts                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ea.  | Maslin                                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Box  | Surgeons Gloves                                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| (1) Check due date on batteries and replace before due date is reached<br>(2) Dosimeter Charger shall be functionally checked by inserting a dosimeter into the charger and adjusting the hairline up and down scale.<br>(3) Air Samplers shall be energized and run for ~10 seconds.<br>(4) Survey Meters and counting equipment shall be functionally turning instrument on and checking the battery indication where appropriate.<br>Record instrument due date. |      |                                                                |          |                          |                          |          |
| Inventory Performed By:                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                | Date:    |                          |                          |          |
| Reviewed By:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                | Date:    |                          |                          |          |
| Comments/Actions:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                |          |                          |                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                |          |                          |                          |          |



# New York- Presbyterian/Hudson Valley Hospital Quarterly Inventory Checklist

| Hudson Valley – Storage Cart |      |                                                          |          |                          |                          |          |
|------------------------------|------|----------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                          | Unit | Item                                                     | Due Date | Sat                      | UnSat                    | Comments |
| 12                           | Ea.  | Protective Clothing Packages                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                            | Ea.  | Hospital Procedure Posters                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Clipboard-Body Charts/Log Sheets                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Copy of IP-SMM-IS-128 Rev.____(Check current revision #) | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Copy of EN-RP-104 Rev.____(Check current revision #)     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Roll | Saran Wrap                                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | White Herculite Runner                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Precut Yellow Herculite Sheet                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                            | Ea.  | "Caution Contaminated Area" signs or equivalent          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Roll | Duct Tape                                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Extension Cord                                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Outlet power box                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | 30-Gallon waste collection jug                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | 15-Gallon waste collection jug                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Wash down stretcher                                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Water hose w/ nozzle                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                            | Ea.  | Step-off pad                                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |

# New York- Presbyterian/Hudson Valley Hospital Quarterly Inventory Checklist

| Hudson Valley Storage Cart – Radiological Equipment |      |                                                                    |          |                          |                          |          |
|-----------------------------------------------------|------|--------------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                 | Unit | Item                                                               | Due Date | Sat                      | UnSat                    | Comments |
| 1                                                   | Ea.  | E-520 or E-530 Survey Meter or equiv.<br>Serial number<br>HP _____ |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                   | Ea.  | Friskers<br>Serial Numbers<br>HP _____ HP _____                    |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                   | Ea.  | Probes w/ cables<br>Serial Numbers<br>HP _____ HP _____            |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                  | Ea.  | Electronic Dosimeters                                              |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                  | Ea.  | Dosimeter of Legal Record (DLR)                                    |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                   | Ea.  | Lead Pig                                                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Hudson Valley Storage Cart – Black Cabinet          |      |                                                                    |          |                          |                          |          |
| 12                                                  | Pair | Shoe Covers                                                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                   | Ea.  | Large Rad. Material Bag                                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                   | Ea.  | Rad. Rope                                                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                   | Ea.  | Stanchions                                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |

# New York- Presbyterian/Hudson Valley Hospital Quarterly Inventory Checklist

## DECON ITEMS

- 2 Solution Bowls
- 10 "4 x 4" gauze pads
- 10 absorbent "Chux" pads
- 10 "E-Z" Scrubs (soft sponge/brush – sterile)
- 10 cotton tipped wooden applicators
- 1 Roll of medical tape
- 1 plastic jar of "decon pads"
- 1 50 cc Bulb syringe
- 2 Boxes of vinyl examination gloves (non-sterile, non-latex)

## SAMPLE ITEMS

- 6 Small plastic sample containers with lids (screw-on)
- 1 pair of scissors
- 2 markers
- 1 pair of forceps
- 1 nail clipper
- 20 Sample tubes (red-top) wooden cotton tipped applicators in plastic tube
- 25 "NUCON" skin smears and
- 2 "Eye-dropper" bottles
- 10 Zip-lock bags (for sample containment, etc)

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments/Actions:       |       |
|                         |       |
|                         |       |

## Phelps Memorial Hospital Center Quarterly Inventory Checklist

| <b>Phelps Memorial – Small Mobil Cabinet</b>                           |      |                                                               |          |                          |                          |          |
|------------------------------------------------------------------------|------|---------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                                    | Unit | Item                                                          | Due Date | Sat                      | UnSat                    | Comments |
| 1                                                                      | Ea.  | Clipboard with Body Charts/Log Sheets                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                      | Ea.  | Copy of IP-SMM-IS-128 Rev. ____<br>(check current revision #) | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                      | Ea.  | Copy of EN-RP-104 Rev. ____<br>(check current revision #)     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                      | Roll | Saran Wrap                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                      | Ea.  | Outlet Power Box                                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                      | Ea.  | Extension Cord                                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12                                                                     | Pair | Shoe Covers                                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                      | Ea.  | Large rad. material bag                                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                     | Ea.  | Dosimeters of Legal Record (DLR)                              |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Phelps Memorial – Radiological Monitoring – Small metal cabinet</b> |      |                                                               |          |                          |                          |          |
| 1                                                                      | Ea.  | E520 or E-530 Survey Meter or Equiv.<br>HP _____              |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                      | Ea.  | Friskers<br>HP _____ HP _____                                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                      | Ea.  | Probes with cables<br>HP _____ HP _____                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                                                     | Ea.  | Electronic Dosimeters                                         |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12                                                                     | Ea.  | Protective Clothing Packages                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |



## Phelps Memorial Hospital Center Quarterly Inventory Checklist

| No.                                                   | Unit | Item                                            | Due Date | Sat                      | UnSat                    | Comments |
|-------------------------------------------------------|------|-------------------------------------------------|----------|--------------------------|--------------------------|----------|
| <b>Decon Room # 20</b>                                |      |                                                 |          |                          |                          |          |
| 1                                                     | Ea.  | White Herculite Runner                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | Precut Yellow Herculite Sheet                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Phelps Memorial Storage Cart – Decon Room # 20</b> |      |                                                 |          |                          |                          |          |
| 1                                                     | Ea.  | Lead Pig                                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | Precut Yellow Herculite sheet for entrance      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Roll | Duct Tape                                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | Water Hose w/nozzle                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                     | Ea.  | "Caution Contaminated Area" signs or equivalent | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                     | Ea.  | Step-off Pads                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | Extension Cord.                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                     | Ea.  | Hospital Procedure Posters                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Phelps Memorial Storage Cart – Decon Room # 20</b> |      |                                                 |          |                          |                          |          |
| 6                                                     | Ea.  | Stanchions                                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | Wash down Stretcher                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | 15 gal yellow waste collection jug              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | 30 gal yellow waste collection jug              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                     | Ea.  | Rad Rope                                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |

# Phelps Memorial Hospital Center Quarterly Inventory Checklist

## DECON ITEMS

- 2 Solution Bowls
- 10 "4 x 4" gauze pads
- 10 absorbent "Chux" pads
- 10 "E-Z" Scrubs (soft sponge/brush – sterile)
- 10 cotton tipped wooden applicators
- 1 Roll of medical tape
- 1 plastic jar of "decon pads"
- 1 50 cc Bulb syringe
- 2 Boxes of vinyl examination gloves (non-sterile, non-latex)

## SAMPLE ITEMS

- 6 Small plastic sample containers with lids (screw-on)
- 1 pair of scissors
- 2 markers
- 1 pair of forceps
- 1 nail clipper
- 20 Sample tubes (red-top) wooden cotton tipped applicators in plastic tube
- 25 "NUCON" skin smears
- 2 "Eye-dropper" bottles
- 10 Zip-lock bags (for sample containment, etc)

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments/Actions:       |       |
|                         |       |
|                         |       |
|                         |       |

## Westchester Medical Center Semi-Annual Inventory Checklist

| No. | Unit | Item                                      | Due Date | Sat                      | UnSat                    | Comments |
|-----|------|-------------------------------------------|----------|--------------------------|--------------------------|----------|
| 1   | Ea.  | Decon Table/Stretcher insert/plastic hose | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 15 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 30 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12  | Ea.  | Protective Clothing Packages              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Lead Pig                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Precut Yellow Herculite                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Stanchions                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Rad Rope/Magnets/Warning Signs/Inserts    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Roll | White Runner Herculite                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Large Rad. Material Bag                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Water Hose with nozzle                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Step-off Pad                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Extension Cord.                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Hospital Procedure Posters                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Roll | Duct tape                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Clipboard w/ Body Charts & Log Sheets     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Dosimeter of Legal Record (DLR)           |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Electronic Dosimeters                     |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Friskers                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1. _____                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2. _____                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Probes with cables                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1. _____                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2. _____                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |

# Westchester Medical Center Semi-Annual Inventory Checklist

## DECON ITEMS

- 2 Solution Bowls
- 10 "4 x 4" gauze pads
- 10 absorbent "Chux" pads
- 10 "E-Z" Scrubs (soft sponge/brush – sterile)
- 10 cotton tipped wooden applicators
- 1 Roll of medical tape
- 1 plastic jar of "decon pads"
- 1 50 cc Bulb syringe
- 1 Box of vinyl examination gloves (non-sterile, non-latex)

## SAMPLE ITEMS

- 6 Small plastic sample containers with lids (screw-on)
- 1 pair of scissors
- 2 markers
- 1 pair of forceps
- 1 nail clipper
- 20 Sample tubes (red-top) wooden cotton tipped applicators in plastic tube
- 25 "NUCON" skin smears
- 2 "Eye-dropper" bottles
- 10 Zip-lock bags (for sample containment, etc)

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments:               |       |
| Actions:                |       |

## Good Samaritan Hospital Semi-Annual Inventory Checklist

| No. | Unit | Item                                      | Due Date | Sat                      | UnSat                    | Comments |
|-----|------|-------------------------------------------|----------|--------------------------|--------------------------|----------|
| 1   | Ea.  | Decon Table/Stretcher insert/plastic hose | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 15 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 30 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12  | Ea.  | Protective Clothing Packages              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Lead Pig                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Precut Yellow Herculite                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Stanchions                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Rad Rope/Magnets/Warning Signs/Inserts    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Roll | White Runner Herculite                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Large Rad. Material Bags                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Water Hose with nozzle                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Step-off Pad                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Extension Cord.                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Hospital Procedure Posters                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Roll | Duct tape                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Clipboard w/ Body Charts & Log Sheets     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Dosimeter of Legal Record (DLR)           |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Electronic Dosimeters                     |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Friskers                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1. _____                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea   | Probes with cables                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |

# Good Samaritan Hospital Semi-Annual Inventory Checklist

## BUFFER ZONE CART: Top Drawer #1 - DECON ITEMS

- 2 Solution Bowls
- 10 "4 x 4" gauze pads
- 10 Blue absorbent "Chux" pads

## Second Drawer # 2 - DECON ITEMS

- 10 "E-Z" Scrubs (soft sponge/brush – sterile)
- 10 cotton tipped wooden applicators
- 1 Roll of medical tape
- 1 plastic jar of "decon pads"

## Third Drawer # 3 – Decon Items

- 1 50 cc Bulb syringe
- 1 Box of vinyl examination gloves (non-sterile, non-latex)

## Fourth Drawer #4 – Sample Items

- 2 Large plastic sample containers with lids (stored in above bowls)
- 6 Small plastic sample containers with lids (screw-on)
- 1 pair of Scissors
- 2 markers
- 1 pair of forceps
- 1 nail clipper
- 20 Sample tubes (red-top) wooden cotton tipped applicators in plastic tube
- 25 ("NUCON") skin smears
- 2 "eye-dropper" bottles
- 10 extra Zip-lock bags (for sample containment, etc)

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments:               |       |
| Actions:                |       |

**Montefiore St. Luke's Cornwall  
Semi-Annual Inventory Checklist**

| No. | Unit | Item                                      | Due Date | Sat                      | UnSat                    | Comments |
|-----|------|-------------------------------------------|----------|--------------------------|--------------------------|----------|
| 1   | Ea.  | Decon Table/Stretcher insert/plastic hose | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 15 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 30 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12  | Ea.  | Protective Clothing Packages              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Lead Pig                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Precut Yellow Herculite                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Stanchions                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Rad Rope/Magnets/Warning Signs/Inserts    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | White Runner Herculite                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Large Rad. Material Bag                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Water Hose with nozzle                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Step-off Pad                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Extension Cord.                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Hospital Procedure Posters                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Roll | Duct tape                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Clipboard w/ Body Charts & Log Sheets     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Dosimeter of Legal Record (DLR)           |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Electronic Dosimeters                     |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Friskers                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1. _____                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Probes with cables                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |

**Montefiore St. Luke's Cornwall  
Semi-Annual Inventory Checklist**

**DECON ITEMS**

- 2 Solution Bowls
- 10 "4 x 4" gauze pads
- 10 absorbent "Chux" pads
- 10 "E-Z" Scrubs (soft sponge/brush – sterile)
- 10 cotton tipped wooden applicators
- 1 Roll of medical tape
- 1 plastic jar of "decon pads"
- 1 50 cc Bulb syringe
- 1 Box of vinyl examination gloves (non-sterile, non-latex)

**SAMPLE ITEMS**

- 6 Small plastic sample containers with lids (screw-on)
- 1 pair of Scissors
- 2 markers
- 1 pair of forceps
- 1 nail clipper
- 20 Sample tubes (red-top) wooden cotton tipped applicators in plastic tube
- 25 "NUCON" skin smears
- 2 "Eye-dropper" bottles
- 10 Zip-lock bags (for sample containment, etc)

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments:               |       |
| Actions:                |       |



## Putnam Hospital Semi-Annual Inventory Checklist

| No. | Unit | Item                                      | Due Date | Sat                      | UnSat                    | Comments |
|-----|------|-------------------------------------------|----------|--------------------------|--------------------------|----------|
| 1   | Ea.  | Decon Table/Stretcher insert/plastic hose | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 15 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | 30 gal yellow waste collection jug        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12  | Ea.  | Protective Clothing Packages              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Lead Pig                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Precut Yellow Herculite                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Stanchions                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Rad Rope/Magnets/Warning Signs/Inserts    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Roll | White Runner Herculite                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Large Rad. Material Bag                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Water Hose with nozzle                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Step-off Pad                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Extension Cord.                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Hospital Procedure Posters                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Roll | Duct tape                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1   | Ea.  | Clipboard w/ Body Charts & Log Sheets     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Dosimeters of Legal Record (DLR)          |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10  | Ea.  | Electronic Dosimeters                     |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Friskers                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1. _____                               |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2   | Ea.  | Probes with cables                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#1 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|     |      | HP#2 _____                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |

# Putnam Hospital Semi-Annual Inventory Checklist

## BUFFER ZONE CART: Top Drawer #1 - DECON ITEMS

- 2 Solution Bowls
- 10 "4 x 4" gauze pads
- 10 Blue absorbent "Chux" pads

## Second Drawer # 2 - DECON ITEMS

- 10 "E-Z" Scrubs (soft sponge/brush – sterile)
- 10 cotton tipped wooden applicators
- 1 Zip-lock bag with roll of medical tape
- 1 plastic jar of "decon pads"

## Third Drawer # 3 – Decon Items

- 1 50 cc Bulb syringe
- 1 Box of vinyl examination gloves (non-sterile, non-latex)

## Fourth Drawer #4 – Sample Items

- 2 Large plastic sample containers with lids (stored in above bowls)
- 6 Small plastic sample containers with lids (screw-on)
- 1 pair of scissors
- 2 markers
- 1 pair of forceps
- 1 nail clipper
- 20 Sample tubes (red-top) wooden cotton tipped applicators in plastic tube
- 25 ("NUCON") skin smears
- 2 eye-dropper bottles
- 10 extra Zip-lock bags (for sample containment, etc)

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments:               |       |
| Actions:                |       |

## Respiratory Protection Monthly Equipment Inventory

### U2 E-Plan Respiratory Protection Inventory

| Plant Location       | Description                                    | Minimum Quantity | Reference Document | Inspection Date | Comments |
|----------------------|------------------------------------------------|------------------|--------------------|-----------------|----------|
| TSC/OSC              | SCBA w/ Mask                                   | 6                | 0-RP-RSP-105       |                 |          |
| CCR                  | SCBA w/Mask                                    | 11               | 0-RP-RSP-105       |                 |          |
| CCR                  | SCBA spare Tanks                               | 11               | 0-RP-RSP-105       |                 |          |
| TSC/OSC<br>Stairwell | FF Respirators<br>w/l2 Cart<br>(1 Ea. S, M, L) | 3                | 0-RP-RSP-105       |                 |          |
| CCR                  | PD Face Masks w/<br>Communicator               | 2                | 0-RP-RSP-105       |                 |          |
| CCR                  | FF Respirators<br>w/l2 Cart<br>(1 Ea. S, M, L) | 3                | 0-RP-RSP-105       |                 |          |

NOTE: Perform site review and mitigate any identified risks. Sat  UnSat

### U3 E-Plan Respiratory Protection Inventory

| Plant Location          | Description                                 | Minimum Quantity | Reference Document | Inspection Date | Comments |
|-------------------------|---------------------------------------------|------------------|--------------------|-----------------|----------|
| CCR                     | SCBA w/ Mask                                | 4                | 0-RP-RSP-105       |                 |          |
| CCR                     | Air Hawks                                   | 3                | 0-RP-RSP-105       |                 |          |
| 53' T/B<br>EP<br>Locker | SCBA w/ Mask                                | 4                | 0-RP-RSP-105       |                 |          |
| 53' T/B<br>East         | B/A Carts<br>>1500 psig                     | 4                | 0-RP-RSP-105       |                 |          |
| 53' T/B<br>East         | 25' Air Hoses                               | 7                | 0-RP-RSP-105       |                 |          |
| 53' T/B                 | B/A Spare Bottles                           | 15               | 0-RP-RSP-105       |                 |          |
| T/B<br>Locker           | FF Respirators<br>w/l2 Cart                 | 8                | 0-RP-RSP-105       |                 |          |
| CCR<br>Locker           | PD Face Masks                               | 4                | 0-RP-RSP-105       |                 |          |
| CCR<br>Locker           | FF Respirators<br>w/l2 Cart (1 Ea. S, M, L) | 3                | 0-RP-RSP-105       |                 |          |
| TSC/OSC<br>Stairwell    | FF Respirators                              | 40               | 0-RP-RSP-105       |                 |          |
| TSC/OSC<br>Stairwell    | Iodine Cartridges                           | 80               | 0-RP-RSP-105       |                 |          |

NOTE: Perform site review and mitigate any identified risks. Sat  UnSat

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |

## Accountability Card Readers Monthly Test

| HARDWARE    |                        |                    |       | P.O.S.A. LOG     |       |                |       |
|-------------|------------------------|--------------------|-------|------------------|-------|----------------|-------|
| CARD READER | LOCATION               | OPERATIONAL STATUS |       | UNACCOUNTED FILE |       | ACCOUNTED FILE |       |
|             |                        | SAT                | UNSAT | SAT              | UNSAT | SAT            | UNSAT |
| 205         | Unit 3<br>Control Room |                    |       |                  |       |                |       |
| 256         | Unit 2 TSC             |                    |       |                  |       |                |       |
| 257         | Unit 2 TSC             |                    |       |                  |       |                |       |
| 238         | Unit 2<br>Control Room |                    |       |                  |       |                |       |

The ARINC computer and the IPEC Site Accountability Card Readers are tested as an integral unit. Testing under ideal conditions makes evaluating the results easier.

**Testing Procedure:**

- A. Verify the operational status of the two (2) card readers and both Unit 2 and Unit 3 Control Room doors. Document results under operational status.
- B. Select four (4) test badges to be used for testing.

**Prior to conducting the next steps ACTIVATE Emergency Accountability in the ARINC computer.**

- C. Acknowledge the alarm for the Emergency Accountability.
- D. At the entrance turnstiles, punch in the four (4) test badges into the Protected Area.
- E. At the ARINC computer, print an All Personnel Not In Account Report. The test badges should be included in the badges on the print out under Sector: PA. If not, stop test and contact ASO/SSS/Designee.
- F. Key one (1) test badge into each of the two (2) Accountability Readers at the TSC and enter into the Unit 2 and Unit 3 CCR. Verify the reader lights are changing from green to red.
- G. At the ARINC computer, print an All Personnel Not In Account Report. The test badges shouldn't document on this report. Document results under unaccounted file.
- H. At the ARINC computer, print an All Personnel In Account Report. This report will show the two (2) test badges used at the TSC under the Sector: TSC/OSC and the test badge used to enter U2 CCR under Sector: U2-CCR and the test badge used to enter U3 CCR under U3-CCR. Document results under accounted file.
- I. Contact the ASO/SSS/Designee (running the P.O.S.A. Reports) and confirm positive results of the test. Then request permission to punch all four (4) test badges out of the Protected Area.
- J. Deactivate Emergency Accountability in the ARINC computer.
- K. Reset the alarm for Emergency Accountability on the ARINC computer.

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
| Reviewed By:            | Date: |
| Comments:               |       |
|                         |       |

## Assembly Area Inventory Checklist

Assembly Area:            EEC/GSB                            IPTC                            (Circle One)

| No.            | ITEM                             | SAT                      | UNSAT                    |
|----------------|----------------------------------|--------------------------|--------------------------|
| <u>EEC/GSB</u> |                                  |                          |                          |
|                |                                  |                          |                          |
| 2 ea.          | Power Cords & Power Strip        | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 ea.          | Wireless Speaker                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 ea.          | Wireless Mic.                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 sets         | Batteries for Mic. & Speaker (1) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ea.          | Ruled Pads                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 ea.         | Packages of 14 KI Tablets        | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                                  |                          |                          |
| <u>IPTC</u>    |                                  |                          |                          |
|                |                                  |                          |                          |
| 1 ea.          | Power Cord & Power Strip         | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 ea.          | Wireless Speaker                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 ea.          | Wireless Mic.                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 sets         | Batteries for Mic. & Speaker (1) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ea.          | Ruled Pads                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 ea.         | Packages of 14 KI Tablets        | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE:** (1) Replace batteries prior to expiration date.

|                         |       |
|-------------------------|-------|
| Inventory Performed By: | Date: |
|                         |       |
| Reviewed By:            | Date: |
|                         |       |
| Comments/Actions:       |       |
|                         |       |
|                         |       |
|                         |       |

# Emergency Plan Communication Equipment Battery Management Guidelines

## Fukushima Satellite Phone – EOF, OSC, JIC, U2 CR, U3 CR

- On receipt discharge battery fully and recharge up to three times. Minimum once
- Quarterly take several phones and turn on and observe battery indicator. If indicator is at less than ~ 80% recharge battery.
- If possible, keep all hand held satellite phones and spare batteries on continuous charge. Batteries will maintain approximately 95% of charge for 3 months, so rotate onto charge quarterly if continuous charge is not possible.
- Deployable kits should be left on continuous charge.
- Test phones installed in control rooms quarterly by calling the Iridium Test Platform Iridium Test Platform: Call +1 480-752-5105; this call is free
- Verify functionality of portable phones by powering up quarterly.
- Perform operability check of portable phones annually by calling the Iridium Test Platform.
- Test battery capability annually by powering up a fully charged phone and leaving it on standby for 6-8 hours; verify 50-75% charge remaining.
- Deployable phone large batteries should be replaced every 4-5 years.
- Small batteries should be replaced every 3-4 years.

## Fukushima Radios – EOF, OSC, TSC

- Quarterly charge approximately one third of batteries in charger

## OSC Radios

- Motorola P1225 Radios (12 units) change batteries ~ annually
- Motorola HT 750 Radios (10 units) change batteries ~ quarterly

## ICP Radios (B5b)

- Motorola Mixed Radios change batteries ~ quarterly

## Headsets

- Plantronics CS361N (7 units) change batteries ~ every two years
- Plantronics CS510 (9 units) change batteries ~ every two years
- Plantronics Calisto Pro (16 units) change batteries ~ every two years
- Plantronics Calisto Pro (16 units) change ear pieces ~ every two years

## Wireless Keyboards

- EOF, TSC, JIC change AAA batteries ~ annually

# Emergency Plan Communication Equipment Battery Management Guidelines

## Microphones

- EOF, TSC change AA batteries ~ annually

## Remote Controls for Video Equipment

- EOF, TSC, JIC change batteries ~ annually

## Offsite Monitoring Team Cell Phones

- EOF change rechargeable batteries ~ every two years

For all of the above develop a system for identification of the frequency of change or replacement using colors, dates or other.

## Alternative TSC/OSC – Quarterly Inventory

| <b>Locker #1 – Apparatus Room</b> |      |                                                                            |          |                          |                          |          |
|-----------------------------------|------|----------------------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                               | Unit | Item                                                                       | Due Date | Sat                      | UnSat                    | Comments |
| 1                                 | Ea.  | Lock box with key to locker 1                                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                                 | Ea.  | Tripod                                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                 | Ea.  | Emergency Telephone Directory (ETD)                                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 25                                | Ea.  | Electronic Dosimeters                                                      |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 25                                | Ea.  | DLRs                                                                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                 | Roll | Rad Rope                                                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 50                                | Ea.  | KI Strips                                                                  |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6                                 | Ea.  | Portable Radios                                                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                 | Ea.  | Step Off Pad                                                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                 | Ea.  | Rad Bag                                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                | Set  | PCs misc. sizes                                                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                 | Pkg  | Maslins                                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Ea.  | Flip Charts                                                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10                                | Ea   | Caution Signs, Various inserts                                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Roll | “Caution Contamination Area” Tape                                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                 | Ea   | Maslin mop with head and handle                                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Bx   | Blue Gloves                                                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Bx   | Wipes                                                                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Ea   | Friskers                                                                   |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Ea   | Probs                                                                      |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Bx   | A/S filter                                                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 20                                | Ea   | Charcoal Cartridges                                                        |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                 | Ea   | Air Sampler                                                                |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                 | Ea   | RO 2's                                                                     |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                   |      | Notify RP if equipment calc. due date will expire prior to next quarterly. | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Main Door</b>                  |      |                                                                            |          |                          |                          |          |
| 1                                 | Ea.  | Lock box with key to door, Commissioners Room                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Inventory Performed By:           |      |                                                                            |          | Date:                    |                          |          |
| Reviewed By:                      |      |                                                                            |          | Date:                    |                          |          |
| Comments/Actions:                 |      |                                                                            |          |                          |                          |          |
|                                   |      |                                                                            |          |                          |                          |          |
|                                   |      |                                                                            |          |                          |                          |          |
|                                   |      |                                                                            |          |                          |                          |          |



## Alternative TSC/OSC – Quarterly Inventory

| Locker #2 – Commissioner's Room |      |                                                               |          |                          |                          |          |
|---------------------------------|------|---------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                             | Unit | Item                                                          | Due Date | Sat                      | UnSat                    | Comments |
| 2                               | Ea.  | White board                                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea.  | VOIP phone                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea.  | Lock box with locker 2, internet switch, and IT cabinet keys) | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea.  | Emergency Telephone Directory (ETD)                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                               | Ea.  | Power Strips                                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea.  | Standalone Laptop computer with power cord and mouse #1       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                               | Ea.  | Cord Concealers                                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | EN-EP-610                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | EN-EP-611                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | IP-EP-270                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Bk   | IP-EP-115                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Bk   | EAL Tech Basis                                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                               | Ea.  | Projector                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | Fax                                                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | Printer                                                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | Wind sector Map                                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | Site Evacuation Map                                           | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Bx   | Paper                                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                               | Ea   | Tripod                                                        | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                               | Ea   | Portable Speak with headset or mic                            | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                               | Ea   | Satellite Phone (hand held) #2                                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                               | Ea.  | Toner Cartridge                                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                               | Ea.  | Cisco Phones (#3725 – 3727)                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |

#1 Verify Disaster Recovery Program is working. Retrieve and power-up disaster recovery laptop. Update program. Verify required documents are retrievable.

#2 Verify working by turning on. Check battery condition. Charge if below 80%. (For Flex response)

Inventory Performed By:

Date:

Reviewed By:

Date:

Comments/Actions:

## Alternative TSC/OSC – Quarterly Inventory

| <b>Locker #3 – Large Room</b>                                                                                         |      |                                                  |          |                          |                          |          |
|-----------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                                                                                                                   | Unit | Item                                             | Due Date | Sat                      | UnSat                    | Comments |
| 1                                                                                                                     | Ea   | Clock with batteries (1)                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 9                                                                                                                     | Ea   | Laptop computers with power cords and covers (2) | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 9                                                                                                                     | Ea   | Mouse pads                                       | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Pkg  | Flip chart Markers                               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Pkg  | Pencils                                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Pkg  | Pens                                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Pkg  | Pad of paper                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Pkg  | Dry erase markers with eraser                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 9                                                                                                                     | Box  | Internet cables                                  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4                                                                                                                     | Ea   | Extension Cords – 20 ft.                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Ea   | Scissors                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Box  | AA batteries (1)                                 |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 9                                                                                                                     | Ea   | Power Strips                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8                                                                                                                     | Ea   | Safety covers for extension cords                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Ea   | Pencil Sharpener                                 | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 18                                                                                                                    | Ea   | Analog Phone (3701 – 3706 & 3713 – 3724)         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6                                                                                                                     | Ea   | Cordless phone                                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Ea.  | Lock box with key to locker 3                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Ea.  | Stapler with staples                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Ea.  | Emergency Telephone Directory                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                                                                                                                     | Set  | EAL Chart                                        |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                                                                                                                     | Ea.  | 3 Hole Punch                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6                                                                                                                     | Ea.  | Safety Gloves                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| (1) Check batteries and replace prior to expiration date<br>(2) Verify can turn on and connect to internet connection |      |                                                  |          |                          |                          |          |
| Inventory Performed By:                                                                                               |      |                                                  |          | Date:                    |                          |          |
| Reviewed By:                                                                                                          |      |                                                  |          | Date:                    |                          |          |
| Comments/Actions:                                                                                                     |      |                                                  |          |                          |                          |          |
|                                                                                                                       |      |                                                  |          |                          |                          |          |
|                                                                                                                       |      |                                                  |          |                          |                          |          |

## Alternate Incident Command Post – Quarterly Inventory

| <b>NYSP Cortlandt Barracks</b> |      |                                                                         |          |                          |                          |          |
|--------------------------------|------|-------------------------------------------------------------------------|----------|--------------------------|--------------------------|----------|
| No.                            | Unit | Item                                                                    | Due Date | Sat                      | UnSat                    | Comments |
| 1                              | Ea.  | ICP Liaison Binder                                                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Emergency Telephone Directory (ETD)                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6                              | Ea.  | Desk Telephones w/multiple telephone wires                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Cord Storage Reels with Ethernet cable (1 Blue/1 Red wire)              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Extension Cord Reels                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Power Strip                                                             | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Cisco 8-Port Switch with power pack                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Miscellaneous Admin Supplies in Plastic Storage bag                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                              | Ea.  | Cell Phones: 347-979-5849, 347-979-4504, 347-979-5884                   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                              | Ea.  | Bluetooth Headsets                                                      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                              | Ea.  | Vehicle Cellphone Chargers                                              | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Satellite Phone: 8816-224-99649                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2                              | Ea.  | Dell Laptops w/power cord/mouse                                         | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Verizon JetPack Mobile Hotspot                                          | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Epson LCD Projector                                                     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | RO-20 Ion Chamber                                                       |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | RM-14 Frisker                                                           |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | HP-210 Probe                                                            |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                              | Ea.  | DLRs                                                                    |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                              | Ea.  | Electronic Dosimeters                                                   |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3                              | Ea.  | Sleeves of KI                                                           |          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Contamination Smears                                                    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 1                              | Ea.  | Large Portfolio Case w/maps, charts, aerial photos (outside of cabinet) | N/A      | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                                |      |                                                                         |          |                          |                          |          |
| Inventory Performed By:        |      |                                                                         |          | Date:                    |                          |          |
| Reviewed By:                   |      |                                                                         |          | Date:                    |                          |          |
| Comments/Actions:              |      |                                                                         |          |                          |                          |          |
|                                |      |                                                                         |          |                          |                          |          |
|                                |      |                                                                         |          |                          |                          |          |

# IPEC IMPLEMENTING PROCEDURE PREPARATION, REVIEW, AND APPROVAL

IP-SMM-AD-102    Rev: 17

Page 35 of 43

## ATTACHMENT 10.2

## IPEC PROCEDURE REVIEW AND APPROVAL

(Page 1 of 1)

Procedure Title: Equipment Important to Emergency Response

Procedure No. IP-EP-AD40    Existing Rev: 13    New Rev: 14    DRN/EC No: DRN-21-00143

| Procedure Activity<br>(MARK Applicable)                                                                                                                                                                                                                                      | <input type="checkbox"/> Converted To IPEC, Replaces:                                          | Temporary Procedure Change<br>(MARK Applicable)                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW PROCEDURE<br><input type="checkbox"/> GENERAL REVISION<br><input checked="" type="checkbox"/> PARTIAL REVISION<br><input type="checkbox"/> EDITORIAL REVISION<br><input type="checkbox"/> VOID PROCEDURE<br><input type="checkbox"/> SUPERSEDED | Unit 1 Procedure No. _____<br><br>Unit 2 Procedure No. _____<br><br>Unit 3 Procedure No. _____ | <input type="checkbox"/> EDITORIAL Temporary Procedure Change<br><input type="checkbox"/> ADVANCE Temporary Procedure Change<br><input type="checkbox"/> CONDITIONAL Temporary Procedure Change<br>Terminating Condition: _____<br>_____ |
| <input type="checkbox"/> RAPID REVISION                                                                                                                                                                                                                                      | Document in Microsoft Word:<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | <input type="checkbox"/> VOID DRN/TPC No(s): _____                                                                                                                                                                                       |

**Revision Summary**     N/A – see Revision Summary page. – Procedure was revised to reflect Post U3 Shutdown Eplan, see attached Matrix

### Implementation Requirements

Implementation Plan?  Yes  No    Formal Training?  Yes  No    Special Handling?  Yes  No

Quality Related?  Yes  No    If Yes, then ensure the procedure cover page is marked "Quality Related"

RPO Dept: Emergency Planning    Writer: (Print Name/Ext/Sign): Gary Norton x7106/ [Signature] for Gary Norton per tele com

### Review and Approval (Per Attachment 10.1, IPEC Review And Approval Requirements)

1.  Technical Reviewer: Craig Delamater/ [Signature] / 4/27/2021  
 (Print Name/ Signature/ Date)

2.  Cross-Disciplinary Reviewers:  
 Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

3.  RPO- Responsibilities/Checklist: Frank J Mitchell / [Signature] 4/27/21  
 (Print Name/ Signature/ Date)

PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)

Previous exclusion from further LI-100 Review is still valid

PAD not required due to type of change as defined in 4.6

4.  Non-Intent Determination Complete: Frank J Mitchell/ [Signature] 4/27/21  
 (Print Name/ Signature/ Date)

NO change of purpose or scope

NO reduction in the level of nuclear safety

NO voiding or canceling of a procedure, unless requirem

are incorporated into another procedure or the need for t procedure was eliminated

NO change to less restrictive acceptance criteria

NO change to steps previously identified as commitment steps

NO deviation from the Quality Assurance Program Manual

NO change that may result in deviations from Technical Specifica FSAR, plant design requirements,

5.  On-Shift Shift Manager/CRS: (RPO per SMM-AD-102) – Frank J. Mitchell/  
 (Print Name/ Signature/ Date)

6.  User Validation: User: \_\_\_\_\_

7.  Special Handling Requirements Understood: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

## 10CFR50.54(Q)(2) Review

|                                                             |              |
|-------------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-AD40                       | Revision: 14 |
| Equipment/Facility/Other: Indian Point Energy Center (IPEC) |              |
| Title: Equipment Important to Emergency Response            |              |

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

This procedure was revised (and will be effective May 17, 2021) to reflect the requirement in the Post Shutdown Emergency Plan (PSEP), as submitted to the NRC per LAR, license # NL-19-001. See the attached matrix which describes the changes that were made.

**Part II. Emergency Plan Sections Reviewed** (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE, EAL CHANGE OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10CFR50.54(q)(2) DOCUMENTATION IS REQUIRED.

**Section D: Emergency Classification System**

**Section E: Notification Methods and Procedures**

**Section F: Emergency Communications**

**Section H: Emergency Facilities and Equipment**

**Section O: Emergency Response Training**

**Part III. Ability to Maintain the Emergency Plan** (Answer the following questions related to impact on the ability to maintain the emergency plan):

- Do any elements of the activity change information contained in the emergency plan (Section 3.0 Step 6)?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Evacuation Time Estimate results or documentation?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Onshift Staffing Analysis results or documentation?  
YES  NO  IF YES, enter screening process for that element

## 10CFR50.54(Q)(2) Review

|                                                             |              |
|-------------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-AD40                       | Revision: 14 |
| Equipment/Facility/Other: Indian Point Energy Center (IPEC) |              |
| Title: Equipment Important to Emergency Response            |              |

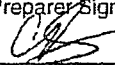

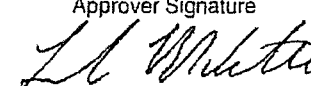
**Part IV. Maintaining the Emergency Plan Conclusion** The questions in Part III do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part V document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
  2. Check the box below when the 10CFR50.54(q)(2) review completes all actions for all elements of the activity – no 10CFR50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.
- I have completed a review of this activity in accordance with 10CFR50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10CFR50.54(q)(3).

A review of this activity in accordance with 10 CFR 50.54(q)(2) has been completed and determined that the effectiveness of the Post Unit 3 shutdown Emergency Plan is maintained. This revision aligns the procedure with the protocols post Unit 3 shutdown and makes editorial changes. None of the changes affect the ability to perform classifications, notifications or PARs, it does not affect activation or staffing of the ERO, and all planning standards requirements are maintained. The changes made do not require a change to the Emergency Action Level scheme, On shift staffing study, or the Post Shutdown Emergency Plan (PSEP).

Based on Unit 3 being in a permanently defueled condition and the restriction imposed by 10CFR 50.82(a)(2) that operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. Equipment which may be removed from service or is no longer applicable to the EAL's is noted as such in the EITER procedure. This activity does not make any changes to the Post Shutdown Emergency Plan.

**Part V. Signatures:**

|                                                                                   |                                                                                                                                        |                     |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Preparer Name (Print)<br>Craig Delamater                                          | Preparer Signature<br>                              | Date:<br>10/21/2020 |
| (Optional) Reviewer Name (Print)                                                  | Reviewer Signature                                                                                                                     | Date:               |
| Reviewer Name (Print)<br>Tim Garvey<br>Nuclear EP Project Manager                 | Reviewer Signature<br> FOR TIM GARVEY<br>per E-mail | Date:<br>10/21/2020 |
| Approver Name (Print)<br>Frank Mitchell<br>Emergency Planning Manager or designee | Approver Signature<br>                              | Date:<br>10/21/2020 |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14 | Previous Version 13                                                                                                                                                                                                            | New Version 14                                                                                                                                                                                                                                 | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                   |
|------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.         | COVER PAGE              | <p style="text-align: center;">Rev 13</p> <p style="text-align: center;">Effective Date: June 1, 2020</p> <p style="text-align: center;">Prepared by<br/>Mike York</p>                                                         | <p style="text-align: center;">Rev 14</p> <p style="text-align: center;">Effective Date: June 1, 2021</p> <p style="text-align: center;">Prepared by: Gary Norton</p>                                                                          | Yes              | No – This is a change to the revision number, date and signatures.                                                                                                                                                                                                                                                                            |
| 2.         | COVER PAGE              | <p style="text-align: center;"><i>Due to the permanent defueling of Unit 2, this document has undergone a major revision to reflect the requirements in Post Shutdown Emergency Plan. Revision bars have been omitted.</i></p> | <p style="text-align: center;"><i>Due to the permanent defueling of both Unit 2 and Unit 3, this document has undergone a major revision to reflect the requirements in Post Shutdown Emergency Plan. Revision bars have been omitted.</i></p> | No               | <p>No – This change incorporates unit 3 as being a permanently defueled unit.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                       | Previous Version 13                                                                     | New Version 14                                                                          | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                 |
|------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------|
| 3.         | <b>COVER PAGE</b>                             | <b>Revision 13</b><br><br>Effective Date: June 1, 2020<br><br><i>IP-EP-AD40 R13.doc</i> | <b>Revision 14</b><br><br>Effective Date: June 1, 2021<br><br><i>IP-EP-AD40 R14.doc</i> | Yes              | No - This is a change to the effective date and the revision number in the header and footer                |
| 4.         | <b>Table of Contents</b><br><br><b>Page 2</b> | The table of contents page numbering                                                    | The table of contents page numbering revised after changes to the procedure             | Yes              | No – This is a change to the table of contents page numbering to reflect the removal of equipment in EITER. |



## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                       | Previous Version 13                                                                                                                                                                                                                                                                                                                                                                                                    | New Version 14                                                                                                                                                                                                                                                                                                                                                                                                                             | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                   |
|------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.         | <p><b><u>PURPOSE</u></b></p> <p>Page 3<br/>Last paragraph</p> | <p>Based on Unit 2 being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2) that operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited, and provided that an acceptable evaluation, e.g., pursuant to 10 CFR 50.54(q)(3), has been performed, IPEC will may remove from service those Unit 2 -specific systems and equipment that:</p> | <p>Based on Unit 2 and Unit 3 being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2) that operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited, and provided that an acceptable evaluation, e.g., pursuant to 10 CFR 50.54(q)(3), has been performed, IPEC will may remove from service those Unit 2 or Unit 3 specific systems and equipment that:</p> | No               | <p>No – This change incorporates unit 3 as being a permanently defueled unit.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 6.         | <p><b><u>PURPOSE</u></b></p> <p>Page 3<br/>Last paragraph</p> | <ul style="list-style-type: none"> <li>• support operation of the Unit 2 reactor,</li> <li>• are not required to prevent or mitigate the consequences of a fuel handling accident in the Unit 2 spent fuel pool (SFP),</li> <li>• are not required to support Unit 2 SFP cooling operations, and</li> </ul>                                                                                                            | <ul style="list-style-type: none"> <li>• support operation of the Unit 2 or 3 reactor,</li> <li>• are not required to prevent or mitigate the consequences of a fuel handling accident in the Unit 2 or 3 spent fuel pool (SFP),</li> <li>• are not required to support Unit 2 or 3 SFP cooling operations, and</li> </ul>                                                                                                                 | No               | <p>No – This change incorporates unit 3 as being a permanently defueled unit.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                     | Previous Version 13                                                                                                                                                                                                                                                                                                                                                                                                           | New Version 14                                                                                                                                                                                                                                                                                                                                                                                                                                | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                   |
|------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7.         | <p><b><u>PURPOSE</u></b><br/>Page 4<br/>Top of page</p>     | <ul style="list-style-type: none"> <li>• are not necessary to classify an EAL applicable to Unit 2 in the defueled (DEF) MODE.</li> </ul> <p>Equipment which has been removed from service or is planned to be removed from service during the decommissioning process for Unit 2 is noted as such in Attachment 9.1.</p> <p>Those Unit 2 EALs which are not possible in the DEF mode are noted as such in Attachment 9.1</p> | <ul style="list-style-type: none"> <li>• are not necessary to classify an EAL applicable to Unit 2 or 3 in the defueled (DEF) MODE.</li> </ul> <p>Equipment which has been removed from service or is planned to be removed from service during the decommissioning process for Unit 2 or 3 is noted as such in Attachment 9.1.</p> <p>Those Unit 2 or 3 EALs which are not possible in the DEF mode are noted as such in Attachment 9.1.</p> | No               | <p>No – This change incorporates unit 3 as being a permanently defueled unit.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 8.         | <p><b><u>DEFINITIONS</u></b><br/>Page 5<br/>Section 3.1</p> | <p><u>Plant Modes</u> are defined in IP-2 and IP-3 Technical Specifications</p> <ul style="list-style-type: none"> <li>3.1.1 Power Operations</li> <li>3.1.2 Startup</li> <li>3.1.3 Hot Standby</li> <li>3.1.4 Hot Shutdown</li> <li>3.1.5 Cold Shutdown</li> <li>3.1.6 Refueling</li> </ul>                                                                                                                                  | <p><u>Plant Modes</u> are defined as</p> <ul style="list-style-type: none"> <li>3.1.1 Power Operations</li> <li>3.1.2 Startup</li> <li>3.1.3 Hot Standby</li> <li>3.1.4 Hot Shutdown</li> <li>3.1.5 Cold Shutdown</li> <li>3.1.6 Refueling</li> </ul>                                                                                                                                                                                         | No               | <p>No – Technical Specifications no longer define Plant Modes.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>                |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                        | Previous Version 13                        | New Version 14              | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                    |
|------------|----------------------------------------------------------------|--------------------------------------------|-----------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.         | <b>Responsibilities</b><br><b>Page 8</b><br><b>Section 4.1</b> | <b>The Manager, Emergency Preparedness</b> | <b>The Manager, Nuclear</b> | No               | <p>No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 10.        | <b>Responsibilities</b><br><b>Page 9</b><br><b>Section 4.2</b> | <b>The Manager, Corrective Action</b>      | <b>The Manager, Nuclear</b> | No               | <p>No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                            | Previous Version 13                 | New Version 14                          | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                    |
|------------|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11.        | <b>Responsibilities</b><br><b>Page 9</b><br><br><b>Section 4.3</b> | The <b>Managers, Engineering</b>    | The <b>Managers, Decommissioning</b>    | No               | <p>No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 12.        | <b>Responsibilities</b><br><b>Page 9</b><br><br><b>Section 4.4</b> | The <b>Operations Shift Manager</b> | The <b>Certified Fuel Handler (CFH)</b> | No               | <p>No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                              | Previous Version 13                                  | New Version 14                                           | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                             |
|------------|------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13.        | <b>Responsibilities</b><br>Page 9<br><br>Section 4.5 | The Operations Shift Manager /<br>Emergency Director | The Certified Fuel Handler (CFH) /<br>Emergency Director | No               | No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |
| 14.        | <b>Responsibilities</b><br>Page 9<br><br>Section 4.6 | The Manager, Licensing                               | The Manager, Nuclear                                     | No               | No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                       | Previous Version 13                                                          | New Version 14                                                       | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                    |
|------------|-----------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15.        | Responsibilities<br>Page 9<br><br>Section 4.7 | The Manager, Planning, Scheduling and Outages                                | The Manager, Nuclear                                                 | No               | <p>No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 16.        | Responsibilities<br>Page 9<br><br>Section 4.8 | Operations Manager/Shift Manager or Manager, Planning, Scheduling and Outage | Operations Manager/ Certified Fuel Handler (CFH) or Manager, Nuclear | No               | <p>No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14        | Previous Version 13                                         | New Version 14                                                                                                                                                                 | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                   |
|------------|--------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17.        | Section 5.1.6<br>Page 10       | There was no previous version                               | Some components may not be needed based on both units being permanently defueled as noted in section 8.0. as such these components are on longer required as an EAL Indicator. | No               | <p>No – The section was added to clarify the removal of equipment from Attachment 9.1.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>                                                        |
| 18.        | Section 5.2.2(a)(b)<br>Page 11 | Help the reactor operator determine the plant safety status | Help the Non-Certified Fuel Handler determine the plant safety status                                                                                                          | No               | <p>No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                       | Previous Version 13                                                                                                                                                                                                                                                                                                                                                                                       | New Version 14                                                                                                                                                                                                                                                                                                                                                                                                               | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                             |
|------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19.        | <b>Details</b><br>Section 5.2.6<br>b<br>Page 12               | Emergency Planning Manager                                                                                                                                                                                                                                                                                                                                                                                | The Manager Nuclear                                                                                                                                                                                                                                                                                                                                                                                                          | No               | No – No responsibilities have been removed but titles have changed and some responsibilities have been consolidated into a single position.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |
| 20.        | <b>REQUIREMENTS AND COMMITMENTS</b><br>Page 13<br>Section 8.2 | Based on Unit 2 being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2) that operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited, and provided that an acceptable evaluation, e.g., pursuant to 10 CFR 50.54(q)(3), has been performed, IPEC may remove from service those Unit 2-specific systems and equipment that: | Based on Unit 2 and 3 being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2) that operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited, and provided that an acceptable evaluation, e.g., pursuant to 10 CFR 50.54(q)(3), has been performed, IPEC may remove from service those Unit 2 and Unit 3 - specific systems and equipment that: | No               | No – This change incorporates unit 3 as being a permanently defueled unit.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.                                                                  |



## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                       | Previous Version 13                                                                                                                                                                                                                                                                                                                                                                                          | New Version 14                                                                                                                                                                                                                                                                                                                                                                                                                   | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                            |
|------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21.        | <b>REQUIREMENTS AND COMMITMENTS</b><br>Page 13<br>Section 8.2 | <ul style="list-style-type: none"> <li>• support operation of the Unit 2 reactor,</li> <li>• are not required to prevent or mitigate the consequences of a fuel handling accident in the Unit 2 spent fuel pool (SFP),</li> <li>• are not required to support Unit 2 SFP cooling operations, and</li> <li>• are not necessary to classify an EAL applicable to Unit 2 in the defueled (DEF) MODE.</li> </ul> | <ul style="list-style-type: none"> <li>• support operation of the Unit 2 or 3 reactor,</li> <li>• are not required to prevent or mitigate the consequences of a fuel handling accident in the Unit 2 or 3 spent fuel pool (SFP),</li> <li>• are not required to support Unit 2 or 3 SFP cooling operations, and</li> <li>• are not necessary to classify an EAL applicable to Unit 2 or 3 in the defueled (DEF) MODE.</li> </ul> | No               | No – This change incorporates unit 3 as being a permanently defueled unit.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |
| 22.        | <b>REQUIREMENTS AND COMMITMENTS</b><br>Page 13<br>Section 8.3 | Equipment which has been removed from service or is planned to be removed from service during the decommissioning process for Unit 2 is noted as such in Attachment 9.1.                                                                                                                                                                                                                                     | Equipment which has been removed from service or is planned to be removed from service during the decommissioning process for Unit 2 or 3 has been removed from Attachment 9.1                                                                                                                                                                                                                                                   | No               | No – This change documents why equipment is removed from Attachment 9.1<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.    |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                               | Previous Version 13                                                                           | New Version 14                                                                             | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                            |
|------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23.        | <b>REQUIREMENTS AND COMMITMENTS</b><br><br>Page 13<br><br>Section 8.4 | Those Unit 2 EALs which are not possible in the DEF mode are noted as such in Attachment 9.1. | Those IPEC EALs which are not possible in the DEF Mode are noted as such in Attachment 9.1 | No               | No – This change incorporates unit 3 as being a permanently defueled unit.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |
| 24.        | <b>Attachment 9.1</b><br><br>Page 23<br><br>R-26*                     | No alternate indications or compensatory measures are required for unit 2                     | No alternate indications or compensatory measures are required for either unit.            | No               | No – This change incorporates unit 3 as being a permanently defueled unit.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                           | Previous Version 13                                                                                                                                                                                                                                                                                            | New Version 14                                                                                                                                                                                                                                                                                      | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                      |
|------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25.        | Attachment 9.1<br>Page 43<br>Containment Pressure | <u>Unit 2</u><br>No alternate indications or compensatory measures are required for Unit 2.                                                                                                                                                                                                                    | No alternate indications or compensatory measures are required for either Unit.                                                                                                                                                                                                                     | No               | No – This change incorporates unit 3 as being a permanently defueled unit.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.                           |
| 26.        | Attachment 9.1<br>Pages 15 to 71                  | <u>Unit 2</u><br>No alternate indications or compensatory measures are required for Unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. | No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. | No               | No – The EALs that are not possible are no longer noted in Attachment 9.1. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.<br>The note now includes unit 3 after being permanently defueled. |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) : REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                                              | Previous Version 13                                                                                                                                                                                                                                                                                                                                    | New Version 14                                                                                                                                                                                                                                                                                                                                                    | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                                                        |
|------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27.        | Page 15 to 71<br>Header                                                              | <p style="text-align: center;"><b>Component ID / Tag #</b><br/>* is used to indicate the component is not applicable to Unit 2<br/>(See Notes at bottom of Table)</p> <p><b>EIER Category</b></p> <p style="text-align: center;"><b>IC / EAL</b><br/>** is used to indicate the EAL is not applicable to Unit 2<br/>(See Notes at bottom of Table)</p> | <p style="text-align: center;"><b>Component ID / Tag #</b><br/>* is used to indicate the component is not applicable to either unit<br/>(See Notes at bottom of Table)</p> <p><b>EITER Category</b></p> <p style="text-align: center;"><b>IC / EAL</b><br/>** is used to indicate the EAL is not applicable to either unit<br/>(See Notes at bottom of Table)</p> | No               | <p>No – Removed the word Unit 2 and added either as Unit 3 will now be defueled.<br/>Added T to EITER<br/>Removed the word Unit 2 and added either as Unit 3 will now be defueled.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 28.        | Attachment 9.2<br>Page 73<br><br>Radiological Emergency Communications System (RECS) | Utilize backup communication in accordance with Form EP-3, EP-4, or EP-5                                                                                                                                                                                                                                                                               | Utilize backup communication in accordance with Form EP-3                                                                                                                                                                                                                                                                                                         | No               | <p>No – Forms EP-4 and EP-5 no longer exist.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>                                                                                                                                       |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                                                                | Previous Version 13                                                                                                                                                                                                                                                        | New Version 14                                      | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                                    |
|------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29.        | <p><b>Attachment 9.2</b></p> <p>Page 74<br/>Emergency Response Data<br/>SystemIP-3</p> | <p>Emergency Response Data<br/>SystemIP-3<br/>TSC OSC<br/>N/A<br/>B<br/>Used for backup AC power source to TSC.</p> <ul style="list-style-type: none"> <li>• Ensure AC power source to TSC is available and protect normal power supply.</li> </ul> <p>LOFT = 24 hours</p> | Removed                                             | No               | <p>No – ERDS no longer exists. Per Regulation ERDS is not required following shutdown. Refer to NRC memo dated June 2, 2014 (ADAMS Accession No. ML 14099A520)</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 30.        | <p><b>Attachment 9.6</b></p> <p>Page 82<br/>Section 1.1 B<br/>3</p>                    | Inform the ED and the POM of your relocation plans.                                                                                                                                                                                                                        | Inform the ED and the CCR of your relocation plans. | No               | <p>No – Clarify title changes.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>                                                                                                                                 |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

| Change No. | Page/Section in Rev. 14                      | Previous Version 13                                                                      | New Version 14                                                                           | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                             |
|------------|----------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31.        | Attachment 9.6<br>Page 83<br>Section 1.1 B 7 | Notify the ED and POM when established and ready to commence functioning as the TSC/OSC. | Notify the ED and CCR when established and ready to commence functioning as the TSC/OSC. | No               | No – Clarify title changes.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |

# Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|     |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32. | <p><b>Attachment 9.1</b></p> <p><b>Page 17</b></p> <p>RHR Inlet Temperature</p> | <p>TE-636*<br/>B</p> <p>Used for Verifying Cold Shutdown Condition</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of indication as follows:             <ul style="list-style-type: none"> <li>○ Core Exit Temperatures</li> </ul> </li> </ul> <p><u>Unit 2</u></p> <p>No alternate indications or compensatory measures are required for Unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> | Removed | No | <p>No – There are no potential EAL calls for RHR inlet Temperature. This entire row is being removed based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
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## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|     |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 33. | <p><b>Attachment 9.1</b><br/><b>Page 43</b></p> <p><b>Containment Temperature</b></p> | <p><b>IP-2</b></p> <p>TM-1203*,</p> <p>TE-1203-1*,</p> <p>TE-1203-2*,</p> <p>TE-12-3-3*,</p> <p>TE-1203-4*,</p> <p>TE-1203-5*</p> <p><b>IP-3</b></p> <p>TE-1416-1, *</p> <p>TE-1416-2, *</p> <p>TE-1416-3, *</p> <p>TE-1416-4, *</p> <p>TE-1416-5*</p> <p>Used to determine Adverse Containment conditions.</p> <ul style="list-style-type: none"> <li>• Use alternate indicators (i.e. PRZR tailpipe temperatures, Containment pressure)</li> </ul> <p>Used for indications for a RCS, Main Feedwater, or Main Steam leak inside containment.</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:</li> </ul> | Removed | No | <p>No – There are no potential EAL calls for Containment Temperature. This entire row is being removed based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
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# Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  |  | <ul style="list-style-type: none"> <li>○ Containment Sump water level</li> <li>○ Containment Temperature</li> <li>○ Containment Pressure</li> <li>○ Containment spray flow</li> <li>○ Containment cooling system parameters</li> <li>○ Containment hydrogen concentration</li> <li>○ RCS pressure</li> <li>○ Pressurizer level</li> <li>○ PRT parameters (level, temperature, and pressure)</li> <li>○ Core Exit Thermocouples</li> <li>○ Containment Radiation Monitors</li> <li>○ Main Steam flow vs. Main Feedwater flow</li> <li>○ Steam Generator pressure</li> <li>○ Steam Generator level</li> <li>○ Accident sampling capability parameters</li> </ul> |  |  |  |
|  |  | <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or</p>                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|     |                                         |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                |
|-----|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                         | retention of fuel into the reactor vessel is prohibited.                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                |
| 34. | <b>Attachment 9.1</b><br><b>Page 43</b> | <u>Unit 2</u><br>No alternate indications or compensatory measures are required for Unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited | No alternate indications or compensatory measures are required for Unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited | No | No - Unit 2 removed from note as it is stated in the note already.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|     |                                                                                                                      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 35. | <p><b>Attachment 9.1</b></p> <p><b>Page 51</b></p> <p style="text-align: center;"><b>Service Water Bay Level</b></p> | <ul style="list-style-type: none"> <li>• Verify redundant equipment is available               <ul style="list-style-type: none"> <li>○ Backup Service Water Pumps</li> <li>○ Low Pressure River Water Pumps</li> <li>○ Emergency Service Water Pumps</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Verify redundant equipment is available               <ul style="list-style-type: none"> <li>○ Service Water Pumps</li> </ul> </li> </ul> | No | <p>No - Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. Backup service water pumps, low pressure river water pumps and emergency service water pumps are not required. Credit is taken for the service water pumps.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
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## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|     |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36. | <p>Attachment<br/>9.1</p> <p>Page 59</p> <p>Steam<br/>Generator<br/>Wide Range<br/>(WR) Level<br/>Indications</p> | <p>IP-3:</p> <p>LT-417D, *</p> <p>LT-427D, *</p> <p>LT-437D, *</p> <p>LT-447D *</p> <p>B</p> <p>N/A</p> <p>Used to determine if Bleed and Feed cooling is required</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:             <ul style="list-style-type: none"> <li>○ Steam Generator Pressure</li> <li>○ Core Exit Temperatures</li> <li>○ RCS Pressure</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> | Removed | No | <p>No – There are no potential EAL calls for Steam Generator Wide Range Level Indications. This entire row is being removed based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
|-----|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|     |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                                                                                                                                         |
|-----|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37. | <p><b>Attachment 9.1</b><br/><b>Page 70</b></p> <p><b><u>Notes:</u></b></p>             | <p>* Equipment has been, or will be, removed from service to support Unit 2 decommissioning activities. Equipment is not used and is not necessary to declare any EAL possible in the Unit 2 permanently shutdown and defueled condition (Mode DEF).</p> <p>** Based on Mode Applicability, this EAL cannot be declared in the Unit 2 DEF mode. Based on Unit 2 being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor is prohibited.</p> | <p>* Equipment has been, or will be, removed from service to support both units decommissioning activities. Equipment is not used and is not necessary to declare any EAL possible in a permanently shutdown and defueled condition (Mode DEF).</p> <p>** Based on Mode Applicability, this EAL cannot be declared in the DEF mode. Based on both units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor is prohibited.</p> | No | <p>No – The note has been modified to include both units as being permanently defueled.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 38. | <p><b>Attachment 9.1</b><br/><b>Page 72</b></p> <p><b>Facility Managers Hotline</b></p> | <p>Facility Managers Hotline<br/>EOF AEOF CCR-2<br/>CCR-3<br/>TSC OSC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Facility Managers Hotline<br/>EOF AEOF CCR-2<br/>CCR-3<br/>TSC OSC<br/>JIC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No | <p>No – Added a Facility Managers Hotline to the JIC</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>                                    |

## Entergy IPEC EITER IP-EP-AD40 (Rev 14) REVISION MATRIX

|                   |                                                                     |                                                                       |                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>39.</b></p> | <p><b>Attachment 9.5</b><br/><b>Page 79</b><br/>Third paragraph</p> | <p>Look for EIER and review any accompanying Operability analysis</p> | <p>Look for EITER and review any accompanying Operability analysis</p> | <p>No</p> | <p>No – Added T to EIER t correct the spelling.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>                                                                                             |
| <p><b>40.</b></p> | <p><b>Attachment 9.7</b><br/><b>Page 84</b></p>                     | <p>Attachment 9.7 did not exist in the previous revision</p>          | <p>See attachment 9.7</p>                                              | <p>No</p> | <p>No - Attachment 9.7 was added to include the EN corporate guidance from EN-EP-202. EN-EP-202 will not be applicable after Unit 3 defuel.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## Attachment 9.1

### Emergency Planning Document Change Checklist Form

(All sections must be completed, N/A or place a check on the line where applicable)

#### Section 1

|                      |                                                                                                                                                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doc/Procedure Type:  | Administrative <input checked="" type="checkbox"/> Implementing <input type="checkbox"/> EPLAN <input type="checkbox"/> N/A <input type="checkbox"/> |
| Doc/Procedure No:    | IP-EP-AD40                                                                                                                                           |
| Doc/Procedure Title: | Equipment Important to Emergency Response                                                                                                            |
| New revision number: | 14                                                                                                                                                   |
| Corrective Action:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CR#: <u>OL-OLI-2018-00090 CA 19</u>                 |
| Effective date:      | May 17, 2021                                                                                                                                         |

#### Section 2

##### Change Description

1. Ensure the following are completed, or are not applicable and are so marked:

- |                                          |                                     |                                         |
|------------------------------------------|-------------------------------------|-----------------------------------------|
| a. 50.54q                                | <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| b. EN-FAP-OM-023                         | <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| c. IP-SMM- AD-102                        | <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| d. OSRC                                  | <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| d.e. NRC Transmittal<br>(within 30 days) | <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |

1.

2. List any other documents affected by this change: N/A

2.3. Transmittals are completed:  N/A  Date: 4/29/21

3.4. Ensure the proper revision is active in eB Ref. Lib.:  N/A

4.5. Approved doc/procedure delivered to Doc. Control for distribution:  N/A  Date: 4/29/21


5.6. Position Binders updated:  N/A  Date: 4/29/21

6.7. Copy of EPDCC placed in EP file:  N/A  Date: 4/29/21

7.8. Supporting documentation is submitted as a general record in eB Ref. Lib.:  N/A  Date: 4/29/21

8.9. Word files are moved from working drafts folder to current revision folder in the EP drive:

N/A  Date: 5/17/21

|                                                                                                                                                   |                                          |                   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|--------------------|
|  <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b> | <b>Revision 14</b> |
|                                                                                                                                                   | <b>REFERENCE USE</b>                     | <b>Page 1</b>     | <b>of 122</b>      |

**CONTROLLED**

**Equipment Important to Emergency Response**

Prepared by:

Gary Norton

Print Name

*[Signature]*  
Signature per tele.com

4/27/21  
Date

Approved by:

Frank Mitchell

Print Name

*[Signature]*  
Signature

4/27/21  
Date

*This procedure is excluded from further LI-100 reviews*


Effective Date: May 17, 2021

*Due to the permanent defueling of both Unit 2 and Unit 3, this document has undergone a major revision to reflect the requirements in Post Shutdown Emergency Plan. Revision bars have been omitted.*



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|  <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b> | <b>Revision 14</b>            |
|                                                                                                                                                   | <b>REFERENCE USE</b>                     | <b>Page</b>       | <b><u>3</u> of <u>122</u></b> |

## Equipment Important to Emergency Response

### 1.0 PURPOSE

The purpose of this procedure is to ensure that when equipment identified as important to emergency response is removed from service for maintenance or is in a degraded condition that:

- The correct restoration priority is assigned,
- Appropriate compensatory measures are identified and implemented and
- Equipment is returned to service in a timely manner

This includes planned and unplanned maintenance.

This procedure identifies equipment required to determine initiating conditions for Emergency Action Levels (EALs) as specified in IP-EP-AD13, "IPEC Emergency Action Level Technical Basis" and IP-EP-120 "Emergency Classification" and provides alternate indicators or alternative measures when removing equipment from service. Equipment identified in this procedure is not meant to be all-inclusive. It is meant to identify equipment used to assess an EAL initiating condition, as opposed to equipment that if removed from service, results in entering an EAL. This procedure is meant to augment, not supersede or replace, conditions and required actions as described in IPEC's Technical Specifications, Technical Requirements Manual (TRM), or the Defueled Safety Analysis Report (DSAR).


This procedure also addresses the availability of specific EP equipment and Emergency Response Facilities (ERFs).

In the event indicators, equipment or facilities for implementing the IPEC Emergency Plan become unavailable for use, either due to a planned or unplanned event, this procedure will be used to identify alternate indications and compensatory measures for complying with the Emergency Plan.

This procedure is to be used as a reference document.

Based on Unit 2 and Unit 3 being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2) that operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited, and provided that an acceptable evaluation, e.g., pursuant to 10 CFR 50.54(q)(3), has been performed, IPEC may remove from service those Unit 2 or Unit 3 specific systems and equipment that:

- support operation of the Unit 2 or 3 reactor,
- are not required to prevent or mitigate the consequences of a fuel handling accident in the Unit 2 or 3 spent fuel pool (SFP),
- are not required to support Unit 2 or 3 SFP cooling operations, and

|                                                                                                                                                   |                                          |                   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|--------------------|
|  <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b> | <b>Revision 14</b> |
|                                                                                                                                                   | <b>REFERENCE USE</b>                     | <b>Page 4</b>     | <b>of 122</b>      |


- are not necessary to classify an EAL applicable to Unit 2 or 3 in the defueled (DEF) MODE.

Equipment which has been removed from service or is planned to be removed from service during the decommissioning process for Unit 2 or 3 is noted as such in Attachment 9.1.

Those Unit 2 or 3 EALs which are not possible in the DEF mode are noted as such in Attachment 9.1.

## **2.0 REFERENCES**

- 2.1 IP-EP-AD13, "IPEC Emergency Action Level Technical Basis"
- 2.2 IP-EP-120 "Emergency Classification".
- 2.3 IP-EP-AD6, "Emergency Facilities and Equipment".
- 2.4 IP-EP-AD9, "Notifications Systems Testing and Maintenance".
- 2.5 IP-EP-AD30, "IPEC AIT Siren System Administration".
- 2.6 IP-EP-AD31, "IPEC Siren System Maintenance Administration".
- 2.7 EN-EP-202, "Equipment Important to Emergency Preparedness"
- 2.8 EN-WM-100 "Work Request Generation, Screening and Classification".
- 2.9 EN-WM-101 "On-Line Work Management Process".
- 2.10 EN-WM-109 "Scheduling"
- 2.11 IP-SMM-LI-108 "Event Notification And Reporting"
- 2.12 EN-EP-610-DP "Technical Support Center (TSC) Operations"
- 2.13 EN-EP-609-DP "Emergency Operations Facility (EOF) Operations"
- 2.14 OAP-035 "Technical Specifications and Technical Requirements Manual – License Adherence and Use"
- 2.15 0-CY-2765 "Coolant Activity Limits – Dose Equivalent Iodine / Xenon"
- 2.16 3-CY-2325 "Radioactive Sampling Schedule"

|                                                                                                                                                   |                                          |                   |                    |
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|  <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b> | <b>Revision 14</b> |
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- 2.17 2-CY-2625 "General Plant Systems Specifications and Frequencies"
- 2.18 0-CY-2450 "Primary to Secondary Leak"
- 2.19 0-RP-RWP-409 "Radiation Protection Technician Instructions for Primary to Secondary Leak"

### 3.0 **DEFINITIONS**

3.1 Plant Modes are defined as

- 3.1.1 Power Operations
- 3.1.2 Startup
- 3.1.3 Hot Standby
- 3.1.4 Hot Shutdown
- 3.1.5 Cold Shutdown
- 3.1.6 Refueling

3.2 EAL Modes of applicability are plant conditions for which an emergency classification level is considered.

- 3.2.1 - 1 Power Operations
- 3.2.2 - 2 Startup
- 3.2.3 - 3 Hot Standby  $\geq 350^{\circ} \text{ F}$
- 3.2.4 - 4 Hot Shutdown  $350 > \text{F T avg.} > 200 \text{ F}$
- 3.2.5 - 5 Cold Shutdown  $\leq 200 \text{ F}$
- 3.2.6 - 6 Refueling  
Defueled

3.3 Indus Asset Suite (IAS) – The Software product used by the Entergy fleet for Work Management, Engineering Change, Materials Purchasing and Contracts and for the creation of new controlled documents and revisions to controlled documents (controlled document information populates EDMS via an interface). EIER is identified as SUP EP RES (Supports Emergency Plan Response) in IAS.


3.4 Work Request (WR) – The document used to identify items for screening to determine if it will be processed via the work order process.

3.5 Alternate Indication – A backup means of monitoring a parameter or condition which should approximate the primary indication it is replacing.

3.6 Category A(1) Equipment – equipment that provides the sole indication or very little redundancy for a parameter used to assess an EAL threshold



- 3.7 Category A(2) Equipment – Equipment that provides the sole means of fulfilling an emergency response function
- 3.8 Category B Equipment – equipment that has redundant components or trains that fulfill an emergency response function or redundant indications for a parameter used to assess an EAL threshold
- 3.9 Compensatory Measure – A temporary means to mitigate the degradation or loss of emergency response function or of maintaining the emergency response function until the equipment is restored to a fully functional condition.
- 3.9.1 Compensatory measures are the best available means to maintain the emergency preparedness function. Compensatory measures may include, but are not limited to, redundant equipment.
- 3.9.2 Compensatory measures are put in place prior to scheduled equipment outages and design modifications and immediately following equipment loss or facility functional failures, to prevent or mitigate any loss of function that could result from the removal of the equipment from service.
- 3.9.3 Each Compensatory measure is evaluated against the station emergency plan requirements. This is to determine the capability of the compensatory measure's function and should state the allowed duration of the interim compensatory measure. This duration may be different than the time allowed by technical specifications or equipment control guidelines/technical requirements manual. (This is due primarily to NRC SDP finding significance evaluation criteria). The review is documented and includes an analysis, conclusion, and approval of the compensatory measure. \*This documentation may be in the form of an approved, specific procedure which identifies compensatory measures in advance, for specific EP equipment.
- 3.9.4 Compensatory measures are incorporated into the emergency preparedness and work management processes. The work prioritization matrix appropriately addresses EP equipment and adjusts/raises priority when the compensatory measure put in place exceeds the time allowed in the evaluation or procedure, or when the compensatory measure itself fails.
- 3.9.5 Compensatory measures that rely on periodic monitoring also have an event-based trigger that prompts immediate and more frequent monitoring. For example, periodic sampling (such as once a shift) may be used to compensate for a nonfunctional vent radiation

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monitor. However any increase in elevated area or airborne radiation levels in the affected buildings after the compensatory measure is put in place should trigger immediate and more frequent sampling.

3.9.6 A formal tracking method is implemented to ensure compensatory measures are in place and are completed on time.

3.10 Equipment Important to Emergency Response (EP equipment) – Includes systems, structures, and components, including essential tools and equipment, necessary to ensure the ability of the station to implement the emergency plan. The level of detail used in tracking these items should be sufficient to allow the user to identify any loss or degradation of function that supports the emergency plan.

3.10.1 Essential tools and equipment include, but are not limited to, such items as facility computer links to the plant computer, dedicated telephone lines, hand-held radiation survey meters, air samplers, and specially-equipped radiation monitoring team vehicles. Loss or degradation of these items would result in the loss of an emergency response function, as identified in the emergency plan.


3.10.2 In contrast, nonessential tools and equipment are those items which, although useful, would not result in a loss of function or diminish the emergency response capability and are not considered equipment important to emergency response.

3.11 Emergency Response Facility (ERF) – Facilities, buildings, and structures, identified in the emergency plan and which include systems and equipment identified in the plan that are used for emergency response during declared emergency plan events.

3.12 Functional Readiness – The availability of emergency response facilities and EP equipment, maintained to ensure the highest degree of reliability and a constant state of readiness. Consult the documents listed in the References section for regulatory guidance related to “unavailable time” and restoration timeliness.

3.13 Loss of Function (LOF) – The inability of a facility, system or component, including essential tools and equipment, to fulfill its emergency response purpose.

3.14 Loss of Function Time (LOFT) – The maximum recommended time a facility system or component, including essential tools and equipment is left out of service and unable to fulfill its emergency response purpose. No operational

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action/penalty is assessed if the time recommended by this procedure is exceeded.

3.15 Maintenance – Scheduled maintenance, periodic testing, or emergent equipment failures that can result in a loss of emergency response function. For the purposes of station work management, certain equipment important to EP is considered “plant equipment” because it is required to be maintained by federal or state regulatory compliance as defined in EN-WM-100. Maintenance encompasses the following activities (which are further subdivided into categories per EN-WM-100):

3.15.1 Corrective maintenance (CM) represents a level of degradation of plant equipment that has failed or is significantly deficient such that failure is imminent (within its operating cycle/preventive maintenance interval) and it no longer conforms to or cannot perform its design function

3.15.2 Deficient maintenance (DM) is any work on a plant component where there is potential or actual degradation that does not threaten the component’s design function or performance criteria.

3.15.3 Other maintenance (OM) is work that does not reflect a material condition deficiency on plant equipment


3.15.4 Tool pouch Maintenance is a methodology by which work is accomplished that does not require work documents to be initiated.

3.15.5 Contingency Maintenance is work to be performed if a component is found to be in a degraded state during other repairs or inspections.

3.16 Timely Restoration – The emergency plan is designed as a last line of defense to address design basis accident events at a nuclear power plant, including the capability of protecting public health and safety during and following the accident. Therefore, regulations that govern EP equipment may require more timely restoration than technical specification or other administrative controls. Actions site personnel take to return degraded or out-of-service EP equipment to service should be commensurate with the significance of the associated emergency response function.

#### 4.0 RESPONSIBILITIES

4.1 The **Manager, Nuclear** is responsible for maintaining oversight of EP facilities and equipment, as well as ensuring that work and change-related processes include appropriate screening requirements to identify impacts to the EP program. The **Manager, Nuclear** also has the overall responsibility for

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assuring the development and maintenance of a document containing a current list of equipment required for assessing EAL initiating conditions and for performing ERF functions, and for providing guidance on applicable compensatory actions for indicators and equipment not available for use.


- 4.2 The **Manager, Nuclear** is responsible for ensuring that the corrective action program supports tracking and trending of deficiencies related to EP equipment.
- 4.3 The **Manager, Decommissioning** are responsible for ensuring that engineering support is provided as required, in the planning and execution of work on equipment important to EP, and for assuring that configuration control processes account for impact on emergency preparedness functions and equipment.
- 4.4 The **Certified Fuel Handler (CFH)** is responsible for ensuring that appropriate actions, including identification, tracking, and compensatory measures, are taken when EP equipment or emergency response facilities are degraded or removed from service.
- 4.5 The **Certified Fuel Handler (CFH) / Emergency Director** has the responsibility to utilize the information in the Alternative Measures in Attachment 9.1 of the procedure in making EAL classifications.
- 4.6 The **Manager, Nuclear** is responsible for providing guidance on compliance with the station licensing basis and related reportability issues.
- 4.7 The **Manager, Nuclear** is responsible for ensuring that work on EP-related equipment within the scope of the work management program is appropriately prioritized and scheduled.
- 4.8 **Operations Manager/ Certified Fuel Handler (CFH) or Manager, Nuclear** - has the responsibility for reviewing plant equipment that is out of service and its impact on EAL determinations and emergency response facility availability. In addition he/she has the responsibility to utilize the information in the Alternative Measures in Attachment 9.1 of this procedure as a reference to establish contingencies and take actions for planned instrument or equipment outages or during the recovery from an unplanned outage for the ERF equipment or instruments providing indication for EAL determinations.

## **5.0 DETAILS**

### **5.1 Equipment used as EAL indicators;**

- 5.1.1 Attachment 9.1, "EAL Indicator Matrix" identifies plant components used as EAL indicators and provides Compensatory Measures for EAL determination if a component becomes inoperable.




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- 5.1.2 Some control room instrumentation is used to identify EAL entry conditions. In most cases installed redundant equipment provides alternative indication if a single instrument is out of service.
- 5.1.3 Each component used as an EAL Indicator has a unique identifier tag and is listed in Attachment 9.1, "EAL Indicator Matrix". When a component becomes inoperable a Work Request is written in the computer-based software system Indus Asset Suite (IAS).
- 5.1.4 Work requests are reviewed and prioritized in accordance with EN-WM-100 "Work Request Generation Screening and Classification".
  - Category A equipment must be restored promptly and must be tracked until resolved.
  - Category B equipment must be restored promptly using normal work management processes.
- 5.1.5 Alternative measures for the instruments used as EAL indicators are identified in Attachment 9.1.
- 5.1.6 Some components may not be needed based on both units being permanently defueled as noted in section 8.0. as such these components are on longer required as an EAL Indicator.
- 5.1.7 Prior to taking any equipment identified as an EAL Indicator out of service for planned maintenance, alternative measures shall be in place as described in Attachment 9.1, " EAL Indicator Matrix ".
  - a. When a compensatory measure as described in Attachment 9.1 cannot be implemented, the shift manager shall:
    - 5.1.7.1.1 Immediately implement corrective actions to restore the equipment to service.
    - 5.1.7.1.2 Refer to IP-SMM-LI-108 "Event Notification and Reporting" to determine any reporting requirements.

**5.2 Emergency Response Facilities (ERFs)**

- 5.2.1 Attachment 9.2 identifies specific E Plan equipment and facilities used to implement the Emergency Plan and provides Compensatory Measures for performing a function if equipment or a facility is out of service.
- 5.2.2 Per NUREG 0696, Emergency Response Facilities (Control Room, Onsite Technical Support Center, Operational Support Center, and Emergency Operations Facility) shall function during emergencies and to provide the following services:

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- a. Help the Non-Certified Fuel Handler determine the plant safety status.
- b. Relieve the Non-Certified Fuel Handler of peripheral duties and communications not directly related to reactor system manipulations.
- c. Prevent congestion in the control room.
- d. Provide assistance to the operators by technical personnel who have comprehensive plant data at their disposal.
- e. Provide a coordinated emergency response by technical and management personnel.
- f. Provide reliable communications between onsite and offsite emergency response personnel.
- g. Provide a focal point for development of recommendations for offsite actions.
- h. Provide relevant plant data to the NRC for its analysis of abnormal plant operating condition.

5.2.3 If primary power is lost to any ERF, the power should be restored as soon as possible.

- a. If power cannot be restored to the ERF,

5.1.7.1.2.1.1 Backup or alternate ERF's shall be established in accordance with (IAW) EN-EP-610 "Technical Support Center (TSC) Operations", and -EN-EP-609 "Emergency Operations Facility (EOF) Operations".


5.1.7.1.2.1.2 The Control Room or Emergency Planning shall immediately inform the Emergency Response Organization (ERO) duty Emergency Director.

- 5.1.7.2 After power is restored, at a minimum, the following ERF functions should be verified using the appropriate checklist in accordance with IP-EP-AD6 Emergency Facilities and Equipment.

5.1.7.2.1 Habitability

5.1.7.2.2 Communications

5.1.7.2.3 Dose Assessment

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5.1.7.2.4 Lighting

5.1.7.2.5 Personal Computer

5.1.7.2.6 Technical Data

5.2.4 If specific equipment in an ERF is unavailable compensatory measures are to be used as defined in this procedure or the facilities procedures.

5.2.5 If IT equipment (e.g. RECS) is out of a service a high priority Help Desk Ticket shall be initiated to resolve the issue.

5.2.6 If the Emergency Response Facility/equipment as identified in Attachment 9.2 is out of service, implement the compensatory measures as described in Attachment 9.2.

a. When a compensatory measure as described in Attachment 9.2 cannot be implemented and results in an ERF unable to perform a function described in sections 5.2.1 and 5.2.2

b. The Manager Nuclear shall:

5.1.7.2.6.1.1 Immediately implement corrective actions to restore the equipment to service.


2. Refer to IP-SMM-LI-108 "Event Notification And Reporting" to determine any reporting requirements

5.2.7 Facility checks are performed on a periodic basis in accordance with IP-EP-AD6, "Emergency Facilities and Equipment".

5.3 Work Control on equipment associated with Emergency Planning is in accordance with EN-WM-100, "Work Request Generation Screening and Classification", IT Help Desk System, and The Corrective Action System

5.4 Emergency Planning should review status planning documents using Attachment 9.1 and Attachment 9.2 to identify the status of EITER that is out of service. This status should be identified to the appropriate stake-holders e.g. ERO, Counties. Equipment that is Out of Service should be identified in the weekly ERO turnover meeting.

5.5 Emergency Planning should evaluate any equipment changes that may impact the Emergency Response Facility and its ability to perform the functions described in sections 5.2.1 and 5.2.2b

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## 6 INTERFACES

None

## 7 RECORDS

None

## 8 REQUIREMENTS AND COMMITMENTS

8.1 The Cyber Security Assessment Process (see EN-IT-103-03) uses site EITER lists as input to the assessment process. Changes, equipment additions and deletions, to site equipment lists must be reviewed by the Site Cyber Security Specialist for impact on the site critical digital asset (CDA) list.

8.2 Based on Unit 2 and 3 being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2) that operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited, and provided that an acceptable evaluation, e.g., pursuant to 10 CFR 50.54(q)(3), has been performed, IPEC may remove from service those Unit 2 and Unit 3 - specific systems and equipment that:

- support operation of the Unit 2 or 3 reactor,
- are not required to prevent or mitigate the consequences of a fuel handling accident in the Unit 2 or 3 spent fuel pool (SFP),
- are not required to support Unit 2 or 3 SFP cooling operations, and
- are not necessary to classify an EAL applicable to Unit 2 or 3 in the defueled (DEF) MODE.

8.3 Equipment which has been removed from service or is planned to be removed from service during the decommissioning process for Unit 2 or 3 is noted as such in Attachment 9.1.


8.4 Those IPEC EALs which are not possible in the DEF Mode are noted as such in Attachment 9.1

## 9 ATTACHMENTS

9.1 "EAL Indicator Matrix"

9.2 "Emergency Response Facility & Equipment Matrix"

9.3 "Unplanned Loss of Equipment Important to Emergency Response"

|                                                                                                                                                   |                                          |                   |                    |           |
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|  <b>IPEC<br/>EMERGENCY PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b> | <b>Revision 14</b> |           |
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- 9.4 "Planned Loss of Equipment Important to Emergency Response"
  
- 9.5 Guidelines for Identifying Equipment Important to Emergency Response that is degraded
  
- 9.6 Guidelines for Activating an Alternate Facility



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                                  | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Earthquake Kinematics<br>Strong Motion<br>Accelerographs | PSA-1, MTR-1<br>MTR-2, TAR-1<br>TAR-2, PAR-1<br>PAR-2, PAR-3                                                                       | A1             | HU1.1<br>HA1.1                                                                                                    | <p>Used to quantify a seismic event.</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• If earthquake is felt in plant based on consensus of Control Room Operators, obtain earthquake information from the National Earthquake Information Center Telephone 303-273-8500 (<a href="https://earthquake.usgs.gov">https://earthquake.usgs.gov</a>) This page displays earthquakes from around the world; scroll page as required. Magnitude is displayed on left side of screen: <ul style="list-style-type: none"> <li>○ <b>Unusual Event:</b> If an earthquake of <b>Magnitude 4.5</b> or greater occurred in either the New York, Connecticut or New Jersey region <b>THEN</b> click on the respective MAP on the left of the page to show location. IF the epicenter is within approximately 50 miles of IPEC, make the declaration because this is equivalent to the seismic indications required for a NUE Declaration. To obtain details of the earthquake, click the red box (earthquake location). Table provides distances from epicenter to nearby locations and can be used to approximate distance from IPEC.</li> <li>○ <b>Alert:</b> If an earthquake of <b>Magnitude 6.0</b> or greater occurred in either the New York, Connecticut or New Jersey region <b>THEN</b> click on the respective MAP on the left of the page to show location. IF the epicenter is within approximately 50 miles of IPEC, make the declaration because this is equivalent to the seismic indications required for an Alert Declaration. To obtain details of the earthquake, click the red box (earthquake location). Table provides distances from epicenter to nearby locations and can be used to approximate distance from IPEC</li> </ul> </li> </ul> |



Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plant Process Computer  | IP2-PICS<br>IP3-PICS                                                                                                               | A1             | N/A                                                                                                               | Used for indication of the status of the plant during all emergencies. <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the Plant Process Computer as follows:               <ul style="list-style-type: none"> <li>○ Annunciator System</li> <li>○ Control Room board indicators</li> <li>○ Radiation Monitor panels</li> <li>○ Local Indications</li> <li>○ MRPDAS</li> </ul> </li> </ul> |
| Plant Vent Flow         | <b>IP-2:</b><br>SV2-DPT<br>SV2-1-DPT<br><br><b>IP-3:</b><br>FT-1340                                                                | A1             | AG1.1<br>AS1.1<br>AA1.1<br>AU1.1<br>AG1.2<br>AS1.2<br>AA1.2<br>AU1.2                                              | Used for Dose Assessment <ul style="list-style-type: none"> <li>• Use default values (IP-EP-310)</li> </ul>                                                                                                                                                                                                                                                                                                                                                            |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spent Fuel Pit Level               | LC-650                                                                                                                             | B              | AA2.2                                                                                                             | Used for Verifying adequate Spent Fuel Pool water inventory <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Visual Spent Fuel Pool level</li> <li>○ Equipment for manual water level measurement</li> <li>○ R-5</li> </ul> </li> </ul>                                                                                                                                                                                                                                                     |
| Area Radiation Monitor CCR         | R-1                                                                                                                                | A1             | AA3.1<br>AU2.2                                                                                                    | Used for Habitability <ul style="list-style-type: none"> <li>• R-33 (Unit 3)</li> <li>• Install portable instrument or other measures as described in OAP-035.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Area Radiation Monitor Containment | R-2*                                                                                                                               | B              | AA2.1<br>AU2.1<br>AU2.2                                                                                           | Used to identify a refueling accident in Containment <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:<br/>R-25/R-26</li> </ul> Used for area access analysis <ul style="list-style-type: none"> <li>• Utilize R-7 for backup</li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |





Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description                      | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Area Radiation Monitor Charging Pump Room    | R-4*                                                                                                                               | B              | AU2.2                                                                                                             | Used for area access analysis<br><br>• R-6, R-8<br><br>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |
| Area Radiation Monitor Fuel Storage Building | R-5                                                                                                                                | B              | AA2.1<br>AU2.1<br>AU2.2                                                                                           | Used to identify a refueling accident in the Fuel Storage Building / Area access<br><br>• Verify alternate indicators are available, as described in OAP-035, to be able to compensate for the loss of the indicators as follows:<br>o Install portable instrument                                                                                         |
| Area Radiation Monitor Chem Sample Room      | R-6*                                                                                                                               | B              | AU2.2                                                                                                             | Used for area access analysis<br><br>• R-4, R-8<br><br>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                                      | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Area Radiation Monitor VC In-Core Instrument Room/Seal Table | R-7*                                                                                                                               | B              | AA2.1<br>AU2.1<br>AU2.2                                                                                           | <p>Used to identify a refueling accident in Containment</p> <ul style="list-style-type: none"> <li>• R-25/R-26</li> </ul> <p>Used for area access analysis</p> <ul style="list-style-type: none"> <li>• Utilize R-2 for backup</li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |
| Area Radiation Monitor Drumming Station                      | R-8*                                                                                                                               | B              | AU2.2                                                                                                             | <p>Used for area access analysis</p> <p>R-4, R-6</p> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p>                                                                                                                                                                                      |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                           | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Containment Particulate | R-11*                                                                                                                              | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>AA2.1                                                                            | Used for RCS Fission Product Barrier analysis<br>R-2, R-7, R-12, R-25, R-26<br><br>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |
| Process Radiation Monitor Containment Gas         | R-12*                                                                                                                              | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>AA2.1                                                                            | Used for RCS Fission Product Barrier analysis<br>R-2, R-7, R-11, R-25, R-26<br><br>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |
| Process Radiation Monitor Aux Bldg Exhaust Gas    | R-14                                                                                                                               | B              | AA1.1<br>AU1.1                                                                                                    | Used for radiological release identification / Dose Assessment<br><br><ul style="list-style-type: none"> <li>◦ Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>◦ Radiation Monitor R-27 (IP-EP-310)</li> </ul> </li> </ul>                                    |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Steam Jet Air Ejector    | R-15                                                                                                                               | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                                          | Used for Steam Generator Tube Leak/Rupture analysis / Dose Assessment <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-19 as alternate indication of Steam Generator Tube Leak/Rupture</li> <li>• Utilize Radiation Monitors R-62A, B, C, D</li> <li>• Local radiation readings per O-RP-RWP-409</li> </ul> Chemistry sampling per O-CY-2450                                                                                                                                                                                                                                         |
| Process Radiation Monitor Liquid Waste             | R-18                                                                                                                               | B              | AA1.2<br>AU1.2                                                                                                    | Used for radiological release identification <ul style="list-style-type: none"> <li>• Secure release</li> <li>• Perform Manual Sampling as described in OAP-035 and 3-CY-2325.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                |
| Process Radiation Monitor Steam Generator Blowdown | R-19A*<br>R-19B*                                                                                                                   | B              | AA1.1<br>AU1.1<br>AA1.2<br>AU1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                      | Used for radiological release identification / Dose Assessment <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-15 as alternate indication of Steam Generator Tube Leak/Rupture</li> <li>• Utilize Chemistry sampling per Technical Specification, as described in OAP-035.</li> </ul> No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |



Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Area Radiation Monitor Containment | R-25*                                                                                                                              | B              | AA2.1<br>AU2.1<br>AU2.2<br>AA2.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>CG2.2**<br>CS2.3**                | Utilize R-26<br>Utilize R-41 and R-42 (Unit 2)<br>Utilize R-11 and R-12 (Unit 3)<br>Used for Sub-criticality CSF Status Tree (IP2)<br><ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> Used for indicators of inadequate core cooling and/or fuel damage.<br><ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ RCS Sub-cooling Monitor</li> <li>○ CETs</li> <li>○ Accident sampling capability parameters</li> </ul> </li> </ul> Used for Refueling Accident analysis<br><ul style="list-style-type: none"> <li>• Utilize R-26 for backup</li> <li>• Set up additional portable radiation monitoring as described in OAP-035.</li> </ul><br>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |



Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Area Radiation Monitor Containment | R-26*                                                                                                                              | B              | AA2.1<br>AU2.1<br>AA2.2<br>AU2.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>CG2.2**<br>CS2.3**                | Utilize R-25<br><br>Utilize R-41 and R-42 (Unit 2)<br><br>Utilize R-11 and R-12 (Unit 3)<br><br>Used for Sub-criticality CSF Status Tree (IP2)<br><br><ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> Used for indicators of inadequate core cooling and/or fuel damage.<br><br><ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ RCS Subcooling Monitor</li> <li>○ CETs</li> <li>○ Accident sampling capability parameters</li> </ul> </li> </ul> Used for Refueling Accident analysis<br><br><ul style="list-style-type: none"> <li>• Utilize R-25 for backup</li> <li>• Set up additional portable radiation monitoring as described in OAP-035.</li> </ul><br>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |

### Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description                      | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Plant Vent         | R-27                                                                                                                               | B              | AG1.1<br>AS1.1<br>AA1.1<br>AU1.1<br>AG1.2<br>AS1.2                                                                | Used for radiological release identification / Dose Assessment <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Radiation Monitor R-14/44 (IP-EP-310) (NUE and ALERT only)</li> <li>○ Utilize Plant Vent Radiation Survey readings for dose assessment (IP-EP-310) (Shift Manager directs RP to provide portable high range survey instrument for this purpose; i.e. Teletector)</li> </ul> </li> </ul>                            |
| Process Radiation Monitor Main Steam Line 21 | R-28*                                                                                                                              | B              | AG1.2<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                        | Used for Steam Generator Tube Leak/Rupture analysis <ul style="list-style-type: none"> <li>• Utilize R-45 for backup</li> <li>• R-61A</li> </ul> Used for Dose Assessment <ul style="list-style-type: none"> <li>• Obtain Manual Sample for Dose Assessment, as described in IP-EP-310</li> </ul> No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                      | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Main Steam Line 22 | R-29*                                                                                                                              | B              | AG1.2<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                        | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>• Utilize R-45 for backup</li> <li>• R-61B</li> </ul> <p>Used for Dose Assessment</p> <ul style="list-style-type: none"> <li>• Obtain Manual Sample for Dose Assessment, as described in IP-EP-310</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |
| Process Radiation Monitor Main Steam Line 23 | R-30*                                                                                                                              | B              | AG1.2<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                        | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>• Utilize R-45 for backup</li> <li>• R-61C</li> </ul> <p>Used for Dose Assessment</p> <ul style="list-style-type: none"> <li>• Obtain Manual Sample for Dose Assessment, as described in IP-EP-310</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |





**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                      | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br><br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br><br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Main Steam Line 24 | R-31*                                                                                                                                  | B              | AG1.2<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                            | Used for Steam Generator Tube Leak/Rupture analysis <ul style="list-style-type: none"> <li>• Utilize R-45 for backup</li> <li>• R-61D</li> </ul> Used for Dose Assessment <ul style="list-style-type: none"> <li>• Obtain Manual Sample for Dose Assessment, as described in IP-EP-310</li> </ul> No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |
| Process Radiation Monitor CCR Intake         | R-38-1                                                                                                                                 | B              | AA3.1                                                                                                                 | Used for area access analysis <ul style="list-style-type: none"> <li>• R-1, R-38-2</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Process Radiation Monitor CCR Intake         | R-38-2                                                                                                                                 | B              | AA3.1                                                                                                                 | Used for area access analysis <ul style="list-style-type: none"> <li>• R-1, R-38-1</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                           | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Containment Particulate | R-41*                                                                                                                              | B              | FG1.1**<br>FS1.1**<br>FA1.1**                                                                                     | Used for RCS Fission Product Barrier analysis<br><ul style="list-style-type: none"> <li>R-2, R-7, R-42, R-25, R-26</li> </ul> <u>Unit 2</u><br>No alternate indications or compensatory measures are required for Unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |
| Process Radiation Monitor Containment Gas         | R-42*                                                                                                                              | B              | AA2.1<br>FG1.1**<br>FS1.1**<br>FA1.1**                                                                            | Used for RCS Fission Product Barrier analysis<br><ul style="list-style-type: none"> <li>R-2, R-7, R-41, R-25, R-26</li> </ul> <u>Unit 2</u><br>No alternate indications or compensatory measures are required for Unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |
| Process Radiation Monitor Plant Vent Gas          | R-44                                                                                                                               | B              | AA1.1<br>AU1.1<br>AA1.2<br>AU1.2                                                                                  | Used for radiological release identification / Dose Assessment<br><ul style="list-style-type: none"> <li>Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:<br/>Radiation Monitor R-27 (IP-EP-310)</li> </ul>                                                                                                                                                                     |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Steam Jet Air Ejector    | R-45*                                                                                                                              | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                                          | <p>Used for Steam Generator Tube Leak/Rupture analysis / Dose Assessment</p> <ul style="list-style-type: none"> <li>• R-28, R-29, R-30, R-31</li> <li>• Utilize Radiation Monitor R-49 as alternate indication of Steam Generator Tube Leak/Rupture</li> <li>• Utilize MG N-16 Monitors (R-61A, R-61B, R-61C, R-61D)</li> <li>• Local radiation readings per O-RP-RWP-409</li> <li>• Chemistry sampling per O-CY-2450</li> </ul> <p><u>Unit 2</u><br/>No alternate indications or compensatory measures are required for Unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited</p> |
| Process Radiation Monitor Steam Generator Blowdown | R-49*                                                                                                                              | B              | AA1.2<br>AU1.2                                                                                                    | <p>Used for radiological release identification / Dose Assessment</p> <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-45 as alternate indication of Steam Generator Tube Leak/Rupture</li> <li>• Utilize Chemistry sampling per Technical Specification and OAP-035</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p>                                                                                                                                               |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Liquid Waste             | R-54                                                                                                                               | B              | AA1.2<br>AU1.2                                                                                                    | Used for radiological release identification <ul style="list-style-type: none"> <li>• Secure release</li> <li>• Perform manual sampling, as described in OAP-035</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Process Radiation Monitor Main Steam Line 21(N-16) | R-61A*                                                                                                                             | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                                          | Used for Steam Generator Tube Leak/Rupture analysis <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-28/R-45 as alternate indication of Steam Generator Tube Leak/Rupture. Additional information found in OAP-035</li> </ul> Used for dose assessment <ul style="list-style-type: none"> <li>• Perform manual sample analysis (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                             | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Main Steam Line 22 (N-16) | R-61B*                                                                                                                             | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                                          | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-29/R-45 as alternate indication of Steam Generator Tube Leak/Rupture. Additional information found in OAP-035</li> </ul> <p>Used for dose assessment</p> <ul style="list-style-type: none"> <li>• Perform manual sample analysis (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited..</p> |
| Process Radiation Monitor Main Steam Line 23 (N-16) | R-61C*                                                                                                                             | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                                          | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-30/R-45 as alternate indication of Steam Generator Tube Leak/Rupture. Additional information found in OAP-035</li> </ul> <p>Used for dose assessment</p> <ul style="list-style-type: none"> <li>• Perform manual sample analysis (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p>  |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                             | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Main Steam Line 24 (N-16) | R-61D*                                                                                                                             | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                                          | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>Utilize Radiation Monitor R-31/R-45 as alternate indication of Steam Generator Tube Leak/Rupture. Additional information found in OAP-035</li> </ul> <p>Used for dose assessment</p> <ul style="list-style-type: none"> <li>Perform manual sample analysis (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p>     |
| Process Radiation Monitor Main Steam Line 31        | R-62A*                                                                                                                             | B              | AG1.1<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                        | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>Utilize Radiation Monitor R-15 and R-19 as alternate indication of Steam Generator Tube-leak/rupture. Additional information found in OAP-035</li> </ul> <p>Used for Dose Assessment</p> <ul style="list-style-type: none"> <li>Perform manual sample analysis (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                      | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br><br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br><br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Main Steam Line 32 | R-62B*                                                                                                                                 | B              | AG1.1<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                            | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-15 and R-19 as alternate indication of Steam Generator Tube leak/rupture. Additional information found in OAP-035</li> </ul> <p>Used for Dose Assessment</p> <ul style="list-style-type: none"> <li>• Perform manual sample analysis (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p>                |
| Process Radiation Monitor Main Steam Line 33 | R-62C*                                                                                                                                 | B              | AG1.1<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                            | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>• Utilize Radiation Monitor R-15 and R-19 as alternate indication of Steam Generator Tube leak/rupture. Additional information found in OAP-035</li> </ul> <p>Used for Dose Assessment</p> <ul style="list-style-type: none"> <li>• Perform manual sample analysis before release (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                      | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Radiation Monitor Main Steam Line 34 | R-62D*                                                                                                                             | B              | AG1.1<br>AS1.2<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**                                                        | <p>Used for Steam Generator Tube Leak/Rupture analysis</p> <ul style="list-style-type: none"> <li>Utilize Radiation Monitor R-15 and R-19 as alternate indication of Steam Generator Tube leak/rupture. Additional information found in OAP-035</li> </ul> <p>Used for Dose Assessment</p> <ul style="list-style-type: none"> <li>Perform manual sample analysis (IP-EP-310)</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |
| U3<br><br>Gross Failed Fuel Detector         | R-63A*<br><br>R-63B*                                                                                                               | B              | SU5.1<br>FG1.1**<br>FS1.1**<br>FA1.1**                                                                            | <p>Used to detect fuel clad degradation</p> <ul style="list-style-type: none"> <li>R-2, R-4, R-6,R-7, R-8, R-25, R-26</li> <li>Perform manual chemistry sampling as described in OAP-035</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p>                                                                                                                                                                                     |





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|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Area Radiation Monitor PAB<br>98' MCC Room<br>(Unit 2) | R-5987*                                                                                                                            | A1             | AU2.2                                                                                                             | <p>Used for area access analysis</p> <ul style="list-style-type: none"> <li>Establish compensatory measures to ensure radiation protection for personnel in the area as described in OAP-035.</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description              | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table)                                                 | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP-3 Safety Parameter Display System | QSPDS*                                                                                                                             | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CU2.1**<br>CG2.2**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**<br>CU3.1**<br>CU3.2** | <p>Used for Core Cooling CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Obtain local Core Exit Thermocouple Temperatures</li> <li>• Obtain RVLIS values from RVLIS cabinet.</li> </ul> <p>Used for indication of the status of the plant during all emergencies.</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Annunciator system</li> <li>○ Control Room board indicators</li> <li>○ Radiation Monitoring Panels</li> <li>○ Local Indications</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

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|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP-2 Safety Parameter Display System<br><br>(Plasma Display) | UI-7582A*<br>UI-7582B*                                                                                                             | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CU2.1**<br>CG2.2**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**<br>CU3.1**<br>CU3.2** | Used for Core Cooling CSF Status Tree <ul style="list-style-type: none"> <li>• Obtain local Core Exit Thermocouple Temperatures</li> <li>• Obtain RVLIS from Accident Assessment Panels</li> </ul> Used for indication of the status of the plant during all emergencies. <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Annunciator system</li> <li>○ Control Room board indicators</li> <li>○ Radiation Monitoring Panels</li> <li>○ Local Indications</li> </ul> </li> </ul> No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |



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|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Anticipated Transient without Scram (ATWS) | <b>IP-2</b><br>LC-417A-1*<br>LC-427A-2*<br>LC-437A-3*<br>LC-447A-4*<br><b>IP-3</b><br>AMSAC CABINET*                               | B              | SG2.1**<br>SS2.1**<br>SA2.1**                                                                                     | <p>Used to ensure a Reactor Trip</p> <ul style="list-style-type: none"> <li>• Take actions in accordance with ITS</li> <li>• Manually trip reactor from Control Room or locally at MG Sets as required</li> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Reactor trip and bypass breakers positions</li> <li>○ Intermediate Range SUR indicators</li> <li>○ Source Range SUR indicators</li> <li>○ Rod Position Indicators (RPIs)</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Auxiliary<br>Feedwater<br>System<br>Parameters | FT-1200*<br>FT-1201*<br>FT-1202*<br>FT-1203*                                                                                                             | B                 | FG1.1**<br>FS1.1**<br>FA1.1**<br>SG2.1**                                                                                                      | <p>Used for Heat Sink CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Steam Generator Parameters</li> <li>○ Reactor Coolant System Temperatures</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RCP Breaker Position ("B" Contact) | <b>IP-2:</b><br>52/RCP21*<br>52/RCP22*<br>52/RCP23*<br>52/RCP24*<br><b>IP-3:</b><br>52/RCP31*<br>52/RCP32*<br>52/RCP33*<br>52/RCP34* | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>SG1.1**<br>SG2.1**                                                               | <p>Used for RVLIS range selection for Core Cooling CSF Status Tree in PICS</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Loop 1 flow indication FT-414, FT-415, FT-416</li> <li>○ Loop 2 flow indication FT-424, FT-425, FT-426</li> <li>○ Loop 3 flow indication FT-434, FT-435, FT-436</li> <li>○ Loop 4 flow indication FT-444, FT-445, FT-446</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Containment Level       | <b>IP-2:</b><br>LT-941*<br>LT-3300*<br>LT-3304*<br><br><b>IP-3:</b><br>LT-1253*<br>LT-1254*<br>LT-1255*<br>LT-1256*                | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>CG2.2**<br>CS2.3**<br>CU2.3**<br>CA2.1**                                         | <p>Used for Containment Fission Product Barrier analysis and indication for a RCS, Main Feedwater or Main Steam leak inside containment.</p> <ul style="list-style-type: none"> <li>◦ Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>◦ Containment Sump water level</li> <li>◦ Containment Temperature</li> <li>◦ Containment Pressure</li> <li>◦ Containment spray flow</li> <li>◦ Containment cooling system parameters</li> <li>◦ Containment hydrogen concentration</li> <li>◦ RCS pressure</li> <li>◦ Pressurizer level</li> <li>◦ PRT parameters (level, temperature, and pressure)</li> <li>◦ Core Exit Thermocouples</li> <li>◦ Containment Radiation Monitors</li> <li>◦ Main Steam flow vs. Main Feedwater flow</li> <li>◦ Steam Generator pressure</li> <li>◦ Steam Generator level</li> <li>◦ Accident sampling capability parameters</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 480V Bus Voltmeter      | <b>IP-2:</b><br>43/VI-480<br><br><b>IP-3:</b><br>IT-BUS6A/CR/NORMAL & EDG32<br><br>IT-BUS5A/CR/NORMAL & EDG33<br><br>IT-BUS2A/CR/NORMAL & EDG31<br><br>IT-BUS6A/CR/NORMAL | B              | SG1.1**<br>SS1.1**<br>SA1.1**<br>SU1.1**<br>SS4.1**<br>SA4.1**<br>CA1.1<br>CU1.1**                                | Used for assessing status of 480V Busses <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Bus Energized indicator lights</li> <li>○ Normal Supply Breaker position indicators</li> <li>○ EDG Supply Breaker position indicators</li> </ul> </li> </ul> |





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|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 125V DC Distribution Voltmeter | <b>IP-2:</b><br>DC-VM-FDR*<br><br><b>IP-3:</b><br>CCR-125VDC BUS INDICATOR*                                                        | A1             | SS7.1**<br><br>CU6.1**                                                                                            | <p>Used for assessing status of vital Instrument Busses.</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Local DC Bus Voltmeters</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Containment Pressure    | PT-948A*,<br>PT-948B*,<br>PT-948C*,<br>PT-949A*,<br>PT-949B*,<br>PT-949C*,<br>PT-3300*,<br>PT-3301 (IP-2)*<br>PT-1421*,<br>PT-1422 (IP-3)* | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>CG2.1**<br>CG2.2**                                                    | <p>Used for Sub-criticality CSF Status Tree (IP2)</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> <p>Used for Containment CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> <p>Used for Containment Fission Product Barrier analysis</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> <p>Used for a RCS, Main Feedwater or Main Steam leak inside containment.</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Containment Sump water level</li> <li>○ Containment Temperature</li> <li>○ Containment spray flow</li> <li>○ Containment cooling system parameters</li> <li>○ Containment hydrogen concentration</li> <li>○ RCS pressure</li> <li>○ Pressurizer level</li> <li>○ PRT parameters (level, temperature, and pressure)</li> <li>○ Core Exit Thermocouples</li> <li>○ Containment Radiation Monitors</li> <li>○ Main Steam flow vs. Main Feedwater flow</li> <li>○ Steam Generator pressure</li> <li>○ Steam Generator level</li> <li>○ Accident sampling capability parameters</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either Unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|---------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NIS Power Range Detectors | N-41*<br>N-42*<br>N-43*<br>N-44*<br>N-41A*<br>N-41B*<br>N-42A*<br>N-42B*<br>N-43A*<br>N-43B*<br>N-44A*<br>N-44B*                   | B              | SG2.1**<br>SS2.1**<br>SA2.1**<br>SU2.1**<br>CU5.1**                                                               | <p>Used for Sub-criticality CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Intermediate Range Detectors</li> <li>○ Intermediate Range SUR indicators</li> <li>○ Source Range Detectors</li> <li>○ Source Range SUR indicators</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NIS Intermediate Range Detectors | N-35*<br>N-36*                                                                                                                     | B              | SU2.1**<br>CU5.1**                                                                                                | <p>Used for Sub-criticality CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Source Range Detectors</li> <li>○ Source Range SUR indicators</li> <li>○ Power Range Detectors</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NIS Source<br>Range<br>Detectors | N-31*<br>N-32*                                                                                                                                           | B                 | SU2.1**<br>CU5.1**<br>CG2.2**<br>CS2.3**                                                                                                      | <p>Used for Sub-criticality CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Intermediate Range Detectors</li> <li>○ Intermediate Range SUR indicators</li> <li>○ Backup Source Range Detector</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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| Noun Name / Description | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Core Exit Thermocouples | <b>IP-2</b><br>UI-7582A*,<br>UI-7582B*<br><br><b>IP-3</b><br>IP3-PICS                                                              | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>SG2.1**<br>SG1.1**                                                    | <p>Used for Core Cooling CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Obtain local Core Exit Thermocouple Temperatures</li> </ul> <p>Used for indicators of inadequate core cooling and/or fuel damage.</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ RVLIS</li> <li>○ RCS Pressure</li> <li>○ Subcooling Monitor</li> <li>○ Containment Radiation Monitors</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description  | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RCS Cold Leg Temperature | <b>IP-2</b><br>TE-413*<br>TE-423*<br>TE-433*<br>TE-443*<br><b>IP-3</b><br>TE-413B*<br>TE-423B*<br>TE-433B*<br>TE-443B*             | A1             | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>CA3.1**<br>CU3.1**<br>CU3.2**                                         | Used for Integrity CSF Status Tree <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• Utilize S/G Pressure.</li> </ul> No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br><br>(See Notes at bottom of Table)                                                                                                                                                     | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br><br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CVCS Flow               | <b>IP-2:</b><br>FT-128*<br>FT-134*<br>FXE-115*<br>FXE-116*<br>FXE-143*<br>FXE-144*<br>FIT-156A/B*<br>FIT-157A/B*<br>FIT-158A/B*<br>FIT-159A/B*<br><br><b>IP-3:</b><br>FT-128B*<br>FT-134, *<br>FT-115A*<br>FT-116A, *<br>FT-143A*<br>FT-144A*<br>FIT-156A/B*<br>FIT-157A/B*<br>FIT-158A/B* | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>SU6.1**                                                                   | Used for RCS leakage analysis <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ VCT level changes</li> <li>○ PRZR level changes</li> <li>○ VC sump level changes</li> <li>○ FCU weir levels</li> <li>○ Containment humidity</li> </ul> </li> </ul><br>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |





**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                   | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergency Core Cooling System (ECCS) Flow | FT-946A*<br>FT-946B*<br>FT-946C*<br>FT-946D*                                                                                       | B              | FG1.1**<br>FS1.1**<br>FA1.1**                                                                                     | <p>Used for Integrity CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> <p>Use as an indicator for inadequate core cooling</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ RCS Subcooling Monitor</li> <li>○ CETs</li> <li>○ Accumulator levels</li> <li>○ RVLIS</li> <li>○ RWST level</li> <li>○ Containment Hydrogen</li> <li>○ Containment Radiation Monitors</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table)     | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hydrogen Monitors       | <b>IP-2:</b><br>AIT-5109-1*<br>AIT-5109-2*<br>AIT-5110-1*<br>AIT-5110-2*<br><b>IP3:</b><br>AT-1111*<br>AT-1112*<br>HCMC-A,*<br>HCMC-B* | B              | FG1.1**<br>FS1.1**<br>FU1.1**<br>CG2.1**<br>CG2.2**                                                               | <p>Used as an indication of inadequate core cooling and to assess clad damage.</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ RCS Subcooling Monitor</li> <li>○ CETs</li> <li>○ Containment Radiation Monitors</li> <li>○ Accident sampling capability parameters</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |
| Service Water Bay Level | <b>IP-2</b><br>LE-7607-2,<br>LE-7608-2<br><b>IP-3</b><br>LT-1848,<br>LT-1849                                                           | B              | HA1.6<br>HU1.5                                                                                                    | <p>Used to determine the availability of the "Ultimate Heat Sink" (Service Water Pumps).</p> <ul style="list-style-type: none"> <li>• Verify redundant equipment is available               <ul style="list-style-type: none"> <li>○ Service Water Pumps</li> </ul> </li> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Visual River Water level indicator in Service Water Pit</li> <li>○ Equipment for manual water level measurement</li> </ul> </li> </ul>                                                                                                                                                                            |



Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description    | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Main Steam Line (MSL) Flow | FT-419A*,<br>FT-419B*,<br>FT-429A*,<br>FT-429B*,<br>FT-439A*,<br>FT-439B*,<br>FT-449A*,<br>FT-449B*                                | B              | AG1.2<br>AS1.2                                                                                                    | <p>Used for Dose Assessment</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• Use default values (IP-EP-310)</li> </ul> <p>Used to identify an un-isolated Faulted Steam Generator</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Steam Generator Pressure</li> <li>○ Steam Generator Level</li> <li>○ Main Feedwater or Auxiliary Feedwater flow</li> <li>○ Containment sump level</li> <li>○ Containment temperature</li> <li>○ Containment pressure</li> <li>○ Visual observation</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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| Noun Name / Description                        | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pressurizer Narrow Range (NR) Level Indicators | LT-459*,<br>LT-460*,<br>LT-461*                                                                                                    | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>SU6.1**<br>CU2.1**                                                    | <p>Used for assessing core cooling and RCS inventory and leakage analysis</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ PRZR wide range level</li> <li>○ PRZR cold calibrate level</li> <li>○ RVLIS</li> <li>○ RCS pressure</li> <li>○ VC temperature</li> <li>○ Containment pressure</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table)                               | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Toxic Gas Monitor       | <b>IP-2</b><br>AIT-5092,<br>AIT-5093,<br>AIT-5095,<br>AIT-5096<br><b>IP-3</b><br>AT-2931,<br>AT-2932,<br>AT-2933,<br>AT-2934,<br>AT-2935,<br>AT-2936,<br>AT-2937 | B              | HA3.1**<br>HU3.1                                                                                                  | Used for assessing impact on health of plant personnel and habitability of vital plant areas needed for safe plant operation <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Redundant channels</li> <li>○ Toxic Monitors on unaffected Unit</li> </ul> </li> </ul> |



**Attachment 9.1 EAL Indicator Matrix**

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|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RCS Pressure            | PT-402*,<br>PT-403*                                                                                                                | B              | SG1.1**<br>SG2.1**<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>CA3.1**                                                    | <p>Used for Core Cooling CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> <p>Used for Integrity CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> <p>Used for indication for a RCS pressure boundary leakage</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ RCS pressure</li> <li>○ Containment pressure</li> <li>○ Containment temperature</li> <li>○ Containment humidity</li> <li>○ PRZR level</li> <li>○ PRZR pressure</li> <li>○ PRT level</li> <li>○ PRT pressure</li> <li>○ PRT temperature</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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| Noun Name / Description | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RCS Sub-cooling         | <b>IP-2:</b><br>(Plasma Display)<br>UI-7582A*,<br>UI-7582B*<br><br><b>IP-3:</b><br>QSPDS*                                          | B              | SG1.1**<br>SG2.1**<br>FG1.1**<br>FS1.1**<br>FA1.1**                                                               | <p>Used for Core Cooling CSF Status Tree</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the Plant Process Computer as follows:               <ul style="list-style-type: none"> <li>○ Saturation Margin Meter TI-403</li> </ul> </li> </ul> <p>Used for RCS and Fuel Clad Fission Product Barrier analysis</p> <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the Plant Process Computer as follows:               <ul style="list-style-type: none"> <li>○ RCS pressure</li> <li>○ Core Exit Thermocouples</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reactor Vessel Level Indication System (RVLIS) | <b>IP-2</b><br>LT-1311*,<br>LT-1321*,<br>LT-1312*,<br>LT-1322*<br><b>IP-3</b><br>QSPDS*                                            | B              | SG1.1**<br>SG2.1**<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CU2.1**<br>CG2.2**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**<br>CU3.2** | Used for Core Cooling CSF Status Tree <ul style="list-style-type: none"> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Obtain RVLIS values from RVLIS cabinet</li> </ul> </li> </ul> No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |





**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                             | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table)                      | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Steam Generator Narrow Range (NR) Level Indications | LT-417A*,<br>LT-417B*,<br>LT-417C*,<br>LT-427A*,<br>LT-427B*,<br>LT-427C*,<br>LT-437A*,<br>LT-437B*,<br>LT-437C*,<br>LT-447A*,<br>LT-447B*,<br>LT-447C* | B              | SG2.1**<br>FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>SU6.1**                                                    | Used for Heat Sink CSF Status Tree <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Steam Generator Pressure Indications | PT-419A*,<br>PT-419B*,<br>PT-419C*,<br>PT-429A*,<br>PT-429B*,<br>PT-429C*,<br>PT-439A*,<br>PT-439B*,<br>PT-439C*,<br>PT-449A*,<br>PT-449B*,<br>PT-449C* | B              | FG1.1**<br>FS1.1**<br>FA1.1**<br>FU1.1**<br>SU6.1**                                                               | <p>Used to identify an un-isolated Faulted Steam Generator</p> <ul style="list-style-type: none"> <li>• Verify redundant indication is available</li> <li>• Verify alternate indicators are available to be able to compensate for the loss of the indicators as follows:               <ul style="list-style-type: none"> <li>○ Steam Generator Pressure</li> <li>○ Steam Generator Level</li> <li>○ Main Feedwater or Auxiliary Feedwater flow</li> <li>○ Containment sump level</li> <li>○ Containment temperature</li> <li>○ Containment pressure</li> <li>○ Visual observation</li> </ul> </li> </ul> <p>No alternate indications or compensatory measures are required for either unit. Based on the Units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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| Noun Name / Description                            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP 3 Reactor Vessel Level<br><br>31 CCW Surge Tank | LI-628B*                                                                                                                           | B              | AA2.2**<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**                              | Used to verify water leakage from the Reactor Vessel during refueling<br>Use any other CCW Surge Tank Level instrument <b>OR</b><br><b>IF</b> none are available <b>THEN</b> verify that alternate indicators are available to be able to compensate for the loss of indicators as follows:<br><ul style="list-style-type: none"> <li>o Containment Sump Level</li> <li>o PRT Level</li> <li>o RCDT Level</li> </ul> Visual observation RCS Leakage<br><br>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited. |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                              | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP 3<br>Reactor Vessel Level<br><br>32CCW Surge Tank | LI-629B*                                                                                                                           | B              | AA2.2**<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**                              | <p>Used to verify water leakage from the Reactor Vessel during refueling<br/>Use any other CCW Surge Tank Level instrument <b>OR</b><br/><b>IF</b> none are available <b>THEN</b> verify that alternate indicators are available to be able to compensate for the loss of indicators as follows:</p> <ul style="list-style-type: none"> <li>o Containment Sump Level</li> <li>o PRT Level</li> <li>o RCDT Level</li> <li>o Visual observation RCS Leakage</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



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| Noun Name / Description                 | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP 3<br>Reactor Vessel Level<br><br>PRT | LI-470 *                                                                                                                           | B              | AA2.2**<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**                              | <p>Used to verify water leakage from the Reactor Vessel during refueling<br/>Use any other PRT Level instrument <b>OR</b><br/><b>IF</b> none are available <b>THEN</b> verify that alternate indicators are available to be able to compensate for the loss of PRT indicators as follows:</p> <ul style="list-style-type: none"> <li>o Containment Sump Level</li> <li>o RCDT Level</li> <li>o CCW Surge Tank Level</li> <li>o Visual observation RCS Leakage</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                  | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP 3<br>Reactor Vessel Level<br><br>RCDT | LT-1003*                                                                                                                           | B              | AA2.2**<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**                              | <p>Used to verify water leakage from the Reactor Vessel during refueling<br/>Use any other RCDT Level instrument <b>OR</b><br/><b>IF</b> none are available <b>THEN</b> verify that alternate indicators are available to be able to compensate for the loss of indicators as follows:</p> <ul style="list-style-type: none"> <li>o Containment Sump Level</li> <li>o PRT Level</li> <li>o 31 or 32 CCW Surge Tank Level</li> <li>o Visual observation RCS Leakage</li> </ul> <p>No alternate indications or compensatory measures are required for unit 3. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description                 | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP 2<br>Reactor Vessel Level<br><br>PRT | LI-470*                                                                                                                            | B              | AA2.2<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**                                | <p>Used to verify water leakage from the Reactor Vessel during refueling<br/>Use any other PRT Level instrument <b>OR</b><br/><b>IF</b> none are available <b>THEN</b> verify that alternate indicators are available to be able to compensate for the loss of PRT indicators as follows:</p> <ul style="list-style-type: none"> <li>o Containment Sump Level</li> <li>o RCDT Level</li> <li>o CCW Surge Tank Level</li> <li>o Visual observation RCS Leakage</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description                  | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP 2<br>Reactor Vessel Level<br><br>RCDT | LT-1003*                                                                                                                           | B              | AA2.2<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**                                | <p>Used to verify water leakage from the Reactor Vessel during refueling<br/>Use any other RCDT Level instrument <b>OR</b><br/><b>IF</b> none are available <b>THEN</b> verify that alternate indicators are available to be able to compensate for the loss of indicators as follows:</p> <ul style="list-style-type: none"> <li>o Containment Sump Level</li> <li>o PRT Level</li> <li>o CCW Surge Tank Level</li> <li>o Visual observation RCS Leakage</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |





Attachment 9.1 EAL Indicator Matrix

| Noun Name / Description                            | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP 2<br>Reactor Vessel Level<br><br>CCW Surge Tank | LI-628*                                                                                                                            | B              | AA2.2<br>CG2.1**<br>CS2.1**<br>CA2.1**<br>CS2.2**<br>CU2.2**<br>CS2.3**<br>CU2.3**                                | <p>Used to verify water leakage from the Reactor Vessel during refueling<br/>Use any other RCDT Level instrument <b>OR</b><br/><b>IF</b> none are available <b>THEN</b> verify that alternate indicators are available to be able to compensate for the loss of indicators as follows:</p> <ul style="list-style-type: none"> <li>o Containment Sump Level</li> <li>o PRT Level</li> <li>o RCDT Level</li> <li>o Visual observation RCS Leakage</li> </ul> <p>No alternate indications or compensatory measures are required for unit 2. Based on the Unit being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor vessel is prohibited.</p> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table)                                                                                                   | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                       |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary MET Tower:      | 10m Temp Probe<br><br>10m Wind Dir Sensor<br><br>10m Wind Speed Sensor<br><br>60m Temp Probe<br><br>60m Wind Dir Sensor<br><br>60m Wind Speed Sensor<br><br>122m Temp Probe<br><br>22m Wind Dir Sensor<br><br>122m Wind Speed Sensor | B              | AG1.2<br>AS1.2<br>HA1.2<br>HU1.2                                                                                  | Used for dose assessment and generation of Protective Action recommendations (PARs) to the Counties and to determine sustained wind speeds <ul style="list-style-type: none"> <li>• Access Primary/Backup tower data via MRPDAS (IP-EP-510)</li> <li>• Obtain data from Accuweather or National Weather Service web sites (IP-EP-510)</li> </ul> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description   | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                       |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Standby Met Tower         | B/U Wind Dir Sensor<br><br>Backup Wind Speed Sensor                                                                                | B              | HA1.2<br><br>HU1.2                                                                                                | Used for dose assessment and generation of Protective Action recommendations (PARs) to the Counties and to determine sustained wind speeds <ul style="list-style-type: none"> <li>• Access Primary/Backup tower data via MRPDAS (IP-EP-510)</li> <li>• Obtain data from Accuweather or National Weather Service web sites (IP-EP-510)</li> </ul> |
| Backup Standby Met Tower: | Stby B/U Wind Spd Sensor<br><br>Stby Wind Dir Sensor                                                                               | B              | HA1.2<br><br>HU1.2                                                                                                | Used for dose assessment and generation of Protective Action recommendations (PARs) to the Counties and to determine sustained wind speeds <ul style="list-style-type: none"> <li>• Access Primary/Backup tower data via MRPDAS (IP-EP-510)</li> <li>• Obtain data from Accuweather or National Weather Service web sites (IP-EP-510)</li> </ul> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description    | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP2 Fire Detection Systems |                                                                                                                                    | A1             | HA2.1<br>HU2.1                                                                                                    | Used for fire detection in or contiguous to vital plant areas <ul style="list-style-type: none"> <li>• Institute periodic or continuous fire watch as required per the Fire Protection Program Plan [DLD1] in affected areas               <ul style="list-style-type: none"> <li>○ Condensate Storage Tank</li> <li>○ RWST</li> <li>○ Service Water Pump Structure</li> <li>○ Service Water Valve Pit East</li> <li>○ Fuel Storage Building</li> <li>○ Primary Auxiliary Building/Fan House</li> <li>○ Vapor Containment Building</li> <li>○ 480 Volt Switchgear Room (Control Building)</li> <li>○ Cable Spreading Room/Electrical Tunnel</li> <li>○ Central Control Room</li> <li>○ Diesel Generator Building/Fuel Tank Area</li> <li>○ Auxiliary Feedwater Pump Building</li> <li>○ Battery Room (Control Building 33' 0" elevation)</li> <li>○ Central Alarm Station</li> </ul> </li> </ul> |



**Attachment 9.1 EAL Indicator Matrix**

| Noun Name / Description    | Component ID / Tag #<br><br>* is used to indicate the component is not applicable to either unit<br>(See Notes at bottom of Table) | EITER Category | IC / EAL<br><br>** is used to indicate the EAL is not applicable to either unit<br>(See Notes at bottom of Table) | Alternate Indication/Compensatory Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IP3 Fire Detection Systems |                                                                                                                                    | A1             | HA2.1<br>HU2.1                                                                                                    | Used for fire detection in or contiguous to vital plant areas <ul style="list-style-type: none"> <li>• Institute periodic or continuous fire watch as required in affected areas               <ul style="list-style-type: none"> <li>○ PAB</li> <li>○ Auxiliary Feedpump Building</li> <li>○ CAS/SAS</li> <li>○ Fuel Storage Building</li> <li>○ Control Building</li> <li>○ Control Room</li> <li>○ Service Water Pumps</li> <li>○ Refueling Water Tank</li> <li>○ EDG Room and Diesel Fuel Tanks</li> <li>○ Vital Area Access to Containment</li> <li>○ Appendix R Diesel Generator</li> <li>○ Backup Service Water</li> </ul> </li> </ul> |

NOTES:

\* Equipment has been, or will be, removed from service to support both units decommissioning activities. Equipment is not used and is not necessary to declare any EAL possible in a permanently shutdown and defueled condition (Mode DEF).

\*\* Based on Mode Applicability, this EAL cannot be declared in the DEF mode. Based on both units being in a permanently defueled condition and the restriction imposed by 10 CFR 50.82(a)(2), operation of the reactor or emplacement or retention of fuel into the reactor is prohibited.



**Attachment 9.2  
Emergency Response Facility & Equipment Matrix**

| <b>Component</b>                                      | <b>Facilities</b>          | <b>Highest<br/>EAL</b> | <b>Category</b> | <b>Alternative Measures</b>                                                                                                                                                                                                                                |
|-------------------------------------------------------|----------------------------|------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Offsite Radio                                         | EOF AEOF<br>CCR-2<br>CCR-3 | N/A                    | B               | Used for communication with Offsite Field Monitoring Team. <ul style="list-style-type: none"> <li>• Verify availability of OnStar in vehicle, or</li> <li>• Verify cell phone available, or</li> <li>• Verify satellite phone available</li> </ul>         |
| Onsite Radio                                          | EOF AEOF<br>CCR-2<br>CCR-3 | N/A                    | B               | Used for communication with Onsite Radiological Monitoring Team. <ul style="list-style-type: none"> <li>• Verify phone at work location is available, or</li> <li>• Verify cell phone available, or</li> <li>• Verify satellite phone available</li> </ul> |
| Reactor Safety<br>Counterpart Link<br>(FTS-2001)      | EOF AEOF<br>TSC OSC        | N/A                    | B               | Used by NRC for communication with Reactor Safety Counterpart at Region. <ul style="list-style-type: none"> <li>• Ensure commercial conference bridge available and identified for use</li> </ul>                                                          |
| Protective Measures<br>Counterpart Link<br>(FTS-2001) | EOF AEOF<br>TSC OSC        | N/A                    | B               | Used by NRC for communication with Protective Measures Counterpart at Region. <ul style="list-style-type: none"> <li>• Ensure commercial conference bridge available and identified for use</li> </ul>                                                     |
| Management<br>Counterpart Link<br>(FTS-2001)          | EOF AEOF<br>TSC OSC        | N/A                    | B               | Used by NRC for communication with Management Counterpart at Region. <ul style="list-style-type: none"> <li>• Ensure commercial conference bridge available and identified for use</li> </ul>                                                              |
| LAN Access Link<br>(FTS-2001)                         | EOF AEOF<br>TSC OSC        | N/A                    | B               | Used by NRC for computer links. <ul style="list-style-type: none"> <li>• Ensure commercial conference bridge available and identified for use</li> </ul>                                                                                                   |



**Attachment 9.2**

**Emergency Response Facility & Equipment Matrix**

| Component                                | Facilities                                       | Highest EAL | Category | Alternative Measures                                                                                                                                                                                                                       |
|------------------------------------------|--------------------------------------------------|-------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Physics Network (FTS-2001)        | EOF AEOF<br>TSC OSC                              | N/A         | B        | Used by NRC for communication with Health Physics Counterpart at Region. <ul style="list-style-type: none"> <li>Ensure commercial conference bridge available and identified for use</li> </ul>                                            |
| Emergency Notification System (FTS-2001) | EOF AEOF<br>TSC OSC<br>CCR-2<br>CCR-3            | N/A         | B        | Used for NRC notification from Control Room, EOF or AEOF. <ul style="list-style-type: none"> <li>Ensure commercial conference bridge available and identified for use.</li> <li>Verify that Satellite Phone is available</li> </ul>        |
| Executive Hotline                        | EOF AEOF                                         | N/A         | B        | Used for communications from EOF/AEOF to County Executives (4) and New York State. <ul style="list-style-type: none"> <li>Verify backup Executive Hotline is available.</li> </ul>                                                         |
| Communicators Hotline                    | EOF AEOF<br>CCR-2<br>CCR-3<br>TSC OSC            | N/A         | B        | Used for communications from EOF/AEOF to the Central Control Room. <ul style="list-style-type: none"> <li>Ensure commercial conference bridge available and identified for use.</li> <li>Verify that On-Site Radio is available</li> </ul> |
| Facility Managers Hotline                | EOF AEOF<br>CCR-2<br>CCR-3<br>TSC OSC<br><br>JIC | N/A         | B        | Used for communications from EOF/AEOF to the Central Control Room. <ul style="list-style-type: none"> <li>Ensure commercial conference bridge available and identified for use.</li> <li>Verify that On-Site Radio is available</li> </ul> |



**Attachment 9.2**

**Emergency Response Facility & Equipment Matrix**

| Component                                           | Facilities                        | Highest EAL | Category | Alternative Measures                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------|-----------------------------------|-------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MRPDAS                                              | ALL                               | N/A         | B        | Used for plant data acquisition at Emergency Response Facilities. <ul style="list-style-type: none"> <li>Verify plant computer is available for plant information</li> </ul> Verify fax machine available for transmittal of information.                                                                                                                                                                                                                |
| Offsite Technical Liaison Conference Bridge         | EOF AEOF                          | N/A         | B        | Used for communications from EOF/AEOF to Technical Liaisons at County (4) and State EOCs.<br><br>Ensure commercial conference bridge available and identified for use.                                                                                                                                                                                                                                                                                   |
| Radiological Emergency Communications System (RECS) | EOF AEOF<br>CCR-2<br>CCR-3        | N/A         | B        | Used for communications from EOF/AEOF or Central Control Room to NY State and County (4) Warning Points and EOCs. <ul style="list-style-type: none"> <li>Verify Local Government Radio available, or</li> <li>Utilize backup communication in accordance with Form EP-3,</li> <li>Utilize RECS Backup Conference Bridge</li> </ul> Verify Satellite Phone is available                                                                                   |
| PICS                                                | EOF AEOF<br>TSC OSC<br>CCR-2 CR-3 | N/A         | B        | Used for monitoring plant conditions for IP-2./ IP-3<br><br>Institute manual collection of plant parameter data on Forms 42a, 42b and 42c and 31A, 31B, 31C                                                                                                                                                                                                                                                                                              |
| MIDAS                                               | EOF AEOF<br>CCR-2<br>CCR-3        | N/A         | B        | Used for completion and transmittal of New York State Radiological Emergency Data Form Part I and Part II. <ul style="list-style-type: none"> <li>Manually fill out NYS Data forms and fax copies to EOCs / Warning Points.</li> </ul> Used for Dose Assessment. <ul style="list-style-type: none"> <li>Perform manual Dose Assessment calculation and fax copies to EOCs / Warning Points.</li> </ul> <p style="text-align: right;">LOFT = 24 hours</p> |





**Attachment 9.2  
Emergency Response Facility & Equipment Matrix**

| Component                                                                                        | Facilities | Highest EAL | Category | Alternative Measures                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|------------|-------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alert Notification System Siren System                                                           | EOF        | N/A         | B        | Used to alert public to tune in radio or TV for Emergency Alert System (EAS) message broadcast. <ul style="list-style-type: none"> <li>For loss of a siren, verify R911 system is available.</li> <li>For loss of a Control Station, verify another control station is available</li> </ul> For loss of a communication link, verify redundant link is available. |
| Onsite Team Radios                                                                               | TSC OSC    | N/A         | B        | Used by Onsite Radiological Monitoring teams to communicate with the EOF or Control Room. <ul style="list-style-type: none"> <li>Use cell phones for communication.</li> </ul> Use plant page                                                                                                                                                                     |
| TSC Diesel<br>TSC DIESEL, TSC DIESEL-GEN,<br>52/TSC-G1, 52/1-G1,<br>52/2-G1, 52/TR-1,<br>52/TR-2 | TSC OSC    | N/A         | B        | Used for backup AC power source to TSC. <ul style="list-style-type: none"> <li>Ensure AC power source to TSC is available and protect normal power supply.</li> </ul> <p align="right">LOFT = 24 hours</p>                                                                                                                                                        |
| Appendix "R"<br>DIESEL                                                                           | U2 & U3    | N/A         | B        | Used for backup power for Safeguards AC Buss <ul style="list-style-type: none"> <li>Use 480V EDG's 21,22,23 as source</li> <li>Use 480V EDG's 31,32,33 as source</li> </ul>                                                                                                                                                                                       |



**Attachment 9.2**

**Emergency Response Facility & Equipment Matrix**

| Component                                            | Facilities | Highest EAL | Category | Alternative Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------|------------|-------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TSC UPS<br>SASBATT, SASINV,<br>PROBATT, PROINV       | TSC OSC    | N/A         | B        | Used for Uninterrupted Power source to TSC equipment<br>Ensure backup UPS source is available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Technical Support Center / Operations Support Center | TSC OSC    | N/A         | B        | Establish alternate location for the TSC/OSC given the following considerations: <ul style="list-style-type: none"> <li>• In selecting the facility to which you are relocating to, ensure that you consider the ability for the TSC/OSC staffs to function in the new facility. Some items for consideration include:               <ul style="list-style-type: none"> <li>- Is the required Plant information able to be readily obtained?</li> <li>- Are the necessary computer resources available?</li> <li>- Will adequate communications be obtainable with all of the necessary parties?</li> </ul> </li> <li>• In the event of increased radiation levels or a toxic gas condition, consider relocating individuals to the CR or Outage Control Center. Another possible alternative location for consideration is the EOF. Although desirable to keep the entire staff together, it may be necessary to utilize more than one facility.</li> <li>• In the event of a power outage, there may be additional locations that could be used for relocation. Such possible locations include an IPEC Conference Room within the Protected Area, the Outage Control Center, the Indian Point Training Center or even the Generation Support Building.</li> </ul> |
| Joint Information Center                             | JIC        | N/A         | B        | Establish alternate location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Emergency Operations Facility                        | EOF        | N/A         | B        | Ensure Alternate Emergency Operations Facility (AEOF) is available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



**Attachment 9.2**

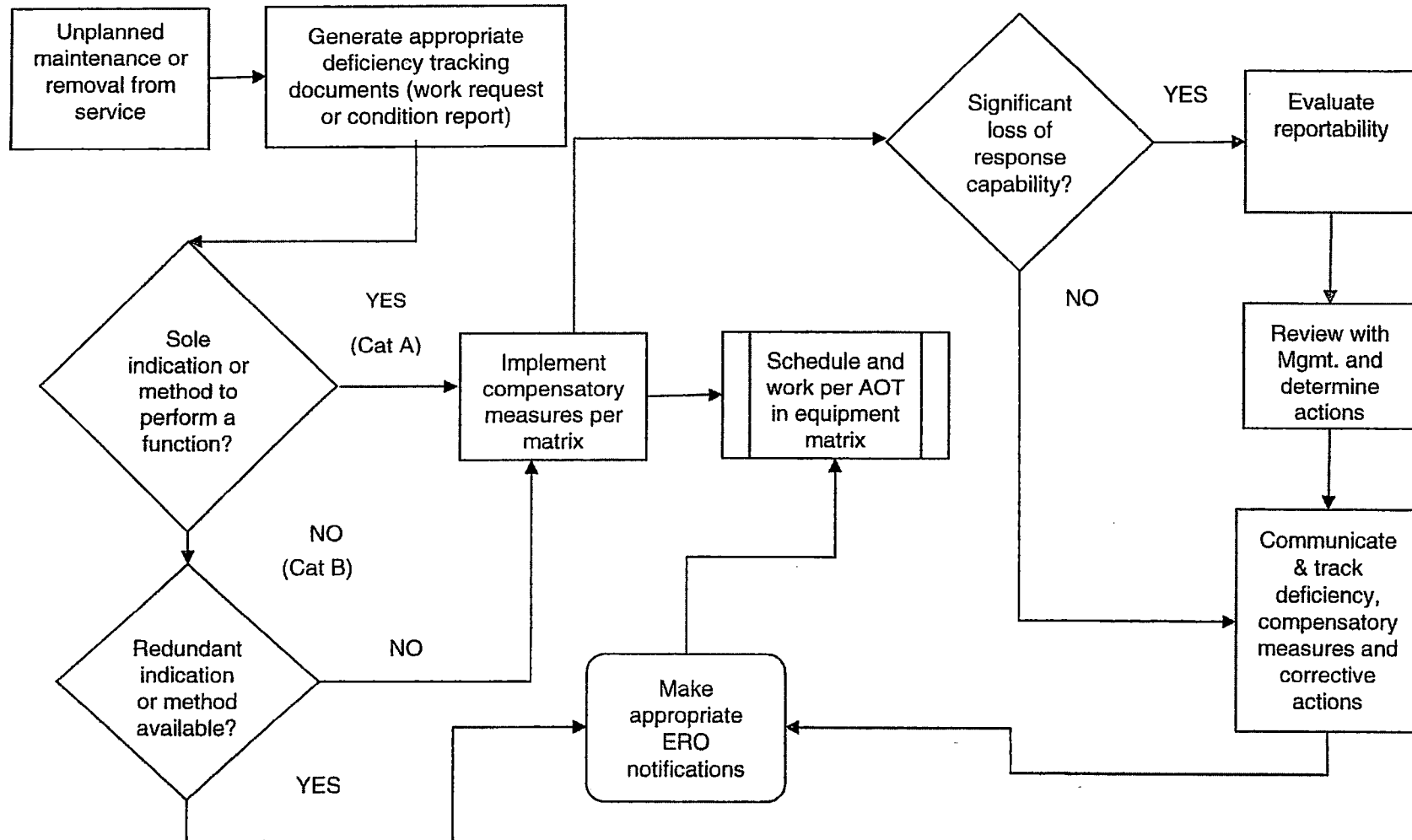
**Emergency Response Facility & Equipment Matrix**

| Component                                                                                   | Facilities | Highest EAL | Category | Alternative Measures                                                                                                                                       |
|---------------------------------------------------------------------------------------------|------------|-------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plant Page                                                                                  | All        | N/A         | B        | Use alternates such as Radio and Assembly Alarm, Face-to-Face<br>LOFT = 90 days                                                                            |
| Everbridge                                                                                  | All        | N/A         | B        | Use alternate such as telephone, radios, face-to-face communications, CODE RED.<br>LOFT = 24 hours                                                         |
| All Contacts<br>Phone<br>Radio<br>Page                                                      | All        | N/A         | B        | Use alternates such as satellite phones, face-to-face                                                                                                      |
| Internal<br>Communications<br>Plant Telephone<br>System<br>Radio System<br>Page/Part System | All        | N/A         | B        | Used to perform routine communications during Modes 1, 2, 3, 4, 5, 6 and Defueled<br>Use alternate such as satellite phones or face-to-face communications |
| External<br>Communications<br>Plant Telephone<br>System<br>ENS                              | All        | N/A         | B        | Used to perform routine communications during Modes 1, 2, 3, 4, 5, 6 and Defueled<br>Use alternate such as satellite phones, cell phones, radios           |



Attachment 9.3

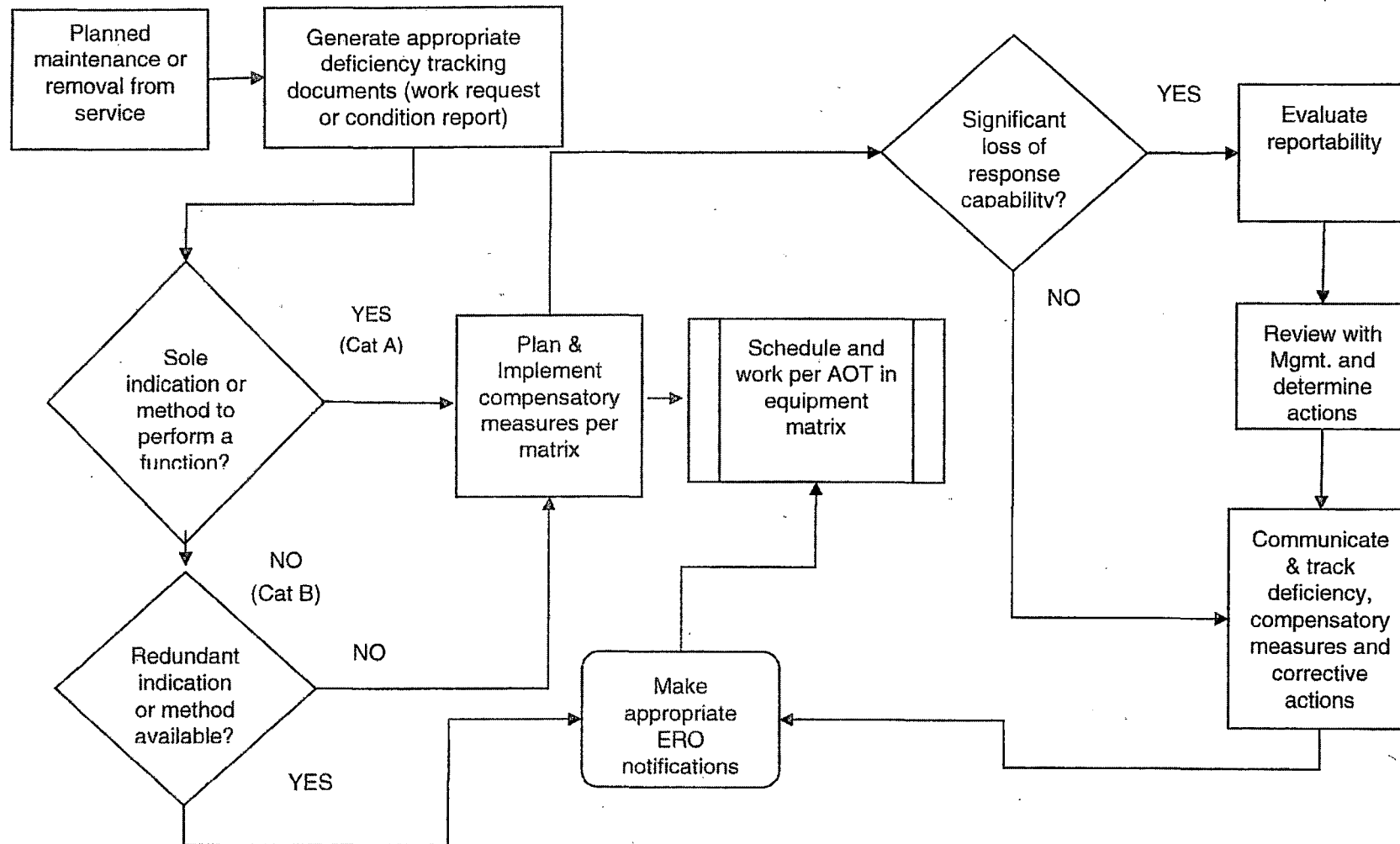
Unplanned Loss of Equipment Important to Emergency Response






Attachment 9.4

Planned Loss of Equipment Important to Emergency Response



|                                                                                                                                                       |                                              |                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------|--------------------|
|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                   | <b>Revision 14</b> |
|                                                                                                                                                       | <b>REFERENCE<br/>USE</b>                     | <b>Page <u>79</u> of <u>122</u></b> |                    |

**Attachment 9.5**  
**Guidelines Identifying Equipment Important to Emergency Response That Is Degraded**  
**Page 1 of 3**

In each of the following reports you can use the latest electronic revision of AD40 on the Site Protection Drive under Controlled Documents. To determine if the item is in AD40 use **Find** under the **Edit** function on the top tool bar.

Review the **Plan of the Day** to determine if new items have been added or status changes have occurred for already identified items.


Review **CR's** for the last period. The period may range from the last 24 hours up to the last thirty days. Look for EITER and review any accompanying Operability analysis.

**Review the Work Request (WR) Screening Report.**

- Go to IPEC Home Page
- Go to Applications
- Go to IAS Passport
- Go to Reports → AS reports
- Expand Report Type: Work Request Reports
- Go to Work Request Screening
- Select
  - IP2, IP3, IPC
  - All Units
- EPOnly = No
- Review the Crystal Report for new items or status changes.

If a WR is identified and you wish to get more detail go to Asset Suite;

Per EN-WM-100, Attachment 9.1, degraded or deficient E Plan equipment or equipment reliability mods or issues should have one of the following priorities, 2A, 3A, 3F, 3G, 4C or 4F. The most common priority should be 3F.

|                                                                                                                                                       |                                              |                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------|--------------------|
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### Attachment 9.5

## Guidelines Identifying Equipment Important to Emergency Response That Is Degraded

### Page 2 of 3

Equipment deemed out of service (OOS) by operations/ control rooms should be identified with a plant effect code of "H".


- Log on to Asset Suite to get WO Detail
- Log onto Asset Suite
- OK <>
- Select Work Management
- Select line #10 Work Task Outline
- Insert WO number
- Under the WO Task Detail at page bottom check Line/Apply
- Select the arrow to the right of the Description Line for more detail
- Select More Detail and Refer to CR and Check CR for Operability analysis.

### Identify EIER used in the weekly ERO turnover meeting.

- Log onto Asset Suite
- In asset Suite go to the R100 panel by inserting R100 in upper left window
- Enter WO number and click Apply
- Click on "NUC +"
- Enter "H" in the Plant Effect field.

### To run an "H" coded WO report perform the following,

- Go to IPEC Home Page
- Go to Applications
- Go to IAS Passport
- Go to Reports → AS reports
- Expand Report Type: Work Order
- Go to Plant Effect WO Report
- Select the following:
  - IPC
  - ALL UNITS
  - H – EMERGENCY PLAN ISSUES
  - All ( Online & Outage)
  - Group by System
  - Model – NO
  - OK

|                                                                                                                                                       |                                              |                                     |                    |
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**Guidelines Identifying Equipment Important to Emergency Response That Is Degraded**

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**To find WO for equipment by Tag ID:**

- Go to IPEC Home Page
- Go to Applications
- Go to IAS Passport
- Go to Reports → AS reports
- Expand Report Type: Work Order – General Reports
- Go to General WO Sys/Equip – 16508
- Select IPC
- Select Unit
- Select System Equip, WO, Task
- Select Systems ALL
- Enter equipment tag in Enter a Value field
- Select Work Against Codes, E, L, N, S, U, W
- Select Task Status Plan, Returned, H/APPR, Suspend, Approved, Ready, Working, H/Ops, Cxcl/Req, Cxcl/Dny,
- Select WO Type Code - ALL Except MO
- Select Task Discipline Code <ALL>
- Select Outage Criteria <ALL>
- Select <ALL>-All shutdown numbers
- Select OK Button



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**Guidelines for Activating an Alternate Facility**  
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OSC/TSC Relocation:

**1.1 Circumstances including, but not limited to a power outage, toxic gas condition, or increased radiation levels may necessitate the need to evacuate the TSC/OSC complex. IF it becomes necessary to evacuate the TSC/OSC complex for any reason, the following guidance shall be followed.**

A. Work with the Radiological Coordinator, TSC/OSC Managers and TSC Security Coordinator to determine a suitable alternate location(s) for TSC and OSC staffs. In selecting an alternate location, keep the following in mind:


1. In the event of increased radiation levels or a toxic gas condition, consider relocating individuals to the CR or Outage Control Center. Another possible alternative location for consideration is the EOF. Although desirable to keep the entire staff together, it may be necessary to utilize more than one facility.
2. In the event of a power outage, there may be additional locations that could be used for relocation. Such possible locations include an IPEC Conference Room within the Protected Area, the Outage Control Center, the Indian Point Training Center or even the Generation Support Building.
3. In selecting the facility to which you are relocating to, ensure that you consider the ability for the TSC/OSC staffs to function in the new facility.

Some items for consideration include:

- Is the required Plant information able to be readily obtained?
- Are the necessary computer resources available?
- Will adequate communications be obtainable with all of the necessary parties?


B. PRIOR to evacuating the TSC/OSC complex, address the following:

1. Ensure that evacuating personnel take their position books with them to the new location.
2. Ensure that all needed data is gathered and transported during the relocation of personnel. Examples include information on the electronic displays, other charted information, completed logs and the like.
3. Inform the ED and the CCR of your relocation plans. Advise them that you will notify them of when you have relocated and are a functioning facility. If relocation will be at two or more sites, direct an individual at each of those sites to advise you when their relocation is complete.

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4. Determine the speed at which the relocation of personnel should occur giving consideration to the following items:
    - a. Consider the impact of immediate relocation vs. mitigation activities in progress.
    - b. Current radiological or hazardous conditions within the TSC/OSC.
    - c. Radiological or hazardous conditions at the proposed TSC/OSC.
    - d. Radiological or hazardous conditions en route.
    - e. The adequacy of response from the alternate location.
    - f. Determine proper path to take to new locations.
    - g. Direct personnel to relocate.
    - h. Notify Security to instruct incoming personnel to report to the designated alternate TSC/OSC location(s).
  5. After arriving at the new TSC/OSC location(s), re-establish this new location as the TSC/OSC.
  6. Set up the appropriate equipment such as electronic displays, plant data displays and telephones.
  7. Notify the ED and CCR when established and ready to commence functioning as the TSC/OSC.
  8. Obtain an updated briefing on the current status of the emergency, plant conditions and any actions that are in progress or that may have been completed.
  9. Continue functioning as the EPM.
- C. Direct personnel to relocate TSC/OSC personnel.

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Equipment Important To Emergency Preparedness**

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**Equipment Important To Emergency Preparedness**

**1.0 PURPOSE**


The purpose of this document is to ensure that when equipment important to emergency response (emergency preparedness (EP) equipment) is removed from service for maintenance or is in a degraded condition, the correct restoration priority is assigned, compensatory measures are implemented, and the equipment is restored to a functional condition promptly. The procedure provides guidance on selecting the equipment, determining compensatory measures and determining restoration priority.

Each site will use this procedure as guidance to develop or revise a site procedure which lists the equipment important to EP, compensatory measures, restoration priority, response actions, and reporting requirements. The sites' procedures will be developed after the issuance of this procedure. The site procedures will refer to this procedure for the process used to respond to out of service conditions. The timing of each site procedure issuance will be based on the individual site's change management plan and priorities.

This process should be integrated with the station configuration control program, corrective action program, design change process, and work management process at each site.

**2.0 REFERENCES**

- [1] NUREG 0654, Rev.1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"
- [2] NUREG 0737 "Clarification of TMI Action Plan Requirements"
- NUREG 0696 "Functional Criteria for Emergency Response Facilities"
- NUREG 0814 "Methodology for Evaluation of Emergency Response Facilities"
- NRC Inspection Manual Chapter 609, Appendix B "Emergency Preparedness Significance Determination Process"
- INPO 10-007 "Equipment Important to Emergency Response"

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EN-EP-305 "Emergency Planning 10CFR50.54(q)

EN-LI-100 "Process Applicability Determination Process"

EN-LI-102 "Corrective Action Process"

EN-LI-108 "Event Notification and Reporting"

EN-WM-100 "Work Request (WR) Generation, Screening and Classification"

|                                                                                                                                                        |                                              |                                     |                    |
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**3.0 DETAILS**


**5.1 PRECAUTIONS AND LIMITATIONS**

- [1] NRC enforcement actions proceed from the assumption that licensees are required to follow and maintain in effect, emergency plans that meet the standards of 10CFR 50.47(b) and 10CFR 50 appendix B. The NRC has interpreted this to mean that equipment required to meet these regulations must be capable of functioning at all times, or if there is a loss of function, that compensatory measures must be taken to restore the function until the equipment is repaired.

There are specific reportability requirements in 10CFR 50.72 for the loss of function of equipment important to EP. If there is a loss of function of equipment important to EP, these requirements must be reviewed and in conjunction with the Manager Licensing or designee and the Manager EP or designee, a determination made regarding reportability. The requirements of EN-LI-102 and EN-LI-108 must be followed.

**5.2 IDENTIFICATION OF EQUIPMENT IMPORTANT TO EMERGENCY RESPONSE**

- 5.2.1 The following sections provide the process and criteria for the identification of equipment important to EP and determination of compensatory measures to be used when that equipment is unavailable. Additional guidance is also in attachment 9.2
- 5.2.2 The licensing basis for each plant contains the specific means by which the functions of the emergency response facilities are met. This basis is assumed to be responsive to the list of functions provided in each of the following sections because the NRC has accepted it and issued an operating license based upon it. Reviewers must therefore be guided both by this procedure and their own licensing basis. Any change to the plant licensing basis arising from this review must be evaluated in accordance with 10CFR50.54(q).


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- 5.2.3 The following sections address EAL instrumentation, EOF functions, TSC functions, OSC functions, JIC functions, offsite response organization functions and alert and notification system functions.
- 5.2.4 The review conducted in each section will identify a list of equipment required to perform the functions important to emergency response and compensatory measures for loss of the primary equipment. In each section the product of the review is to be a matrix listing the function, the equipment which meets the function, the category (A or B) of the equipment, and compensating measures required if that equipment is out of service. The matrix is to be included in an emergency implementing site procedure(s) for implementation of compensatory measures.
- 5.2.5 The last sections identify the allowed out of service time based on regulatory insights, the corrective action process applicable to each set of equipment, and the specific actions required for responding to EP equipment out of service, whether for planned maintenance or unplanned loss of function.
- 5.3 **EMERGENCY PLAN EAL INSTRUMENTATION**
- 5.3.1 The Manager Emergency Preparedness at each site will develop a comprehensive list of EP EAL instruments by reviewing the full set of EAL initiating conditions, and determining what instrumentation is used to monitor those conditions. The EP Projects Group will assist as needed in this effort.
- 5.3.2 The list of equipment will be arranged in a matrix, similar to the example in attachment 9.1 and compensating actions will be associated with each instrument. The attachment may be divided into sections by facility if preferred.
- 5.3.3 This matrix will be placed in a suitable site emergency implementing procedure for reference by the Operations Shift Manager (OSM) to determine the compensating action required upon loss of function of an EP EAL instrument.
- 5.3.4 The procedure matrix must also be used by the Manager Planning, Scheduling and Outage to develop appropriate work plans, including compensatory measures, when scheduling out of service time for the instruments.

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5.3.5 The following criteria will be applied to determine the necessary compensating actions for loss of function of the equipment identified in step 5.3.2. These steps also identify whether such equipment is defined as category A or category B in accordance with this procedure.

- [1] If an EAL entry condition is determined by a single instrument which has no Technical Requirements Manual (TRM) or Technical Specification (T/S) required compensatory action, then preplanned, documented compensatory actions should be provided to address the alternate means of making the EAL entry determination when the instrument is inoperable. This preplanned action should be implemented immediately upon removal of the instrument from service (or discovery that it is out of service). This is Category A equipment.
- [2] If an EAL entry condition is determined by a single instrument which has a TRM or T/S required compensatory action, then that compensatory action may be used as the alternative action for EAL entry provided that the compensatory action is capable of being implemented in a relatively / reasonably short time frame (e.g. less than 3 hours for an NUE or ALERT and less than 1 hour for an SAE or GE). This is Category A equipment.
- [3] If an EAL entry condition is part of a statement with multiple "OR" clauses, each of which is directed at the same parameter, then each clause in the "OR" statement can be considered as compensatory action for the others, assuming the subject clause can itself be met (e.g. does not rely on the out of service instrument also). This is Category B equipment.
- [4] If an EAL entry condition contains several different process monitoring instruments which are monitoring separate processes or parameters, but are grouped in the EAL so that any of them can initiate entry into the EAL, then they do not serve as compensating action for one another. This is Category A equipment.
- [5] If an EAL entry condition is monitored by multiple instruments no preplanned compensation is required, provided a TRM or T/S action exists to address loss of both channels. This is Category B equipment.



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- [6] If multiple, different parameters are being monitored in a single instrument or redundant instruments, each parameter must have its own compensating action (e.g. different actions for the particulate, iodine and noble gas channels since it is not necessarily true that all of the monitored parameters will react in the event of increased radiological effluents). This is Category A equipment.
- [7] The radiation monitoring EALs make use of multiple non-redundant instruments to monitor similar parameters in ventilation or local areas. Many of these are not covered in the T/S or TRM. The monitors are located throughout the plant and may be thought of as providing overlapping coverage for any event involving loss of control of radioactive material. However, it is necessary to have a plan in place to indicate which and how the instruments / methods will be used as compensation. This is Category A equipment.

**5.4 EMERGENCY RESPONSE FACILITIES FUNCTIONS AND CATEGORIZATION**

**5.4.1 The functions of the emergency response facilities are:**

- [1] Help the main control room determine plant safety status.
- [2] Relieve operators of peripheral duties and communications not directly related to reactor system manipulations.
- [3] Prevent congestion in the main control room.
- [4] Assist operators by providing technical personnel who have comprehensive plant data available to them.
- [5] Coordinate emergency response by technical and management personnel.
- [6] Provide reliable communications between on site and off site emergency response personnel.
- [7] Provide a focal point for development of protective actions for off site personnel.

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[8] Provide relevant data to NRC for its analysis of abnormal plant operating condition.

5.4.2 Specific functions for each facility and the required equipment for those functions are listed in the following sections. These are derived from regulatory requirements and must be compared to the commitments in the individual licensing basis for each plant. Individual plant licensing basis requirements should be followed.


**5.5 EMERGENCY OPERATIONS FACILITY**

5.5.1 The general functions of the EOF are:

- [1] Coordination of overall response with federal, state and local agencies.
- [2] Coordinate radiological and environmental assessments.
- [3] Determine Protective Action Recommendations.
- [4] Evaluate plant conditions to support radiological release assessment.
- [5] Support TSC and Control Room with off site resources.

5.5.2 Determine EOF Equipment list and compensatory measures based on the following guidance, as applicable:

- [1] Safety Parameter Display System (SPDS) for plant data.
  - (a) Equipment Determination
    - (1) Located in control room, EOF and TSC.
    - (2) Must be operational in normal and emergency conditions and provide display in the EOF.


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- (3) Design (including power supplies) must assure that data from plant is not lost during plant transients.
  - (4) Data must be continuously available.
  - (5) Data and configuration matches that of the control room.
  - (6) Technical requirements listed in NUREG 0696 or plant licensing basis.
- (b) Compensatory Measures
- (1) Determine alternate displays for SPDS, such as plant process computer, or acquire the information from another facility if the SPDS is functioning there
- [2] Meteorological Data display.
- (a) Equipment Determination
    - (1) Technical requirements listed in Regulatory Guide 1.123 or plant licensing basis.
  - (b) Compensatory Measures
    - (1) Determine applicable meteorological data from alternate source such as NWS. Maintain contact information (phone numbers, web sites, etc.) in appropriate procedure such as dose assessment procedure.
- [3] Radiological Data display.
- (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures


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- (1) Identify alternate sources of radiological data such as SPDS or acquire the information from another facility with functioning displays. Alternatively, surveys may be performed both on site and off site.
  
- [4] Dose assessment hardware and software for determination of protective action recommendations.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Provide alternate manual dose assessment capability such as hand calculations per procedure or laptop computers with manual data input. Include information on how to use these alternative tools in appropriate procedures.
  
- [5] Radiation monitoring equipment for personnel in EOF for exposure and airborne radioactivity with radioiodine detection down to 1E-07 microcuries/cc.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Identify alternate sources of radiation monitoring equipment on site that may be used to replace non-functioning or out of calibration equipment normally stored in the facility.
  
- [6] Depending on location, charcoal filtration system with protection factor  $\geq 5$ .
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures


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- (1) Develop instructions for manually aligning the ventilation system should remote operation fail. If the system should fail completely, the alternate facility will have to be used. Procedures should be developed for that purpose and the ERO members notified of the primary facility status. Procedures should note whether relocation can be delayed based on environmental and radiological conditions and provide criteria for that determination.
- [7] Ability to secure the facility, particularly when manned, and control access.
- (a) Equipment Determination
    - (1) Equipment used to perform this function would be important to EP and require correction or compensation if out of service (examples include key card or coded entry locks, remotely controlled doors, etc.)
  - (b) Compensatory Measures
    - (1) Provide alternate means of securing the facility, such as manual locks, or routine facility checks by security personnel when facility is in standby, and continual access control when activated
- [8] Voice communications with TSC, control room, NRC and state and local operations centers
- (a) Equipment Determination
    - (1) Primary and backup communications equipment required.
    - (2) Includes private phones, commercial phones, radios and intercoms (where necessary to communicate inter or intra- facility).
    - (3) Emergency Notification System (ENS), Health Physics Network (HPN) are required for direct communication with NRC and must be accessible by NRC personnel dispatched to EOF as well.
    - (4) Dial phones with on site and off site access.

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(5) At least 3 dial phones for NRC use.

(b) Compensatory Measures

(1) As long as some level of communications can be maintained with the listed organizations, then the only thing required would be prompt restoration of whatever portion was degraded

[9] Radios for communication with Offsite Monitoring Teams (OMT).

(a) Equipment Determination

(1) As provided in the license basis

(b) Compensatory Measures

(1) Use alternate radios, cell phones, Voice over Internet Protocol (VOIP) or satellite phones for communication. These should be readily available such that if the out of service condition is discovered during an incident leading to activation of the E-Plan, the OMT can still perform its function in a timely manner

[10] Communication with any facility outside the EOF that may supply supplemental support (Corporate).


(a) Equipment Determination

(1) As provided in the license basis

(b) Compensatory Measures

(1) Use alternate means of communication such as additional land lines, cell phones, VOIP, or satellite phones. These should be readily available such that if the out of service condition is discovered during an incident leading to activation of the E-Plan, the support organization can be contacted in a timely manner

[11] Fax capability between EOF, TSC and NRC Operations Center.


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- (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Use alternate fax capability, scan and transmit over the internet or intranet, email or other means. These should be readily available such that if the out of service condition is discovered during an incident leading to activation of the E-Plan, the facility can still perform its function.
- [12] Some phone connections must bypass local switches and connect directly to commercial phone systems that do not lose power during outages.
- (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Use alternate means of communication such as additional land lines, cell phones, VOIP, or satellite phones. These should be readily available such that if the out of service condition is discovered during an incident leading to activation of the E-Plan, the communication function can still be performed
- [13] Plant information must be available or deliverable to the EOF. Any equipment used to facilitate this availability must be identified and maintained operable.
- (a) Equipment Determination
    - (1) Technical Specifications
    - (2) Operating procedures
    - (3) Emergency Operating Procedures
    - (4) FSAR

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- (5) State and local response plans
- (6) Population distribution
- (7) Evacuation plans for off site
- (8) Environmental monitoring data
- (9) Licensee exposure records
- (10) Drawings of plant systems down to component level, showing locations

(b) **Compensatory Measures**


- (1) If portions of the information are missing, acquire that from other facilities. If the primary means of retrieval is not functioning, use a backup. If networks are used, it is advisable to have standalone backup systems in the event network connectivity is lost. These can take the form of a laptop or other computer which can operate independently and which has the required data maintained on it on a continuous basis

**5.6 TECHNICAL SUPPORT CENTER EP EQUIPMENT**

**5.6.1 The general functions of the TSC are:**

- [1] Provides plant management and technical support to operations during emergency conditions.
- [2] Relieve the reactor operators of peripheral duties and communications not directly related to reactor system manipulations.
- [3] Prevent congestion in the control room.
- [4] Perform EOF functions for the Alert class and for Site Area Emergency and General Emergency until the EOF is functional.



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5.6.2 Determine TSC Equipment list and compensatory measures based on the following guidance, as applicable:

[1] Safety Parameter Display System (SPDS) for plant data

(a) Equipment Determination

- (1) Located in control room, EOF and TSC.
- (2) Must be operational in normal and emergency conditions and provide display in the EOF.
- (3) Design (including power supplies) must assure that data from plant is not lost during plant transients.
- (4) Data must be continuously available.
- (5) Data and configuration matches that of the control room.
- (6) Technical requirements listed in NUREG 0696 or plant licensing basis.

(b) Compensatory Measures

- (1) Determine alternate displays for SPDS, such as plant process computer, or acquire the information from another facility if the SPDS is functioning there


[2] Meteorological Data display.

(a) Equipment Determination

- (1) Technical requirements listed in Regulatory Guide 1.123.

(b) Compensatory Measures

- (1) Determine applicable meteorological data from alternate source such as NWS. Maintain contact information (phone numbers, web

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sites, etc.) in appropriate procedure such as dose assessment procedure

- [3] Radiological Data display.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) *Compensatory Measures*
    - (1) Identify alternate sources of radiological data such as SPDS or acquire the information from another facility with functioning displays. Alternatively, surveys may be performed both on site and off site
  
- [4] Dose assessment hardware and software for determination of protective action recommendations.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) *Compensatory Measures*
    - (1) Provide alternate manual dose assessment capability such as hand calculations per procedure or laptop computers with manual data input. Include information on how to use these alternative tools in appropriate procedures
  
- [5] Radiation monitoring equipment for personnel in TSC for exposure and airborne radioactivity with radioiodine detection down to 1E-07 microcuries/cc.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) *Compensatory Measures*


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- (1) Identify alternate sources of radiation monitoring equipment on site that may be used to replace non-functioning or out of calibration equipment normally stored in the facility
  
- [6] Radiological protection gear to facilitate travel to control room (PC's, respirators, etc.).
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Determine and document alternate sources of equipment to replace the equipment stored in or near the TSC
  
- [7] Ventilation system to produce habitability the same as the control room with HEPA and charcoal filtration (not seismic, redundant, automatic or instrumented in control room).
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Develop instructions for manually aligning the system should remote operation fail. If the system should fail completely, the alternate facility will have to be used. In this case, the control room becomes the alternate facility. Procedures should be developed for that purpose and the ERO members notified of the primary facility status. Procedures should note whether relocation can be delayed based on environmental and radiological conditions and provide criteria for that determination
  
- [8] Voice communications with OSC, control room, EOF, NRC and state and local operations centers.
  - (a) Equipment Determination


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- (1) Primary and backup communications equipment required.
- (2) Includes private phones, commercial phones, radios and intercoms (where necessary to communicate inter or intra- facility).
- (3) Emergency Notification System (ENS), Health Physics Network (HPN) are required for direct communication with NRC and must be accessible by NRC personnel dispatched to EOF as well.
- (4) Dial phones with on site and off site access.
- (5) Dial phones for NRC use.
- (b) Compensatory Measures
  - (1) As long as some level of communications can be maintained with the listed organizations, then the only thing required would be prompt restoration of whatever portion was degraded
- [9] Radios for communication with Offsite Monitoring Teams (OMT).
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Use alternate radios, cell phones, Voice over Internet Protocol (VOIP) or satellite phones for communication. These should be readily available such that if the out of service condition is discovered during an incident leading to activation of the E-Plan, the OMT can still perform its function in a timely manner
- [10] Fax capability between EOF, TSC and NRC Operations Center.
  - (a) Equipment Determination
    - (1) As provided in the license basis


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- (b) Compensatory Measures
  - (1) Use alternate fax capability, scan and transmit over the internet or intranet, email or other means. These should be readily available such that if the out of service condition is discovered during an incident leading to activation of the E-Plan, the facility can still perform its function
  
- [11] Some phone connections must bypass local switches and connect directly to commercial phone systems that do not lose power during outages.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Use alternate means of communication such as additional land lines, cell phones, VOIP, or satellite phones. These should be readily available such that if the out of service condition is discovered during an incident leading to activation of the E-Plan, the communication function can still be performed
  
- [12] Plant information must be available or deliverable to the TSC. Any equipment used to facilitate this availability must be identified and maintained operable.
  - (a) Equipment Determination
    - (1) Technical Specifications
    - (2) Operating procedures
    - (3) Emergency Operating Procedures
    - (4) FSAR
    - (5) State and local response plans
    - (6) Population distribution

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- (7) Evacuation plans for off site
  - (8) Environmental monitoring data
  - (9) Licensee exposure records
  - (10) Drawings of plant systems down to component level, showing locations
- (b) Compensatory Measures
- (1) If portions of the information are missing, acquire that from other facilities. If the primary means of retrieval is not functioning, use a backup. If networks are used, it is advisable to have standalone backup systems in the event network connectivity is lost. These can take the form of a laptop or other computer which can operate independently and which has the required data maintained on it on a continuous basis

**5.7 OPERATIONS SUPPORT CENTER EP EQUIPMENT**

5.7.1 The general functions of the OSC are:


- [1] Provide a location where plant logistical support can be provided during an emergency.
- [2] Restrict control room access to those personnel specifically requested by the OSM.

5.7.2 Determine OSC Equipment list based on the following guidance, as applicable:

- [1] Habitability requirements are not specifically established. However, if not habitable to the same level as the control room, then evacuation must be provided for in the event of a large radiological release.

(a) Equipment Determination

- (1) As provided in the license basis

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(b) Compensatory Measures

- (1) Provide an advance plan in OSC procedures to perform a relocation of personnel necessary to support the response effort. If ventilation is provided to the level of the control room, then provide procedures to manually initiate and align it in the event remote capability is lost (need not duplicate procedures in TSC if the two facilities are in the same envelop).
- [2] An alternate on site location must be provided in the event the OSC is evacuated, such that support can continue as required.
- (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Select an alternate location and provide for appropriate procedures and equipment to be at the location or provide for bringing appropriate equipment when relocating
- [3] Required to have direct communications with the TSC and the control room so that duties can be assigned in support of emergency response activities.
- (a) Equipment Determination
    - (1) Minimum of one dedicated extension to TSC.
    - (2) Minimum of one dedicated extension to the control room.
    - (3) Minimum of a dial phone capable of reaching on site and off site phones.
    - (4) Direct intercom and/or radio communications as required supporting the above communications requirements.

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(b) Compensatory Measures

(1) As long as some level of communications can be maintained with the listed organizations, then the only thing required would be prompt restoration of whatever portion was degraded

[4] Although regulations make no specific mention of radiological monitoring or equipment for personnel to use in support of performance of their duties, such is implied by the function of the facility.

(a) Equipment Determination

- (1) Provide for local radiological monitoring of facility to the same degree as the TSC.
- (2) Provide for necessary radiological protection equipment (PC's, respirators, etc.) to permit performance of duties of personnel responding to the OSC.

(b) Compensatory Measures


- (1) Identify alternate sources of radiation monitoring equipment on site that may be used to replace non-functioning or out of calibration equipment normally stored in the facility
- (2) Determine and document alternate sources of equipment to replace the equipment stored in or near the OSC

**5.8 JOINT INFORMATION CENTER EP EQUIPMENT**

**5.8.1 The general functions of the JIC are:**

- [1] Provide a location for the news media and Entergy points of contact to exchange information during an event.
- [2] Provide a space and equipment to support the spokesperson that will provide information on the event to the news media.




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- [3] Provide a means of exchanging information among all the parties' spokespersons.
  - [4] Provide a means of dealing with rumors related to the event.
- 5.8.2 Determine JIC Equipment list based on the following guidance, as applicable, for equipment required for exchange of information. In each case determine required equipment from license basis and provide compensatory measures as required to maintain the functions. An alternate JIC, where required, can be used as the compensatory measure for degraded equipment:
- [1] Equipment for communications with the EOF/TSC (phones, faxes, web, etc.) to acquire accurate information related to the event.
  - [2] Equipment required to provide copies of the information to the press, such as copiers, printers, computers or word processors, etc.
  - [3] Equipment to facilitate the function of the spokesperson, such as public address systems, overhead projectors, drawings, etc.
  - [4] Equipment required to provide information among the ORO's spokespersons. This can be printers, computer networks, or other means to provide information.
  - [5] Equipment required to communicate with the EOF so that rumors can be addressed with accurate information and equipment (phones, web sites, etc.) to communicate with the public to receive questions and provide accurate information regarding rumors.
- 5.9 MAIN CONTROL ROOM
- 5.9.1 The general functions of the main control room for emergency response are to perform the functions of the emergency response organization until the ERO has been notified and the ERF's activated, as follows:
- [1] Assess and classify the event.
  - [2] Perform offsite dose assessment.

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- [3] Determine any protective actions required.
- [4] Notify the ERO to activate ERF's.
- [5] Notify the ORO's of the event classification and any PAR's required (immediate notification requirement).
- [6] Where applicable, activate the ANS to notify the public of the need for protective actions if required.
- [7] Activate the ENS system to notify the NRC of the event classification.
- [8] Report the event per 10CFR50.72 as required.
- [9] Continue to assess the plant status and take initial corrective actions to address the event.
- [10] Direct plant personnel to evacuate as required, or to perform corrective actions to address the event.

5.9.2 Determine EP required equipment for the main control room based on the following guidance, as applicable:

- [1] Plant alarms and indications required for EAL classification, as discussed and developed in section 5.3 of this procedure. This list need not be recreated here.
- [2] Safety Parameter Display System (SPDS) for plant data
  - (a) Equipment Determination
    - (1) Located in control room, EOF and TSC.
    - (2) Must be operational in normal and emergency conditions and provide display in the EOF.
    - (3) Design (including power supplies) must assure that data from plant is not lost during plant transients.


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- (4) Data must be continuously available.
- (5) Data and configuration matches that of the control room.
- (6) Technical requirements listed in NUREG 0696 or plant license basis.
- (b) Compensatory Measures
  - (1) Determine alternate displays for SPDS, such as plant process computer, or acquire the information from another facility if the SPDS is functioning there
- [3] Meteorological Data display
  - (a) Equipment Determination
    - (1) Technical requirements listed in Regulatory Guide 1.123 or plant license basis.
  - (b) Compensatory Measures
    - (1) Determine applicable meteorological data from alternate source such as NWS. Maintain contact information (phone numbers, web sites, etc.) in appropriate procedure such as dose assessment procedure
- [4] Radiological Data display
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Identify alternate sources of radiological data such as SPDS or acquire the information from another facility with functioning displays. Alternatively, surveys may be performed both on site and off site


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- [5] Dose assessment hardware and software for determination of protective action recommendations.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Provide alternate manual dose assessment capability such as hand calculations per procedure or laptop computers with manual data input. Include information on how to use these alternative tools in appropriate procedures
  
- [6] Equipment required to notify members of the ERO to report to their facilities and activate them (Paging system, Inform, and all equipment required to make it function).
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Determine alternate means of notifying ERO members to activate their ERF's, such as direct alternate paging if the primary paging system does not function, instructing ERO members to remain by phones at home, use of cell phones, and as a last resort, stationing an ERO team on site where they may be contacted directly by in plant phones or public address systems
  
- [7] Offsite notification system as required by regulation. This is any and all equipment used to notify offsite agencies of the classification of the event and any protective actions to be taken. Includes phones, radios, faxes, Everbridge, and all supporting equipment.
  - (a) Equipment Determination
    - (1) As provided in the license basis


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- (b) Compensatory Measures
  - (1) Determine and list alternate means in addition to the primary means. Plants generally have multiple means of notification, such as radio, fax, phone or computer
  
- [8] If the control room is tasked with activation of the ANS, then the equipment associated with that function in the control room must be maintained available. The ANS (sirens, etc.) will be addressed separately in this procedure.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) An alternate would be to activate the ANS from another continuously manned location, such as an offsite EOC, or by an alternate redundant means, if the primary means is not available. This will be plant specific and dependent on the ANS design and degree of control and involvement of governmental agencies
  
- [9] The ENS system must be tested and maintained, though parts of it may be the responsibility of the NRC.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Alternate phone systems with relaying of data by voice
  
- [10] Radiation monitoring equipment for personnel in control room for exposure and airborne radioactivity with radioiodine detection down to 1E-07 microcuries/cc; may be plant installed instrumentation.
  - (a) Equipment Determination


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- (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Designate alternate sources of required equipment on site
- [11] Radiological protection equipment to facilitate performance of duties outside the control room or for habitability in the event of loss of the filtered envelop (PC's, respirators, etc.)
- (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Designate alternate sources of equipment on site
- [12] Ventilation system to produce habitability as required for the control room, i.e., redundant, backup power, seismic, etc. This is part of the plant design, so that a loss of one system or supporting system is addressed by Technical Specifications. The redundancy serves as the compensatory measure, unless both divisions fail.
- (a) Equipment Determinations
    - (1) As noted above, and provided in the license basis
  - (b) Compensatory Measures
    - (1) This is governed by the plant Technical Specifications and is redundant
- [13] Voice communications with OSC, EOF, NRC and state and local operations centers
- (a) Equipment Determination


|                                                                                                                                                       |                                              |                                      |                    |
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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

- (1) Primary and backup communications equipment required.
  - (2) Includes private phones, commercial phones, radios and intercoms (where necessary to communicate inter or intra- facility).
  - (3) The Emergency Notification System (ENS) and Health Physics Network (HPN) are required for direct communication with NRC and must be accessible by NRC personnel dispatched to EOF as well.
  - (4) Dial phones with on site and off site access.
  - (5) Dial phones for NRC use.
  - (b) Compensatory Measures
    - (1) Use one of the backup systems that are required for voice communications among the response personnel on site and with governmental agencies
- [14] Radios for communication with Offsite Monitoring Teams (OMT).
- (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Alternate radios such as fire brigade or B.5.b radios, cell phones or satellite phones may be used
- [15] Plant public address systems or in plant radio systems used to communicate with plant personnel for evacuation announcements, directions to perform corrective actions, or initial announcements to activate ERF's.
- (a) Equipment Determination
    - (1) As provided in the license basis

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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

(b) Compensatory Measures

- (1) Provide an alternate means such as requiring radios to be carried in the plant or by use of pagers on individuals, with pre determined paging messages for various situations

**5.10 OFFSITE RESPONSE ORGANIZATIONS EP EQUIPMENT AND PUBLIC NOTIFICATION SYSTEMS**

5.10.1 ORO facilities equipment should be determined using the following guidance, as applicable:

[1] Voice communications equipment must be provided which corresponds to that noted in the EOF, TSC and Control Room sections. This will be items such as phones and radios.

(a) Equipment Determination

- (1) As provided in the license basis

(b) Compensatory Measures

- (1) Provide installed redundancy or be prepared to provide backup communications such as radios, cell phones, or satellite phones as required


[2] Initial notification equipment must be provided which corresponds to the equipment for this purpose as noted in the EOF, TSC and Control Room sections. This is typically phone, fax, radio, printer and/or computer displays such as Inform.

(a) Equipment Determination

- (1) As provided in the license basis

(b) Compensatory Measures




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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

- (1) Provide multiple paths with in place procedure guidance for performing this function. Since the time frames are short, this must be readily available in the event of a loss of a primary method. For example, if computers combined with radios are used, then faxes and phone communications should be provided as backups, with their use already described in the notification procedures
  
- [3] If the plant is responsible for supplying radiological monitoring equipment this must be listed as well.
  - (a) Equipment Determination
    - (1) As provided in the license basis
  - (b) Compensatory Measures
    - (1) Assure means of acquiring replacement monitoring equipment is in place (from plant, state or other agencies)
  
- 5.10.2 Alert Notification System equipment should be determined using the following guidance, as applicable:
  - [1] If the capability to sound sirens or alert by other means is provided to the ORO by the plant, then this equipment must be listed here if maintained by the plant.
  - [2] It includes the sirens themselves as well as any control systems and supporting communication systems such as radio, fiber optic, phone lines, internet, etc.
  
- 5.10.3 Compensatory measures for ANS equipment
  - [1] Failure of segments of the ANS system may be addressed by route alerting procedures which must be in place for immediate use. The route alerting must take no more than 45 minutes to accomplish. Alternatively where licensed, reverse 911 may be employed.

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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

**5.11 DETERMINATION OF ALLOWED OUTAGE TIMES FOR EP EQUIPMENT THROUGH USE OF NRC SIGNIFICANCE DETERMINATION PROCESS (SDP)**

5.11.1 The NRC EP Significance Determination Process (SDP) criteria found in Manual Chapter 609, Appendix B, is divided into sections based on the planning standards of 10CFR50.47(b). This section is arranged in the same manner, but omits those planning standards that do not have a nexus to EP equipment.

5.11.2 The following steps are reverse engineered based on time limits provided in the SDP. A number of the SDP sections have time limits associated with them, for out of service periods on equipment important to EP. These are employed here to designate response times for restoration of equipment or use of compensatory measures. The time limit used is that which corresponds to no finding, which constitutes the lowest risk for the out of service condition. For additional information on increasing severity of risk (and therefore findings) refer to the full SDP for each area. The current version of the SDP should be consulted for this purpose and is available on the NRC web page.

[1] Planning standard 2 addresses augmentation of on shift staff. The associated equipment is that which is used to call out ERO members to augment the on shift staff.


(a) If the callout system has no redundancy or diversity, then compensate or immediately restore to service.

(b) While compensating for the system, restore it to service within 24 hours.

[2] Planning standard 3 addresses requesting support from offsite response organizations. The associated equipment is primarily communications equipment used to contact the agencies for assistance.

(a) Provide immediate compensatory communications capabilities for coordinating response with offsite agencies.

(b) No time limit is specified in the SDP; restore promptly.


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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

- [3] Planning standard 4 addresses the EAL scheme and the need to maintain the scheme in use, which is related to the ability to detect the EAL entry conditions. This is the standard which requires identification and maintenance of EAL related equipment or if it is out of service, the provision of compensatory measures.
- (a) Compensatory measures must be available immediately upon detection of the loss of EAL related equipment.
  - (b) No allowed outage time is specified by the SDP for the primary instruments. However, they are designated as either Category A or B depending on level of redundancy. Reference section 5.6 for guidance. Category A equipment must be restored promptly or evaluated with 10CFR 50.54q and must be tracked on the daily plant status report under the "Station Concerns" section until resolved. Compensatory measures must be initiated immediately. Category B equipment must be restored promptly using normal work management processes. If alternate equipment is out of service compensatory measures must be initiated immediately.
- [4] Planning standard 5 addresses the public notification and alerting system and applies to the systems used to make initial notifications to the OROs and to alert the public to the need for protective actions. This applies to phones, faxes, radios, sirens, etc.
- (a) Maintain the following availability or provide adequate compensatory measures.
    - (1) Maintain the notification system available by primary or backup means and restore any out of service equipment promptly. Implement compensatory measures if primary and backup systems are out of service.
    - (2) Maintain unavailability for any individual siren less than 4 continuous months.
    - (3) Maintain availability of any individual siren at >70% in any 12 month period, with compensatory measures in place to assure that alerting takes place in less than 45 minutes.

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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

- [5] Planning standard 6 addresses the communications systems between principal emergency response organizations and between emergency response personnel. It applies to phones, radios, etc.
- (a) Maintain the following availability or provide adequate compensatory measures.
- (1) If communications for key ERO members are degraded at time of discovery verify that adequate compensatory measures are in place and restoration is prompt.
  - (2) If backup power for at least one onsite and one offsite communication system is out of service, restore within 3 days from time of discovery.
  - (3) If significant communications equipment is out of service, restore it within one day and/or complete compensatory and repair methods.

Planning standard 7 applies to the dissemination of information to the public on a routine basis and during events. The routine dissemination (brochures, calendars, etc.) is not applicable to equipment issues, but the Joint Information Centers must have adequate equipment to be able to provide information during an event. No specific limits are established.


If the function of the JIC is impaired to the point where it cannot activate and perform within the committed time frame then compensatory measures should be established within 24 hours and the issue corrected within 7 days.

Planning standard 8 requires that facilities and equipment are maintained functional to support E-Plan response. The OSC, TSC and EOF are specifically mentioned. It also includes standards for backup facilities if those are required by the licensing basis.

Maintain the following availability or provide adequate compensatory measures

Restore any non-functional facility to functionality within 24 hours.

Provide compensatory measures immediately

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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b> <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

Promptly correct any equipment failures or out of calibration issues so that only a small amount of equipment is out of service at any one time.

Promptly remove any transient or storage items that may interfere with the activation and function of the facility.

Planning standard 9 requires that the ability to assess radiological conditions be present. This relates to conditions on site and for dose assessment off site.

Maintain the following availability or provide adequate compensatory measures.

Maintain dose assessment equipment and systems such that any unavailability is less than 24 hours from time of discovery.

Maintain field monitoring equipment and systems such that any unavailability is less than 72 hours from time of discovery.


Planning standard 10 requires that a range of protective actions be provided for the public and for radiological workers (two parts). Since dose assessment equipment is addressed in RSPS 9, this probably refers to the supporting equipment and programs and can include items such as procedures and equipment required to facilitate Owner Controlled Area (OCA) or Security Owner Controlled Area (SOCA) and plant evacuation which is addressed in this standard as well. That includes plant PA systems, for example.

Dose assessment equipment is addressed in planning standard 9, so address the balance of equipment required to support PAR development and OCA evacuation for the public in this section.

Maintain OCA evacuation related equipment available or immediately compensate for it.

Equipment for OCA evacuation can include accountability equipment and on site notification equipment such as Security PA systems and vehicles, if used to make a site sweep to communicate or verify an evacuation is complete.

Equipment used for communicating protective actions for emergency workers must be maintained as follows:

|                                                                                                                                                       |                                              |                                      |                    |
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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

Maintain respirator equipment such that a minimum control room complement is able to perform its function and compensate within 4 hours if not met.

Maintain out of service plant paging/announcement systems at less than 10% unavailable speakers for a period no longer than 90 days.

Planning standard 11 requires means for controlling emergency worker radiological exposure and addresses the radiation monitoring equipment associated with that function.

Radiological control equipment or instrumentation is maintained available such that the emergency work required to protect the public during an emergency is not impaired. Additional equipment available on site in a short time is considered an adequate compensatory measure. There is no time limit, so immediately verify the availability of replacement equipment for this purpose.


Processes for controlling worker exposure assure that exposure is maintained in accordance with plan commitments. Where equipment such as computers are used to control exposure that equipment must be available. No time limit is established so immediately provide compensating processes or equipment.

**5.12 DETERMINATION OF CORRECTIVE ACTION PROCESS TO APPLY TO EP EQUIPMENT**

**5.12.1 Equipment to be included in work management process:**

6.0 All equipment already in the work management process will be designated as EP related and a priority assigned in accordance with the category (A1, A2 or B) and the allowed outage time associated with the equipment. Instruments related to determining EAL's generally fall into this category.

7.0 Information systems which rely upon the plant data systems shall be included in the work management process (plant process computer, safety parameter display system, meteorological data system, radiation monitoring system). They will be designated as EP related and a priority assigned in accordance with the category (A1, A2, or B) and the allowed outage time associated with the equipment.


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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

- 8.0 Systems for alerting the public to the need for protective actions shall be included in the work management process where the plant maintenance staff performs such maintenance. If the work is contracted or the responsibility of a governmental agency, then it need not be included in the work management process.
- 9.0 Equipment required to maintain the emergency response facilities available, such as ventilation systems, doors, and power should be included in the work management process.
- 5.12.2 Equipment that may be addressed in PCRS
  - 10.0 Dose assessment computers
  - 11.0 Phones, radios, faxes
  - 12.0 Notification system equipment
  - 13.0 Supplies required for function of the emergency response facilities
  - 14.0 Respirators
  - 15.0 Other radiological equipment for control of emergency workers exposure
  - 16.0 Intra and inter facility displays for control and response to the emergency (overhead projectors, monitors, etc.)
  - 17.0 Public alert systems if not maintained by the plant maintenance department. Where maintenance is done by contract or governmental agency, use the PCRS system.
- 5.13 ACTIONS REQUIRED IN RESPONSE TO OUT OF SERVICE EP EQUIPMENT
  - 5.13.1 Unplanned maintenance or removal from service
    - 18.0 Upon discovery of unplanned out of service condition generate the appropriate work tracking document (work request or CR).

|                                                                                                                                                       |                                              |                                      |                    |
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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

If equipment is category A(1) or A(2) or the redundant equipment for Category B equipment is not available, then refer to and implement compensatory measures per the equipment matrix and notify the ERO as necessary. This can be accomplished by notifying the duty EP Planner.

Assess reportability of the out of service condition in accordance with the guidance in 5.13.3.

If the equipment is category B, then implement the redundant method of monitoring for EAL entry or performing emergency response function and notify ERO as necessary.

Track (such as on the daily status report plant issues section) the out of service condition of category A(1) or A(2) equipment or category B equipment for which the redundant equipment is not available.

Restore the out of service equipment within the time allowed in the equipment matrix as determined in section 5.11 of this procedure.

Refer to attachment 9.2 flow chart for guidance.

**5.13.2 Planned maintenance or removal from service**


19.0 If category A1 or A2 equipment is to be taken out of service, include in the work document provisions for implementing the compensatory measures in the equipment matrix and notify the ERO as necessary.

20.0 If category B equipment is taken out of service, implement the redundant method of monitoring for EAL entry or performing the emergency response function and notify the ERO as necessary.

21.0 Track (such as on the daily status report plant issues section) the out of service condition of category A1 or A2 equipment or category B equipment for which the redundant equipment is not available.

22.0 Restore the out of service equipment within the time allowed in the equipment matrix as determined in section 5.11 of this procedure.



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|  <b>IPEC<br/>EMERGENCY<br/>PLAN<br/>ADMINISTRATIVE<br/>PROCEDURES</b> | <b>NON-QUALITY<br/>RELATED<br/>PROCEDURE</b> | <b>IP-EP-AD40</b>                    | <b>Revision 14</b> |
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**Attachment 9.7**

**EN Corporate guidance from EN-EP-202**

**Equipment Important To Emergency Preparedness**

- 23.0 If redundancy is lost for category B equipment and/or equipment cannot be restored within the time required then assess the reportability of the condition using the guidance in section 5.13.3.
- 24.0 Refer to attachment 9.3 flow chart for guidance.
- 5.13.3 Reportability determination guidance
- 25.0 Reportability for loss of emergency preparedness capabilities is defined in NUREG 1022 as “Any event that results in a major loss of emergency assessment capability, offsite response capability, or offsite communications capability (e.g. significant portion of control room indication, Emergency Notification System, or offsite notification system).”
- 26.0 Examples of the types of issues that meet the above definition are situations where any of the following are not available:
- (a) Safety parameter display system (SPDS)
  - (b) Emergency response facilities (ERFs)
  - (c) Emergency communications facilities and equipment including the emergency notification system (ENS).
  - (d) Public prompt notification system including sirens
  - (e) Plant monitors necessary for accident assessment
- 27.0 The NUREG 1022 guidance on reportability should be consulted for the latest information. NUREG 1022 guidance is available through the Licensing WEB page, under reportability. The Reportability Evaluation Assistance Program (REAP) expands on the NUREG 1022 guidance and should be consulted as well. The overall reportability process is governed by EN-LI-108 “Event Notification and Reporting”.

# IPEC IMPLEMENTING PROCEDURE PREPARATION, REVIEW, AND APPROVAL

IP-SMM-AD-102 Rev: 17

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## ATTACHMENT 10.2

## IPEC PROCEDURE REVIEW AND APPROVAL

(Page 1 of 1)

Procedure Title: Fire Emergency Response

Procedure No. IP-1055 Existing Rev: 19 New Rev: 20 DRN/EC No: DRN-21-00115

| Procedure Activity<br>(MARK Applicable)                                                                                                                                                                                                                                      | <input type="checkbox"/> Converted To IPEC, Replaces:                                          | Temporary Procedure Change<br>(MARK Applicable)                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW PROCEDURE<br><input type="checkbox"/> GENERAL REVISION<br><input checked="" type="checkbox"/> PARTIAL REVISION<br><input type="checkbox"/> EDITORIAL REVISION<br><input type="checkbox"/> VOID PROCEDURE<br><input type="checkbox"/> SUPERSEDED | Unit 1 Procedure No. _____<br><br>Unit 2 Procedure No: _____<br><br>Unit 3 Procedure No: _____ | <input type="checkbox"/> EDITORIAL Temporary Procedure Change<br><input type="checkbox"/> ADVANCE Temporary Procedure Change<br><input type="checkbox"/> CONDITIONAL Temporary Procedure Change<br><br>Terminating Condition: _____<br>_____ |
| <input type="checkbox"/> RAPID REVISION                                                                                                                                                                                                                                      | Document in Microsoft Word:<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | <input type="checkbox"/> VOID DRN/TPC No(s):                                                                                                                                                                                                 |

**Revision Summary**  N/A – see Revision Summary page. – Procedure was revised to reflect Post U3 Shutdown Eplan. See matrix for changes.

### Implementation Requirements

Implementation Plan?  Yes  No Formal Training?  Yes  No Special Handling?  Yes  No  
 Quality Related?  Yes  No If Yes, then ensure the procedure cover page is marked "Quality Related"  
 RPO Dept: Emergency Planning Writer: (Print Name/Ext/Sign): Rebecca Martin x7106/ Rebecca A Martin

### Review and Approval (Per Attachment 10.1, IPEC Review And Approval Requirements)

1.  Technical Reviewer: Craig DeFonzo / CRD / 4/14/2021  
 (Print Name/ Signature/ Date)

2.  Cross-Disciplinary Reviewers:  
 Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

3.  RPO- Responsibilities/Checklist: Frank J Mitchell / [Signature] 4/14/21  
 (Print Name/ Signature/ Date)

- PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
- Previous exclusion from further LI-100 Review is still valid
- PAD not required due to type of change as defined in 4.6

4.  Non-Intent Determination Complete: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

- NO change of purpose or scope
- NO change to less restrictive acceptance criteria
- NO reduction in the level of nuclear safety
- NO change to steps previously identified as commitment steps
- NO voiding or canceling of a procedure, unless requirements are incorporated into another procedure or the need for the procedure was eliminated
- NO deviation from the Quality Assurance Program Manual
- NO change that may result in deviations from Technical Specifics FSAR, plant design requirements,

5.  On-Shift Shift Manager/CRS: (RPO per SMM-AD-102) – Frank J. Mitchell / [Signature] 4/14/21  
 (Print Name/ Signature/ Date)

6.  User Validation: User: \_\_\_\_\_

7.  Special Handling Requirements Understood: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-1055                   | Revision: 20 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Fire Emergency Response                       |              |

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

**Procedure was revised to reflect the requirements in the Post Unit 3 Shutdown Eplan (PSEP), as submitted to the NRC per LAR, license #NL-19-001, Attachment 8 Emergency Response Organizaition Task Analysis. See attached matrix of changes.**

**Procedure will be effective on May 17, 2021.**

**Part II. Emergency Plan Sections Reviewed** (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE, EAL CHANGE OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10CFR50.54(q)(2) DOCUMENTATION IS REQUIRED.

**Part 2 Planning Standards and Criteria:**

**Section A: Assignment of Responsibility**

**Section B: Station Emergency Response Organization**

**Section H: Emergency Facilities and Equipment**

**Section K: Radiological Exposure Control**

**Section L: Medical and Public Health Support**

**Part III. Ability to Maintain the Emergency Plan** (Answer the following questions related to impact on the ability to maintain the emergency plan):

- Do any elements of the activity change information contained in the emergency plan (Section 3.0 Step 6)?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Evacuation Time Estimate results or documentation?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Onshift Staffing Analysis results or documentation?  
YES  NO  IF YES, enter screening process for that element

## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-1055                   | Revision: 20 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Fire Emergency Response                       |              |

**Part IV. Maintaining the Emergency Plan Conclusion** The questions in Part III do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part V document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
  2. Check the box below when the 10CFR50.54(q)(2) review completes all actions for all elements of the activity – no 10CFR50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.
- I have completed a review of this activity in accordance with 10CFR50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10CFR50.54(q)(3).

Per Post Shutdown Emergency Plan (PSEP), both Unit 3 and Unit 2 will be at shut down. The changes made to this procedure reflects this requirement of the Post Unit 3 Shutdown Eplan, as submitted to the NRC (license # NL-19-001) and ERO positions and tasks were adjusted to reflect Attachment 8, ERO Task Analysis. The NRC has approved the PSEP per RA-20-040.

A review of this activity in accordance with 10 CFR 50.54(q)(2) has been completed and determined that the effectiveness of the PSEP is maintained. This revision aligns the procedure with the protocols of the post Unit 3 shutdown. None of the changes affect the ability to perform classifications, notifications, or PARs, it does not affect activation or staffing of the ERO as described in the Unit 3 PSEP, and all planning standard requirements are maintained. The changes made do not require a change to the Emergency Action Level scheme, On-shift Staffing study or the PSEP.

No further actions are required to screen or evaluate this activity under 10 CFR 50.54(q)(3).

**Part V. Signatures:**

|                                                                                   |                                                |                     |
|-----------------------------------------------------------------------------------|------------------------------------------------|---------------------|
| Preparer Name (Print)<br>Rebecca A. Martin                                        | Preparer Signature<br><i>Rebecca A. Martin</i> | Date:<br>11/13/2020 |
| (Optional) Reviewer Name (Print)                                                  | Reviewer Signature                             | Date:               |
| Reviewer Name (Print)<br>Timothy Garvey<br>Nuclear EP Project Manager             | Reviewer Signature<br><i>Tim Garvey</i>        | Date:<br>11/16/2020 |
| Approver Name (Print)<br>Frank Mitchell<br>Emergency Planning Manager or designee | Approver Signature<br><i>F Mitchell</i>        | Date:<br>4/14/21    |

## IP-EP-1055 Revision Decom X REVISION MATRIX

| Change No. | Page/Section                     | Previous Version                        | New Version                     | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                     |
|------------|----------------------------------|-----------------------------------------|---------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.         | Page 4, section 5.3              | EP Manager                              | Manager, Nuclear (IP Decom)     | Y                | N – Updated the title of the individual who will be responsible for implementation of this procedure. Intent has not changed.                                                                                                                                                   |
| 2.         | Page 5, section A.1              | Plant Operations Manager (POM)          | Shift Manager (SM)              | N                | N – added responsibilities of the POM to the Emergency Director. POM has been eliminated per LER #NL-19-001 attachment 8 ERO Task Analysis and approved by NRC per RA-20-040. Task were either already assigned or have been assigned to the Shift Manager. Intent not changed. |
| 3.         | Page 5, section A. 2 & Section 3 | POM                                     | SM                              | N                | N – added responsibilities of the POM to the Emergency Director. POM has been eliminated per LER #NL-19-001 attachment 8 ERO Task Analysis and approved by NRC per RA-20-040. Task were either already assigned or have been assigned to the Shift Manager. Intent not changed. |
| 4.         | Page 6, section 6.1              | EN-EP-900, Emergency Preparedness Forms | IP-EP-115, Emergency Plan Forms | N                | N – Updated the procedure number of the Site Forms procedure which will be part of the interfacing procedures. Intent not changed.                                                                                                                                              |
| 5.         | Page 8                           | As directed by the SM/ED/POM            | As directed by the SM/ED        |                  | N – Removed POM. POM has been eliminated per LER #NL-19-001 attachment 8 ERO Task Analysis and approved by NRC per RA-20-040. Task were either already assigned or have been assigned to the Shift Manager. Intent not changed.                                                 |

**Attachment 9.1**

**Emergency Planning Document Change Checklist Form**

(All sections must be completed, N/A or place a check on the line where applicable)

**Section 1**

|                      |                                                                                                                                                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doc/Procedure Type:  | Administrative <input type="checkbox"/> Implementing <input checked="" type="checkbox"/> EPLAN <input type="checkbox"/> N/A <input type="checkbox"/> |
| Doc/Procedure No:    | IP-1055                                                                                                                                              |
| Doc/Procedure Title: | Fire Emergency Response                                                                                                                              |
| New revision number: | 20                                                                                                                                                   |
| Corrective Action:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CR#: <u>OL-OLI-2018-00090 CA 19</u>                 |
| Effective date:      | May 17, 2021                                                                                                                                         |

**Section 2**

**Change Description**

1. Ensure the following are completed, or are not applicable and are so marked:

- a. 50.54q                          N/A
- b. EN-FAP-OM-023              N/A
- c. IP-SMM- AD-102              N/A
- d. OSRC                          N/A
- e. NRC Transmittal              N/A   
(within 30 days)

2. List any other documents affected by this change: N/A

3. Transmittals are completed:  N/A  Date: 4/29/21

4. Ensure the proper revision is active in eB Ref. Lib.:  N/A

5. Approved doc/procedure delivered to Doc. Control for distribution:  N/A  Date: 4/29/21

6. Position Binders updated:  N/A  Date: 4/29/21

7. Copy of EPDCC placed in EP file:  N/A  Date: 4/29/21

8. Supporting documentation is submitted as a general record in eB Ref. Lib.:  N/A  Date: 4/29/21

9. Word files are moved from working drafts folder to current revision folder in the EP drive:  
 N/A  Date: 5/17/21



**CONTROLLED**

**Fire Emergency Response**

Prepared by:

Rebecca A. Martin  
Print Name

Rebecca A. Martin  
Signature

4/14/21  
Date

Approval:

Frank J. Mitchell  
Print Name

Frank J. Mitchell  
Signature

4/14/21  
Date

Effective Date: May 17, 2021

*This procedure excluded from further LI-100 reviews.*



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## Fire Emergency Response

### 1.0 PURPOSE

This procedure describes the actions to be taken by personnel who respond to a fire emergency at Indian Point Energy Center (IPEC). This procedure shall also be followed during normal plant operations and when a fire exists in the Radiological Controlled Area (RCA).

### 2.0 REFERENCES

- 2.1 IP-EP-AD13 IPEC Emergency Action Level Technical Bases
- 2.2 SEP-FPP-IP-001, "IPEC Fire Protection Program Plan"
- 2.3 2-ONOP-FP-001, "Plant Fires"
- 2.4 3-ONOP-FP-1, "Plant Fires"
- 2.5 10CFR20

### 3.0 DEFINITIONS

- 3.1 Contamination – Radioactive material where it's not wanted
- 3.2 Decon – process to remove contamination from a person or piece of equipment
- 3.3 Dosimeter – Equipment used to measure radiation and provide the wearer with a reading of accumulated exposure.
- 3.4 Emergency Telephone Directory – IPEC telephone directory for emergency numbers and Emergency Response Organization; this is located on the Emergency Planning website.
- 3.5 Radiation Protection Technician – Trained individual in radiation protection and detection
- 3.6 NPO – Nuclear Plant Operator – non-licensed operator in the plant
- 3.7 Shift Manger – Licensed operator in charge of plant operations
- 3.8 DLR – Permanent record of an individual's radiation exposure



#### 4.0 RESPONSIBILITIES

- 4.1 When a fire is discovered, all personnel are responsible for notifying the Control Room (CR). Notification of a fire should be made using emergency phone extensions 5911 for both Unit 2 and Unit 3, and should include the caller's name along with the location and nature of the fire.
- 4.2 In accordance with 2-ONOP-FP-001, "Plant Fires" and 3-ONOP-FP-1, "Plant Fires", the CR is responsible for making the required notifications and sounding the fire alarm.
- 4.3 The CR is responsible for determining activation of the Emergency Plan as per the Emergency Action Levels (EALs) found in IP-EP-AD13, "IPEC Emergency Action Level Technical Bases".
- 4.4 The Shift Manager (SM) or Emergency Director (ED) is authorized to allow fire fighters to exceed 10CFR20 limits. Exposure Authorization Form (EP-4-ALL) shall be used.
- 4.5 "Emergency Use of Potassium Iodine (KI)", the SM or ED determines the need to issue potassium iodine (KI) tablets by discussions with Radiological Coordinator or Radiological Assessment Coordinator.
- 4.6 In accordance with "Site Fire Protection" and "Fire Emergency" the Site Fire Brigade is responsible for responding to any fire emergency at IPEC and for requesting offsite fire fighting assistance, if needed.
- 4.7 In accordance with the appropriate procedures, Security is responsible for directing site personnel and offsite fire assistance, and evacuating unnecessary personnel from the fire area.
- 4.8 In accordance with this procedure, the Watch Radiation Protection Technician/designee is responsible for responding to any fire in the Radiological Controlled Area (RCA).

#### 5.0 DETAILS

- 5.1 When requested by the Fire Brigade Leader and as directed by the SM the Off-Site Fire Department will be called for assistance.
- 5.2 The Control Room will notify Security of the impending arrival of the Verplanck Fire Department.
- 5.3 When required, the Manager, Nuclear (IP Decom) will ensure activation of the Emergency Plan.



A. IF the Emergency Response Facilities (ERFs) are staffed, THEN:

1. Via the Radiological Coordinator in the Technical Support Center (TSC), the Shift Manager (SM) will assess the radiological conditions that exist at the fire scene.
2. Prior to dispatching the Fire Brigade, the SM shall assess the following conditions. (If radiological conditions exist where there is a potential to exceed the 10CFR20 limits, refer to EP-4-ALL, Exposure Authorization Form.

- Area dose rate < 10 R/hr.:

The fire Brigade shall be dispatched from the CR to the fire scene. Notification shall then be made to the OSC to dispatch a Radiation Protection Technician to the fire scene to provide radiological guidance.

- Area dose rate > 10 R/hr.:

The SM shall designate a briefing area (e.g., entry into the RCA). Notify the OSC to dispatch a Radiation Protection Technician to the briefing location where he will provide radiological guidance. Authorize dispatch of Fire Brigade to the briefing location prior to responding to the fire scene.

3. **CONDUCT** a debriefing to ensure that the SM and OSC Manager are cognizant of the Fire Brigade actions.
- 5.4 **ENSURE** Radiation Protection Technicians are performing all necessary duties as listed on Attachment 9.1, "Watch Radiation Protection Fire Response".
- 5.5 **ENSURE** Security Officers are performing all necessary duties as listed on Attachment 9.2, "Security Fire Response".

**NOTE**

Provided full turnout gear is worn, when fighting a fire in a contaminated area, Anti-C clothing is not required to be worn by the Site Fire Brigade and offsite fire fighters.

**FOR UNIT 3:** Access through the Turnstile at the 4<sup>th</sup> floor Control Point may be obtained by using the key located in the glass box attached to the Turnstile.

**FOR UNIT 2:** Enter without use of the Turnstile



## **6.0 INTERFACES**

6.1 IP-EP-115, Emergency Plan Forms

6.1.1 EP-4-ALL , "Exposure Authorization Form"

6.1.2 EP-5-ALL , "Team Dispatching Form"

6.2 FP-7, Fire Notification Guidelines

6.3 IP-EP-AD13, *IPEC Emergency Action Level Technical Bases*

## **7.0 RECORDS**

All forms and logs completed by the Emergency Response Organization during a declared emergency are Quality Records and shall be maintained for the life of the plant plus twenty (20) years.

## **8.0 REQUIREMENTS AND COMMITMENT CROSS-REFERENCE**

8.1 This procedure does not degrade any requirements or commitments

## **9.0 ATTACHMENTS**

9.1 Watch Radiation Protection Technician Fire Response

9.2 Security Fire Response




Attachment 9.1

Watch Radiation Protection Fire Response

Page 1 of 2

1. **RESPOND** to all fires in the RCA and have a Self-Contained Breathing Apparatus (SCBA) available for use if needed.
2. For communications with the CR and the Fire Brigade Leader, **BRING** a radio tuned to Frequency #2.
3. **UPON** arrival to the fire scene, **NOTIFY** the Fire Brigade Leader.
4. **EVALUATE** the location of the fire and address any radiological concerns directly to the Fire Brigade Leader at the fire scene or at a briefing designated by the SM.
5. **MAKE** every effort to keep exposures to fire fighters As Low As Reasonably Achievable (ALARA).
6. When possible, **CHECK** all fire fighters to ensure they have the appropriate Dosimetry. If not already done, issue Dosimetry.
7. **SET UP** an air sampler (particulate and iodine) as close as practical to where the smoke may be venting. If available at the fire scene, use a Continuous Air Monitor (CAM) as per approved Radiation Protection procedures.
8. **IF** it becomes necessary for any fire fighter to exceed 10CFR20 limits, **THEN** notify the SM/ED.
9. **IF** it becomes necessary for the offsite fire fighters to exceed Entergy Nuclear Northeast's radiation exposure limits (500 mRem per year) **THEN** notify the SM/ED.
10. **DURING** the fire fighting operations, **EVALUATE** the potential for the spread of radioactive contamination from the use of water.
11. **EVALUATE** airborne activity through the use of the Counting Room. If the air sample activity is greater than  $3E-9$   $\mu\text{Ci}/\text{cc}$ , an isotopic analysis is required.
12. **NOTIFY** the Fire Brigade Leader of any restrictions you are imposing on the fire fighters.

|                                                                                   |                                                                    |                                          |                               |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------|-------------------------------|
|  | <b>IPEC SITE<br/>EMERGENCY PLAN<br/>IMPLEMENTING<br/>PROCEDURE</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-1055    Revision 20</b> |
|                                                                                   |                                                                    | <b>REFERENCE USE</b>                     | <b>Page 8    of    9</b>      |

Attachment 9.1

Watch Radiation Protection Fire Response


Page 2 of 2

13. As directed by the SM/ED or-Radiological Assessment Coordinator, **ISSUE KI**.
14. When venting smoke, **ADVISE** the Fire Brigade Leader as to proper control of airborne activity. Depending on the heat involved, secondary fires may arise in the ventilation system/filters. The Radiation Protection Technician and the Fire Brigade Leader should consider shutting down the ventilation system if such a possibility exists.
15. **EVALUATE** the need for decontamination and whole body counting of personnel as described in approved Radiation Protection procedures.
16. **DETERMINE** if internal exposure should be assigned.
17. **AFTER** the fire has been extinguished, **RECORD** the name of each fire fighter and their DLR number on EP-5-ALL, "Team Dispatching Form". In addition, obtain a DLR Badge Request Form from Dosimetry and complete it at this time.
  - **IF** the SM/ED has authorized an extension to receive emergency personnel exposure above 10CFR20 limits, **THEN** complete EP-4-ALL, "Exposure Authorization Form".
  - **RETURN** completed forms to the Dosimetry Office.
18. **BEFORE** allowing the fire fighters to leave the RCA for the last time, **CHECK** them, their clothing and equipment for possible contamination as per approved Radiation Protection procedures.

**NOTE**

In order to prevent interference with fire fighting efforts, repeated exits from the RCA **WITHOUT** frisking is permitted.

19. All clothing and equipment which is not permitted to be removed from the RCA due to contamination should be inventoried for compensation.

|                                                                                                                                                     |                                          |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------|
|  <b>IPEC SITE<br/>EMERGENCY PLAN<br/>IMPLEMENTING<br/>PROCEDURE</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-1055    Revision 20</b> |
|                                                                                                                                                     | <b>REFERENCE USE</b>                     | <b>Page 9    of    9</b>      |

Attachment 9.2

Security Fire Response

Page 1 of 1

1. **DIRECT** responding personnel and offsite fire fighters and accompanying apparatus' through the nearest gate to the fire area.
2. **IF** responding to the fire, **THEN** wear a SCBA.
3. **EVACUATE** unnecessary personnel from the fire area.
4. **IF** fire is located in the RCA, **THEN** do the following:
  - **ENSURE** access for Fire Brigade at HP Control Point .
  - **ENSURE** the Fire Truck is given the Fire Fighter Kit located at the Main Gate Security Station.

# IPEC IMPLEMENTING PROCEDURE PREPARATION, REVIEW, AND APPROVAL

IP-SMM-AD-102 Rev: 17

Page 35 of 43

## ATTACHMENT 10.2

## IPEC PROCEDURE REVIEW AND APPROVAL

(Page 1 of 1)

Procedure Title: Emergency Classification

Procedure No. IP-EP-120 Existing Rev: 14 New Rev: 15 DRN/EC No: DRN-21-00133

| <u>Procedure Activity</u><br>(MARK Applicable)                                                                                                                                                                                                                               | <input type="checkbox"/> Converted To IPEC, Replaces:                                   | <u>Temporary Procedure Change</u><br>(MARK Applicable)                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW PROCEDURE<br><input type="checkbox"/> GENERAL REVISION<br><input checked="" type="checkbox"/> PARTIAL REVISION<br><input type="checkbox"/> EDITORIAL REVISION<br><input type="checkbox"/> VOID PROCEDURE<br><input type="checkbox"/> SUPERSEDED | Unit 1 Procedure No. _____                                                              | <input type="checkbox"/> EDITORIAL Temporary Procedure Change<br><input type="checkbox"/> ADVANCE Temporary Procedure Change<br><input type="checkbox"/> CONDITIONAL Temporary Procedure Change<br>Terminating Condition: _____<br>_____ |
|                                                                                                                                                                                                                                                                              | Unit 2 Procedure No: _____                                                              |                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                              | Unit 3 Procedure No: _____                                                              |                                                                                                                                                                                                                                          |
| <input type="checkbox"/> RAPID REVISION                                                                                                                                                                                                                                      | Document in Microsoft Word:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> VOID DRN/TPC No(s):                                                                                                                                                                                             |

**Revision Summary**  N/A – see Revision Summary page. – Procedure was revised to reflect Post U3 Shutdown Eplan. See attached matrix for changes

**Implementation Requirements**

Implementation Plan?  Yes  No Formal Training?  Yes  No Special Handling?  Yes  No

Quality Related?  Yes  No If Yes, then ensure the procedure cover page is marked "Quality Related"

RPO Dept: Emergency Planning Writer: (Print Name/Ext/Sign): Gary Norton x2619/ *Gary Norton* 4/22/2021

**Review and Approval** (Per Attachment 10.1, IPEC Review And Approval Requirements)

1.  Technical Reviewer: Craig Delamater *CD* 4/21/2021  
(Print Name/ Signature/ Date)

2.  Cross-Disciplinary Reviewers:  
 Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
Print Name/ Signature/ Date)

Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
Print Name/ Signature/ Date)

3.  RPO- Responsibilities/Checklist: Frank J Mitchell / *FJ Mitchell* 4/22/21  
(Print Name/ Signature/ Date)

- PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
- Previous exclusion from further LI-100 Review is still valid
- PAD not required due to type of change as defined in 4.6

4.  Non-Intent Determination Complete: \_\_\_\_\_  
(Print Name/ Signature/ Date)

|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>NO</u> change of purpose or scope</p> <p><u>NO</u> reduction in the level of nuclear safety</p> <p><u>NO</u> voiding or canceling of a procedure, unless requirements are incorporated into another procedure or the need for that procedure was eliminated</p> | <p><u>NO</u> change to less restrictive acceptance criteria</p> <p><u>NO</u> change to steps previously identified as commitment steps</p> <p><u>NO</u> deviation from the Quality Assurance Program Manual</p> <p><u>NO</u> change that may result in deviations from Technical Specifications, FSAR, plant design requirements,</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5.  On-Shift Shift Manager/CRS: (RPO per SMM-AD-102) – Frank J. Mitchell / *FJ Mitchell* 4/22/21  
(Print Name/ Signature/ Date)

6.  User Validation: User: \_\_\_\_\_

7.  Special Handling Requirements Understood: \_\_\_\_\_  
(Print Name/ Signature/ Date)



## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-120                 | Revision: 15 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Emergency Classification                      |              |

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

This procedure was revised to reflect the requirement in the Post Unit 3 Shutdown E-Plan (PSEP) as submitted to the NRC per LAR, license #NL-19-001. Please see the attached matrix for the changes that have been made. This procedure will be effective May 17<sup>th</sup>, 2021.

**Part II. Emergency Plan Sections Reviewed** (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE, EAL CHANGE OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10CFR50.54(q)(2) DOCUMENTATION IS REQUIRED.

**Part 1 Introduction:**

Section A: Purpose

**Part 2 Planning Standards and Criteria:**

Section A: Assignment of Responsibility

Section B: Station Emergency Response Organization

Section D: Emergency Classification System

**Part III. Ability to Maintain the Emergency Plan** (Answer the following questions related to impact on the ability to maintain the emergency plan):

- Do any elements of the activity change information contained in the emergency plan (Section 3.0 Step 6)?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Evacuation Time Estimate results or documentation?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Onshift Staffing Analysis results or documentation?  
YES  NO  IF YES, enter screening process for that element

## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-120                 | Revision: 15 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Emergency Classification                      |              |

**Part IV. Maintaining the Emergency Plan Conclusion** The questions in Part III do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part V document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.



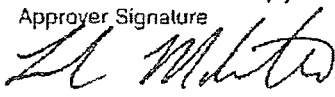
- Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
  - Check the box below when the 10CFR50.54(q)(2) review completes all actions for all elements of the activity -- no 10CFR50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.
- I have completed a review of this activity in accordance with 10CFR50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10CFR50.54(q)(3).

Per Post Shutdown Emergency Plan (PSEP), both Unit 2 and Unit 3 will be defueled and will no longer operate. The changes made to this procedure (see attached matrix) reflects the changes made to the document submitted to the NRC (license # NL-19-001) as well as some minor editorial changes. The NRC has approved the Unit 3 PSEP per RA-20-040.

A review of this activity in accordance with 10CFR50.54(q)(2) has been completed and has determined that the effectiveness of the PSEP is maintained. This revision aligns the procedure with the protocols of the post Unit 3 shutdown. None of the changes affect the ability to perform classifications, notifications or PARS. Additionally, it does not affect the activation of the Emergency Response Organization and the planning standard requirements are maintained. The changes made do not require a change to the Emergency Action Level scheme, On-Shift Staffing Study or the PSEP.

No further actions are required to screen or evaluate this activity under 10CFR50.54(q)(3).

**Part V. Signatures:**

|                                                                       |                                                                                                                                         |                     |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Preparer Name (Print)<br>Craig Delamater                              | Preparer Signature<br>                               | Date: 11/23/2020    |
| (Optional) Reviewer Name (Print)                                      | Reviewer Signature                                                                                                                      | Date:               |
| Reviewer Name (Print)<br>Timothy Garvey<br>Nuclear EP Project Manager | Reviewer Signature<br><br>For Tim Garvey per Telecom | Date:<br>11/23/2020 |
| Approver Name (Print)<br>Emergency Planning Manager or designee       | Approver Signature<br>                               | Date:<br>3/22/21    |

# IPEC Emergency Classification REVISION 15 IP-EP-120 MATRIX

| Change No. | Page/Section                          | Previous Version (Revision 20-01)                                                                 | New Version (Revision 20-02)                                                                   | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                     |
|------------|---------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.         | <b>Cover Page Header Footer</b>       | Revision 14<br>Rebecca Martin<br>Effective Date: June 1, 2020<br><i>IP-EP-120 (Class) R13.doc</i> | Revision 15<br>Gary Norton<br>Effective Date: May 17, 2021<br><i>IP-EP-120 (Class) R15.doc</i> | Yes              | <p>No - This is an editorial change to the Revision number and prepared by and approval and Effective Date.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>                                     |
| 2.         | <b>Section 3.0 Definitions Page 3</b> | N/A                                                                                               | Shift Manager is (CFH) Certified Fuel Handler                                                  | No               | <p>No – No responsibilities have been removed but titles have changed, and some responsibilities have been consolidated into a single position.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## IPEC Emergency Classification REVISION 15 IP-EP-120 MATRIX

| Change No. | Page/Section                                             | Previous Version (Revision 20-01)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | New Version (Revision 20-02)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.         | Section 4.0<br>Responsibilities<br>Page 3<br>Section 4.1 | <p>The <u>Unit 3</u> Shift Manager (Control Room Supervisor if the Shift Manager is unavailable or incapacitated) <del>of the affected unit</del> shall implement this procedure for the initial emergency classification. For classifiable events that potentially impact both units (security, natural or <del>man-made</del> events), the <u>Unit 3</u> Shift Managers <del>for each unit shall will</del> confer <u>with the Unit 2 Shift Manager (if they are available) and about the need to classify the event.</u> <del>If it is determined SHALL that emergency classification is warranted, the Unit 2 Shift Manager shall declare the event in accordance with this procedure.</del> Once an initial emergency classification has been made, the <u>Unit 3</u> Shift Manager making the initial declaration shall be responsible for any subsequent emergency classifications, regardless of which unit is affected, until such time as relieved by the on-call Emergency Director.</p> | <p>The <u>Unit 3</u> Shift Manager (CFH) or (Unit 2 Shift Manager (CFH) if the Shift manager is incapacitated) <del>of the affected unit</del> shall implement this procedure for <u>any related decommissioning initial emergency classifications.</u> For classifiable events that potentially impact both units (security, natural or <del>man-made</del> events), the <u>Unit 3</u> Shift Managers <del>for each unit shall will</del> confer <u>with the Unit 2 Shift Manager (if they are available) and about the need to classify the event.</u> <del>If it is determined SHALL that emergency classification is warranted, the Unit 2 Shift Manager shall declare the event in accordance with this procedure.</del> Once an initial emergency classification has been made, the <u>Unit 3</u> Shift Manager making the initial declaration shall be responsible for any subsequent emergency classifications, regardless of which unit is affected, until such time as relieved by the on-call Emergency Director.</p> | No               | <p>No – The Shift manager is now the certified fuel handler CFH. The control room supervisor is no longer part of the staffing per table B-1 E-Plan Rev. 21-02 and the call is backed up by the opposite unit Shift Manager.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

# IPEC Emergency Classification REVISION 15 IP-EP-120 MATRIX

| Change No. | Page/Section                                          | Previous Version (Revision 20-01)                                                                                                                                                                                                                                                                                        | New Version (Revision 20-02)                                                                                                                                                                                                                                                                                                                                                                  | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                               |
|------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.         | Section 4.0 Responsibilities<br>Page 3<br>Section 4.2 | <u>The Unit 2 Shift Manager (Certified Fuel Handler-if the Shift Manager is unavailable or incapacitated) shall implement this procedure for any related decommissioning initial emergency classifications. The Unit 2 Shift Manager will confer with the Unit 3 Shift Manager about the need to classify the event.</u> | <u>The Unit 2 Shift Manager (Certified Fuel Handler-if the Shift Manager is unavailable or incapacitated) or Unit 3 Shift Manager (CFH) if the Shift manager is incapacitated) shall implement this procedure for any related decommissioning initial emergency classifications. The Unit 2 Shift Manager will confer with the Unit 3 Shift Manager about the need to classify the event.</u> | No               | No – The Shift Manager is now the Certified Fuel Handler CFH.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |
| 5.         | Section 4.0 Responsibilities<br>Page 3<br>Section 4.3 | The Shift Manager                                                                                                                                                                                                                                                                                                        | The Shift Manager (CFH)                                                                                                                                                                                                                                                                                                                                                                       | No               | No – The Shift manager is now the certified fuel handler CFH.<br><br>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change. |

# IPEC Emergency Classification REVISION 15 IP-EP-120 MATRIX

| Change No. | Page/Section                                              | Previous Version (Revision 20-01)                                                                                                                                                                                                                                   | New Version (Revision 20-02)                                                                                                                                                    | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                            |
|------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6.         | Section 5.0<br>Details<br>Page 5<br>Section 5.1<br>Note 2 | <div style="border: 1px solid black; padding: 5px;"> <p>2. For Unit 2, not all EALs (Attachment 9.1) are applicable post shut down. Validate applicable EALs via EAL Wall Chart.</p> </div>                                                                         | <div style="border: 1px solid black; padding: 5px;"> <p>2. Not all EALs (Attachment 9.1) are applicable post shut down. Validate applicable EALs via EAL Wall Chart.</p> </div> | No               | <p>No – Unit 2 was removed as both units are now permanently defueled.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |
| 7.         | Section 5.0<br>Details<br>Page 5<br>Section 5.1.2(a)      | <p>(a) The plant condition existing at the time the abnormal condition exists:</p> <ul style="list-style-type: none"> <li>• All Operating Modes 1, 2, 3, 4, 5,6, DEF</li> <li>• Hot Condition Modes 1, 2, 3, 4</li> <li>• Cold Condition Modes 5, 6, DEF</li> </ul> | <p>(a) The plant condition existing at the time the abnormal condition exists:</p> <ul style="list-style-type: none"> <li>• Cold Condition Modes DEF</li> </ul>                 | No               | <p>No – removed 2 bullets as both units are permanently defueled.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p>      |

# IPEC Emergency Classification REVISION 15 IP-EP-120 MATRIX

| Change No. | Page/Section                                    | Previous Version (Revision 20-01)                                                                                                                                                                                                                                                                                                                                                                                                                               | New Version (Revision 20-02)                                                                                                                                                                                                                                                                                                                                                                                                                                                | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                      |
|------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.         | Section 5.0<br>Details<br>Page 6<br>Section 5.2 | <p style="text-align: center;"><b>NOTE</b></p> <p>IF the condition or event requiring initial classification potentially affects both units (security, natural or man-made events), <b>THEN</b> the Unit Shift Managers shall contact each other <u>(if available)</u> and confer on the need to declare. Upon concurrence, the <b>Unit 23</b> Shift Manager shall make the appropriate emergency classification and assume the role of Emergency Director.</p> | <p style="text-align: center;"><b>NOTE</b></p> <p>IF the condition or event requiring initial classification potentially affects both units (security, natural or man-made events), <b>THEN</b> the Unit Shift Managers (CFH) shall contact each other <u>(if available)</u> and confer on the need to declare. Upon concurrence, the <b>Unit 23</b> Shift Manager (CFH) shall make the appropriate emergency classification and assume the role of Emergency Director.</p> | No               | <p>No – Added (CFH) to Shift Manager. Both units Shift Managers are now Certified Fuel Handlers.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |

## IPEC Emergency Classification REVISION 15 IP-EP-120 MATRIX

| Change No. | Page/Section            | Previous Version (Revision 20-01)                                                                                                                                                                                                                                                                                                                                                                                                                      | New Version (Revision 20-02)                                                                                                                                                                                                                                                                                                                                            | Editorial Change | Effect on 10 CFR 50.47(b) Planning Standards or NUREG-0654 program elements? Justify if NO.                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.         | Page 6<br>Section 5.2.1 | <p>The Shift Manager (U3 Control Room Supervisor if the U3 Shift Manager is unavailable or incapacitated) shall announce to the Control Room operating staff:</p> <p>(a) That an emergency has been declared.</p> <p>(b) The emergency classification level.</p> <p>(c) That the (Unit 2 or Unit 3) Shift Manager (U3 Control Room Supervisor if the U3 Shift Manager is unavailable or incapacitated) has assumed the role of Emergency Director.</p> | <p>The Shift Manager (Unit 2 Shift Manager (CFH) if the U3 Shift Manager is unavailable or incapacitated) shall announce to the Control Room operating staff:</p> <p>(a) That an emergency has been declared.</p> <p>(b) The emergency classification level.</p> <p>(c) That the (Unit 2 or Unit 3) Shift Manager (CFH) has assumed the role of Emergency Director.</p> | No               | <p>No – The Shift Manager is now the Certified Fuel Handler CFH. The control room supervisor is no longer part of the staffing per table B-1 E-Plan Rev. 21-02 and the call is backed up by the opposite unit Shift Manager.</p> <p>The meaning or intent of description in the emergency plan, facilities or equipment described in the emergency plan or a process described in the emergency plan are not affected by this change. No further evaluation is required for this change.</p> |



### Attachment 9.1

## Emergency Planning Document Change Checklist Form

(All sections must be completed, N/A or place a check on the line where applicable)

### Section 1

|                      |                                                                                                                                                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doc/Procedure Type:  | Administrative <input type="checkbox"/> Implementing <input checked="" type="checkbox"/> EPLAN <input type="checkbox"/> N/A <input type="checkbox"/> |
| Doc/Procedure No:    | IP-EP-120                                                                                                                                            |
| Doc/Procedure Title: | Emergency Classification                                                                                                                             |
| New revision number: | 15                                                                                                                                                   |
| Corrective Action:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CR#: <u>OL-OLI-2018-00090 CA 19</u>                 |
| Effective date:      | May 17, 2021                                                                                                                                         |

### Section 2

#### Change Description

1. Ensure the following are completed, or are not applicable and are so marked:

- a. 50.54q                            N/A
- b. EN-FAP-OM-023                 N/A
- c. IP-SMM- AD-102                 N/A
- d. OSRC                              N/A
- e. NRC Transmittal               N/A   
(within 30 days)

2. List any other documents affected by this change: N/A

3. Transmittals are completed:  N/A  Date: 4/29/21

4. Ensure the proper revision is active in eB Ref. Lib.:  N/A

5. Approved doc/procedure delivered to Doc. Control for distribution:  N/A  Date: 4/29/21

6. Position Binders updated:  N/A  Date: 4/29/21

7. Copy of EPDCC placed in EP file:  N/A  Date: 4/29/21

8. Supporting documentation is submitted as a general record in eB Ref. Lib.:  N/A  Date: 4/29/21

9. Word files are moved from working drafts folder to current revision folder in the EP drive:  
 N/A  Date: 5/17/21



ENN IPEC  
EMERGENCY PLAN  
IMPLEMENTING  
PROCEDURES

NON-QUALITY RELATED  
PROCEDURE

REFERENCE USE

IP-EP-120

Revision 15

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**CONTROLLED**

### Emergency Classification

Prepared by:

Gary Norton

Print Name

*Gary Norton*

Signature

4/22/2021

Date

Approval:

Frank J. Mitchell

Print Name

*F. Mitchell*

Signature

4/22/2021

Date

Effective Date: May 17, 2021

*This procedure excluded from further EN-LI-100 reviews.*



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## Emergency Classification

### 1.0 PURPOSE

To describe the method for classification of emergencies at IPEC as a Notification of Unusual Event (NUE), Alert, Site Area Emergency (SAE) or General Emergency (GE). It also described actions to take regarding Out-of-Service instruments that are used to evaluate EAL's.

### 2.0 REFERENCES

- 2.1 Indian Point Energy Center Emergency Plan
- 2.2 NEI 99-01 Rev 5, Methodology for Development of Emergency Action Levels
- 2.3 IP-EP-AD13 IPEC Emergency Action Level Technical Bases
- 2.4 IP-EP-AD40 Equipment Important to Emergency Response
- 2.5 Hot Conditions EAL Chart
- 2.6 Cold Conditions EAL Chart


### 3.0 DEFINITIONS

Refer to Reference 2.3

Shift Manager is (CFH) Certified Fuel Handler

### 4.0 RESPONSIBILITIES

- 4.1 The Unit 3 Shift Manager (CFH) or (Unit 2 Shift Manager (CFH) if the Shift manager is incapacitated) shall implement this procedure for any related decommissioning initial emergency classifications. For classifiable events that potentially impact both units (security, natural or man-made events), the Unit 3 Shift Manager will confer with the Unit 2 Shift Manager (if they are available) and SHALL declare the event in accordance with this procedure. Once an initial emergency classification has been made, the Unit 3 Shift Manager making the initial declaration shall be responsible for any subsequent emergency classifications, regardless of which unit is affected, until such time as relieved by the on-call Emergency Director.
- 4.2 The Unit 2 Shift Manager (Certified Fuel Handler) or (Unit 3 Shift Manager (CFH) if the Shift manager is incapacitated) shall implement this procedure for any related decommissioning initial emergency classifications. The Unit 2 Shift Manager will confer with the Unit 3 Shift Manager about the need to classify the event.
- 4.3 The Shift Manager (CFH), upon initial emergency classification, shall assume the role of Emergency Director and shall act as the Emergency Director until relieved by the On-Call Emergency Director or other qualified Emergency Director (Plant Operations

|                                                                                   |                                                          |                                                       |                                                              |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
|  | ENN IPEC<br>EMERGENCY PLAN<br>IMPLEMENTING<br>PROCEDURES | NON-QUALITY RELATED<br>PROCEDURE<br><br>REFERENCE USE | IP-EP-120      Revision 15<br><br>Page <u>4</u> of <u>50</u> |
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Manager).

- 4.4 The Emergency Director is responsible for overall command and control of the emergency response, including classifications; notifications, PARs and ensuring all resources are available to mitigate emergency conditions. The Emergency Director is the final authority for determining the emergency classification level (initial classification, upgrading, or terminating to recovery). This authority may not be delegated.
- 4.5 Initial and subsequent emergency classification shall be made within 15 minutes following the identification of a classifiable event to ensure that prompt notification, mobilization, protective and corrective actions are taken.
- 4.6 Upon becoming aware of any condition or event that they believe may warrant an upgrade in emergency classification, Emergency Response Organization members shall promptly inform the Emergency Director via their chain of command.
- 4.7 A broad spectrum of discretion in classifying events is provided under "Hazards" Sub-Category 6.0 "Judgement". In using the Sub-Category "Judgement" and in classifying emergencies under circumstances which are not a straight-forward use of the EALs, ERO members should be mindful that an approach is needed which is conservative with respect to public, plant, and personnel safety and with respect to ensuring the adequacy of personnel and technical support. Conservative decisions must be made if the Emergency Director has any doubt regarding the health and safety of the public.



## 5.0 DETAILS

### 5.1 Recognizing an Emergency

#### NOTE

1. All classifications are to be based upon VALID indications, reports or conditions. Indications, reports or conditions are considered VALID when they are verified by (1) an instrument channel check, or (2) indications on related or redundant indicators, or (3) by direct observation by plant personnel, such that doubt related to the indicator's operability, the condition's existence, or the report's accuracy is removed. Implicit in this definition is the need for timely assessment.

2. Not all EALs (Attachment 9.1) are applicable post shut down. Validate applicable EALs via EAL Wall Chart.

5.1.1 When indications of abnormal conditions or events are received, personnel will verify the symptoms/indications and then compare with the Emergency Action Levels (Attachment 9.1).

5.1.2 Identify the highest applicable emergency classification level (if multiple EALs are exceeded) for which an EAL has been met or exceeded considering the following:

(a) The plant condition existing at the time the abnormal condition exists:

- Cold Condition Modes DEF

(b) **IF** conditions warrant the issuance of offsite Protective Action Recommendations (PARs), **THEN** the classification of General Emergency is required.

(c) **IF** plant conditions indicate a possible radiological release or a release is in progress or suspected, **THEN** evaluate the applicability of offsite dose-based EALs (IP-EP-310, Dose Assessment).



**NOTE**

The term 'Release' as it is used at IPEC for Emergency Planning is defined as "A release of radioactive materials due to the classified event" (per NYS Radiological Emergency Data Form, Part 1).

In accordance with the Part 1 form, "Release" is classified as one of the 4 following descriptions:

- A. NO Release
- B. Release BELOW Federal Limits
- C. Release ABOVE Federal Limits
- D. Unmonitored Release Requiring Evaluation

- (d) **IF** a classification level was met or exceeded but the classifiable condition no longer exists (a lesser classification level may or may not still be appropriate), **THEN** refer to Section 5.4, Transitory Events, Spikes and Spurious Indications.

5.2 Initial Emergency Declaration from the Control Room


**NOTE**

**IF** the condition or event requiring initial classification potentially affects both units (security, natural or man-made events), **THEN** the Unit Shift Managers (CFH) shall contact each other (if available) and confer on the need to declare. Upon concurrence, the **Unit 3** Shift Manager (CFH) shall make the appropriate emergency classification and assume the role of Emergency Director.

5.2.1 The Shift Manager (Unit 2 Shift Manager (CFH) if the U3 Shift Manager is unavailable or incapacitated) shall announce to the Control Room operating staff:

- (a) That an emergency has been declared.
- (b) The emergency classification level.
- (c) That the (Unit 2 or Unit 3) Shift Manager has assumed the role of Emergency Director.

5.2.2 Implement procedure **IP-EP-210 "Central Control Room"**.

|                                                                                   |                                                          |                                                       |                                                              |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
|  | ENN IPEC<br>EMERGENCY PLAN<br>IMPLEMENTING<br>PROCEDURES | NON-QUALITY RELATED<br>PROCEDURE<br><br>REFERENCE USE | IP-EP-120      Revision 15<br><br>Page <u>7</u> of <u>50</u> |
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### 5.3 While in a Classified Emergency

5.3.1 Emergency response personnel shall continuously review the Emergency Action Levels (Attachment 9.1).

5.3.2 If an Emergency Action Level threshold is exceeded for an emergency classification higher than currently declared, the Emergency Director shall re-classify the event to the appropriate level and initiate all required notifications.

### 5.4 Transitory Events, Spikes and Spurious Indications

5.4.1 Transitory events that result in exceeding the Emergency Action Level criteria for event declaration, but which are terminated before they are declared, should still be identified, documented and reported (10CFR50.72), but not declared to implement the Emergency Plan.

5.4.2 In the case of a "spike" in a plant indication or event which rapidly exceeds and then decreases below an Emergency Action Level threshold, entry into the Emergency Plan or escalation to a higher classification "in retrospect" is not appropriate unless the "spike" is indicative of continuing degrading conditions which will lead to an escalated emergency classification level. Examples include momentary steam generator level shrink following reactor trip or brief wind gusts in excess of classifiable levels.

5.4.3 Spurious alarms or parameters, which are known to be invalid indicators of actual plant conditions or of the emergency classification, should not be used to declare emergency classifications.

### 5.5 Compensatory Measures for Out-of-Service EAL Instruments.

5.5.1 IP-EP-AD40 provides guidance when planning to take an instrument OOS (Out of Service) that is used to determine an EAL condition or following an unplanned loss of the instrument.

## 6.0 INTERFACES

6.1 IP-EP-210, Central Control Room

6.2 EN-EP-610, Technical Support Center (TSC) Operations


6.3 IP-EP-310, Dose Assessment

6.4 IP-EP-410, Protective Action Recommendations

6.5 IP-EP-510, Meteorological, Radiological & Plant Data Acquisition System

6.6 IP-EP-340, Meteorological Information & Data Acquisition System (MIDAS)



|                                                                                                                                                      |                                                               |                                                                     |
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|  <p>ENN IPEC<br/>EMERGENCY PLAN<br/>IMPLEMENTING<br/>PROCEDURES</p> | <p>NON-QUALITY RELATED<br/>PROCEDURE</p> <p>REFERENCE USE</p> | <p>IP-EP-120      Revision 15</p> <p>Page <u>8</u> of <u>50</u></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|

6.7 IP-EP-AD40, Equipment Important to Emergency Response

7.0 **RECORDS**

Any logs or forms completed by members of the ERO during an actual declared emergency are permanent quality records.

8.0 **REQUIREMENTS AND COMMITMENTS**

NONE

9.0 **ATTACHMENTS**

9.1 Emergency Action Levels



9.1 - Emergency Action Levels

CATEGORY "A" Abnormal Rad Release / Rad Effluent

| Sub-Category                    | General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Site Area | Alert | Unusual Event |   |     |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|---------------|---|-----|---|-----|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|
| I.<br>Offsite Rad<br>Conditions | <p><b>AG 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Any valid radiation monitor reading &gt; Table A-1 column "GE" for <math>\geq 15</math> min. (Note 1)</p> <p><b>AG 1.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Dose assessment using actual meteorology indicates doses &gt; 1000 mRem TEDE or &gt; 5000 mRem thyroid CDE at or beyond the site boundary.</p> <p><b>AG 1.3</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Field survey results indicate closed window dose rates &gt; 1000 mRem/hr. expected to continue for <math>\geq 1</math> hr at or beyond the site boundary</p> <p><b>OR</b></p> <p>Anakyses of field survey samples indicate thyroid CDE of &gt; 5000 mRem for 1 hr of inhalation at or beyond the site boundary</p> | 1         | 2     | 3             | 4 | 5   | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>AS 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Any valid radiation monitor reading &gt; Table A-1 column "SAE" for <math>\geq 15</math> min. (Note 1)</p> <p><b>AS 1.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Dose assessment using actual meteorology indicates doses &gt; 100 mRem TEDE or &gt; 500 mRem thyroid CDE at or beyond the site boundary</p> <p><b>AS 1.3</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Field survey indicates closed window dose rate &gt; 100 mRem/hr. that is expected to continue for <math>\geq 1</math> hr at or beyond the site boundary</p> <p><b>OR</b></p> <p>Field survey sample analysis indicates thyroid CDE of &gt; 500 mRem for 1 hr of inhalation at or beyond the site boundary</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>AA 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Any valid gaseous monitor reading &gt; Table A-1 column "Alert" for <math>\geq 15</math> min. (Note 2)</p> <p><b>AA 1.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Any valid liquid monitor reading &gt; Table A-1 column "Alert" for <math>\geq 15</math> min. (Note 2)</p> <p><b>AA 1.3</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Confirmed sample analyses for gaseous or liquid releases indicate concentrations or release rates &gt; 200 x Technical Specification (ODCM) limits for <math>\geq 15</math> min. (NOTE 2)</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>AU 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Any valid gaseous monitor reading &gt; Table A-1 column "UE" for <math>\geq 60</math> min. (Note 2)</p> <p><b>AU 1.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Any valid liquid monitor reading &gt; Table A-1 column "UE" for <math>\geq 60</math> min. (Note2)</p> <p><b>AU 1.3</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Confirmed sample analyses for gaseous or liquid releases indicate concentrations or release rates &gt; 2 x Technical Specifications (ODCM) limits for <math>\geq 60</math> min. (Note 2)</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3         | 4     | 5             | 6 | DEF |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |     |   |   |   |   |   |   |     |   |   |   |   |   |   |     |



9.1 - Emergency Action Levels

CATEGORY "A" Abnormal Rad Release / Rad Effluent

| Sub-Category                                   | General | Site Area | Alert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unusual Event |   |     |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
|------------------------------------------------|---------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|-----|---|---|---|-----|---|---|---|---|---|---|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|
| Onsite Rad Conditions & Irradiated Fuel Events |         |           | <p>AA 2.1</p> <table border="1" data-bbox="1023 493 1417 537"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Damage to irradiated fuel or loss of water level (uncovering irradiated fuel outside the Reactor Vessel) that causes a valid high alarm on <b>any</b> of the following radiation monitors:</p> <ul style="list-style-type: none"> <li>- R-2/R7 Vapor Containment Area Monitors</li> <li>- R-5 Fuel Storage Bldg. Area Monitors</li> <li>- R-42 [R-12] VC Gas Activity</li> <li>- R-25/R-26 Vapor Containment High Radiation Area Monitors</li> </ul> <p>AA 2.2</p> <table border="1" data-bbox="1023 1000 1417 1044"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>A water level drop in the reactor cavity, SFP or fuel transfer canal that will result in irradiated fuel becoming uncovered</p> | 1             | 2 | 3   | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p>AU 2.1</p> <table border="1" data-bbox="1517 493 1959 537"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Unplanned low water level or alarm indicating uncontrolled water level decrease in the refueling cavity, SFP or fuel transfer canal</p> <p><b>AND</b></p> <p>Valid area radiation monitor reading rise on <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>- R2/R7 Vapor Containment Area Monitors</li> <li>- R-5 Fuel Storage Bldg. Area Monitors</li> <li>- R25/R-26 Vapor Containment High Radiation Area Monitors</li> </ul> <p>AU 2.2</p> <table border="1" data-bbox="1517 1122 1970 1166"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Unplanned valid area radiation monitor reading or survey results increase by a factor of 1,000 over normal levels*</p> <p>* Normal levels can be considered as the highest reading in the past 24 hours excluding the current peak value</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |     |   |   |   |   |   |   |     |



**9.1 - Emergency Action Levels**  
**CATEGORY "A" Abnormal Rad Release / Rad Effluent**

| Sub-Category             | General | Site Area | Alert                                                                                                                                                                                                                                                                                                                          | Unusual Event |   |     |   |   |   |     |  |
|--------------------------|---------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|-----|---|---|---|-----|--|
| 3<br>CR/CAS<br>Radiation |         |           | <p>AA 3.1</p> <table border="1" data-bbox="1017 526 1530 578"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>DEF</td> </tr> </table> <p>Dose rates &gt; 15 mRem/hr in areas requiring continuous occupancy to maintain plant safety functions:</p> <p>Control Room [R-1]</p> <p>OR</p> <p>CAS</p> | 1             | 2 | 3   | 4 | 5 | 6 | DEF |  |
| 1                        | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |  |



9.1 - Emergency Action Levels

**TABLE A-1 EFFLUENT MONITOR CLASSIFICATION THRESHOLDS**

| Monitor |           | General Emergency                               | Site Area Emergency                             | ALERT                                           | Unusual Event                                   |
|---------|-----------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Gaseous | R-27      | 7.5 E+07 $\mu$ Ci/sec<br>(2.3 E+00 $\mu$ Ci/cc) | 7.5 E+06 $\mu$ Ci/sec<br>(2.3 E-01 $\mu$ Ci/cc) | 1.4 E+06 $\mu$ Ci/sec<br>(4.2 E-02 $\mu$ Ci/cc) | 2.6 E+05 $\mu$ Ci/sec<br>(8.0 E-03 $\mu$ Ci/cc) |
|         | R-44 [14] | N/A                                             | N/A                                             | 4.2 E-02 $\mu$ Ci/cc                            | 8.0 E-03 $\mu$ Ci/cc                            |
| Liquid  | R-54 [18] | N/A                                             | N/A                                             | 4.0E-02 $\mu$ Ci/cc                             | 2.5E-03 $\mu$ Ci/cc                             |
|         | R-49 [19] | N/A                                             | N/A                                             | 5.8E-02 $\mu$ Ci/cc                             | 5.8E-04 $\mu$ Ci/cc                             |



9.1 - Emergency Action Levels

CATEGORY "H" HAZARDS

| Sub-Category                                   | General | Site Area | Alert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Unusual Event |   |     |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
|------------------------------------------------|---------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|-----|---|---|---|-----|---|---|---|---|---|---|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|
| 1<br><br>Natural &<br>Destructive<br>Phenomena |         |           | <p><b>HA 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Two or more annunciators are lit on the Peak Shock Annunciator panel, one of which is red</p> <p><b>AND</b><br/>Strong Motion Event Indicator is lit</p> <p><b>AND</b><br/>Earthquake confirmed by <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>- Earthquake felt in plant by a consensus of Control Room Operators</li> <li>- National Earthquake Information Center (Note 4)</li> <li>- Control Room indication of degraded performance of systems required for the safe shutdown of the plant</li> </ul> <p><b>HA 1.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Tornado striking or sustained high winds &gt; 90 mph (40 m/sec) resulting in <b>EITHER</b>:</p> <p>Visible damage to <b>any</b> Table H-1 plant structures containing safety systems or components</p> <p><b>OR</b></p> | 1             | 2 | 3   | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>HU 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Seismic event indentified by <b>any two</b> of the following:</p> <ul style="list-style-type: none"> <li>- Earthquake felt in plant by consensus of Control Room Operators</li> <li>- Unit 3 "Seismic Event Occurred" alarm (Panel SDF) or <b>any</b> amber Peak Shock Annunciator light is lit</li> <li>- National Earthquake Information Center (Note 4)</li> </ul> <p><b>HU 1.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Tornado striking within Protected Area boundary</p> <p><b>OR</b><br/>Sustained high winds &gt; 90 mph (40 m/sec)</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                              | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |   |   |   |   |     |   |   |   |   |   |   |     |



9.1 - Emergency Action Levels

CATEGORY "H" HAZARDS

| Sub-Category                                                    | General | Site Area | Alert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Unusual Event |   |     |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
|-----------------------------------------------------------------|---------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|-----|---|---|---|-----|---|---|---|---|---|---|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|
| <p>1</p> <p>Natural &amp; Destructive Phenomena (continued)</p> |         |           | <p>HA 1.2 (cont.)</p> <p>Control Room indication of degraded performance of safety systems</p> <p>HA 1.3</p> <table border="1" data-bbox="1038 613 1495 651"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Vehicle crash resulting in <b>Either</b>:</p> <p>Visible damage to <b>any</b> Table H-1 plant structures containing safety systems or components</p> <p><b>OR</b></p> <p>Control Room indication of degraded performance of safety systems</p> <p>HA 1.4</p> <table border="1" data-bbox="1038 971 1495 1008"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Turbine failure-generated projectiles resulting in <b>Either</b>:</p> <p>Visible damage to or penetration of <b>any</b> Table H-1 area containing safety systems or components</p> <p><b>OR</b></p> <p>Control Room indication of degraded performance of safety systems</p> | 1             | 2 | 3   | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p>HU 1.3</p> <table border="1" data-bbox="1534 643 1949 680"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Turbine failure resulting in <b>EITHER</b>:</p> <p>Casing penetration</p> <p><b>OR</b></p> <p>Damage to turbine or generator seals</p> <p>HU 1.4</p> <table border="1" data-bbox="1534 1011 1949 1049"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Flooding in any Table H-1 area that has the potential to affect safety-related equipment needed for the current operating mode</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                                                               | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                                               | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                                               | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                                                               | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |     |   |   |   |   |   |   |     |



9.1 - Emergency Action Levels

CATEGORY "H" HAZARDS

| Sub-Category                                             | General | Site Area | Alert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Unusual Event |   |     |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |     |
|----------------------------------------------------------|---------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|-----|---|---|---|-----|---|---|---|---|---|---|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|
| <p>1<br/>Natural &amp;<br/>Destructive<br/>Phenomena</p> |         |           | <p>HA 1.5</p> <table border="1" data-bbox="1038 516 1495 553"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Flooding in <b>any</b> Table H-1 area resulting in <b>Either</b>:</p> <p>An electrical shock hazard that precludes necessary access to operate or monitor safety equipment</p> <p>OR</p> <p>Control room indication of degraded performance of safety systems</p> <p>HA 1.6</p> <table border="1" data-bbox="1038 927 1495 964"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>River Water Level &gt; 15 ft. (ØMSL)</p> <p>OR</p> <p>Low Service Water Bay (Intake Structure) level resulting in a loss of service water flow</p> | 1             | 2 | 3   | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p>HU 1.5</p> <table border="1" data-bbox="1532 911 1949 948"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>River Water Level &gt; 14 ft. 6 in. (ØMSL)</p> <p>OR</p> <p>Service Water Bay (Intake Structure) water level &lt; -4 ft. 5 in. (ØMSL)</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                                                        | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |     |
| 1                                                        | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |     |
| 1                                                        | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5             | 6 | DEF |   |   |   |     |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |     |





## 9.1 - Emergency Action Levels

### Table H-1 Safe Shutdown Areas

#### TABLE H-1 SAFE SHUTDOWN AREAS

- Control Building and associated Electrical Tunnels and Battery Rooms
- Service Water Pump Structure and Valve Pits
- Fuel Storage Building
- Primary Auxiliary Building / Fan House
- Vapor Containment Building
- EDG Buildings
- Auxiliary Feed Pump Building
- Condensate Storage Tank
- Refueling Water Storage Tank



9.1 - Emergency Action Levels  
CATEGORY "H" HAZARDS

| Sub-Category              | General | Site Area | Alert                                                                                                                                                                                                                                                                                                                                                          | Unusual Event |   |     |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
|---------------------------|---------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|-----|---|---|---|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|---|---|---|---|---|---|-----|
| 2<br>Fire or<br>Explosion |         |           | <p><b>HA 2.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Fire or explosion resulting in <b>EITHER</b>:<br/>Visible damage to any Table H-1 area containing safety systems or components<br/><b>OR</b><br/>Control Room Indication of degraded performance of safety systems</p> | 1             | 2 | 3   | 4 | 5 | 6 | DEF | <p><b>HU 2.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Fire in any Table H-1 area not extinguished within 15 minutes (Note 3) of Control Room notification or verification of a control room fire alarm<br/><b>HU 2.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Explosion within Protected Area boundary</p>                                              | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                         | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                         | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                         | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 3<br>Hazardous<br>Gas     |         |           | <p><b>HA 3.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Access to any Table H-2 area is prohibited due to toxic, corrosive, asphyxiant or flammable gases which jeopardize operation of systems required to maintain safe operations or safety shut down the reactor</p>       | 1             | 2 | 3   | 4 | 5 | 6 | DEF | <p><b>HU 3.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Toxic, corrosive, asphyxiant or flammable gases in amounts that have or could adversely affect normal plant operations<br/><b>HU 3.2</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Recommendation by local, county or state officials to evacuate or shelter site personnel based on offsite event</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                         | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                         | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |   |   |   |     |   |   |   |   |   |   |     |
| 1                         | 2       | 3         | 4                                                                                                                                                                                                                                                                                                                                                              | 5             | 6 | DEF |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |   |   |   |     |   |   |   |   |   |   |     |



### 9.1 - Emergency Action Levels

#### Table H-2 Safe Shutdown Access Areas

| <b>TABLE H-2 SAFE SHUTDOWN ACCESS AREAS</b> |
|---------------------------------------------|
|---------------------------------------------|

- |                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>- Control Building and associated Electrical Tunnels and Battery Rooms</li><li>- Service Water Pump Structure and Valve Pits</li><li>- Vapor Containment Building</li><li>- Primary Auxiliary Building / Fan House</li><li>- Auxiliary Feed Pump Building</li></ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



9.1 - Emergency Action Levels

CATEGORY "H" HAZARDS

| Sub-Category                 | General                                                                                                                                                                                                                                                                                                                                                                                           | Site Area                                                                                                                                                                                                                                                                    | Alert | Unusual Event |   |     |   |     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|---|-----|---|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|
| 4<br>Security                | <p><b>HG 4.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>A hostile action has occurred such that plant personnel are unable to operate equipment required to maintain safety functions</p> <p><b>OR</b></p> <p>A hostile action has caused failure of Spent Fuel Cooling Systems and imminent damage is likely</p> | 1                                                                                                                                                                                                                                                                            | 2     | 3             | 4 | 5   | 6 | DEF | <p><b>HS 4.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>A hostile action is occurring or has occurred within the Protected Area as reported by the Security Shift Supervisor</p> | 1                                                                                                                                                                             | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>HA 4.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>A hostile action is occurring or has occurred within the Owner Controlled Area as reported by the Security Shift Supervisor</p> <p><b>OR</b></p> <p>A validated notification from NRC of an airliner attack threat within 30 minutes of the site</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>HU 4.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>A security condition that does <b>not</b> involve a hostile action as reported by the Security Shift Supervisor</p> <p><b>OR</b></p> <p>A credible site-specific security threat notification</p> <p><b>OR</b></p> <p>A validated notification from NRC providing information of an aircraft threat</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                            | 2                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                            | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |
| 1                            | 2                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                            | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |
| 1                            | 2                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                            | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |
| 1                            | 2                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                            | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |
| 5<br>Control Room Evacuation |                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>HS 5.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Control Room evacuation has been initiated</p> <p><b>AND</b></p> <p>Control of the plant cannot be established within 15 minutes</p> | 1     | 2             | 3 | 4   | 5 | 6   | DEF                                                                                                                                                                                                                                                              | <p><b>HA 5.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Control Room evacuation initiated</p> | 1 | 2 | 3 | 4 | 5 | 6   | DEF                                                                                                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |
| 1                            | 2                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                            | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |
| 1                            | 2                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                            | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |     |



9.1 - Emergency Action Levels

CATEGORY "H" HAZARDS

| Sub-Category      | General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Site Area | Alert | Unusual Event |   |     |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |     |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|---------------|---|-----|---|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|-----|
| 6<br><br>Judgment | <p><b>HG 6.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Other conditions exist that in the judgment of the Emergency Director indicate that events are in progress or have occurred which involve <b>EITHER</b>:</p> <p>Actual or imminent substantial core degradation or melting with potential for loss of containment integrity</p> <p><b>OR</b></p> <p>Hostile action that results in an actual loss of physical control of the facility</p> <p>Releases can be reasonably expected to exceed EPA Protective Action Guideline exposure levels (1 Rem TEDE and 5 Rem thyroid CDE) beyond the site boundary</p> | 1         | 2     | 3             | 4 | 5   | 6 | DEF | <p><b>HS 6.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Other conditions exist that in the judgment of the Emergency Director indicate that events are in progress or have occurred which involve <b>EITHER</b>:</p> <p>An actual or likely major failures of plant functions needed for protection of the public</p> <p><b>OR</b></p> <p>Hostile action that results in intentional damage or malicious acts; 1) toward site personnel or equipment that could lead to the likely failure of or; 2) that prevent effective access to equipment needed for the protection of the public</p> <p><b>ANY</b> releases are not expected to result in exposure levels which exceed EPA Protective Action Guidelines exposure levels (1Rem TEDE and 5 Rem thyroid CDE) beyond the site boundary</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>HA 6.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Other conditions exist that in the judgment of the Emergency Director indicate that events are in progress or have occurred which involve <b>EITHER</b>:</p> <p>An actual or potential substantial degradation of the level of safety of the plant</p> <p><b>OR</b></p> <p>A security event that involves probable life threatening risk to site personnel or damage to site equipment because of hostile action</p> <p><b>Any</b> releases are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels beyond the site boundary</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF | <p><b>HU 6.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Other conditions exist that in the judgment of the Emergency Director indicate that events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant or indicate a security threat to facility protection has been initiated. <b>No</b> releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs</p> | 1 | 2 | 3 | 4 | 5 | 6 | DEF |
| 1                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3         | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |     |
| 1                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3         | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |     |
| 1                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3         | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |     |
| 1                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3         | 4     | 5             | 6 | DEF |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |     |



9.1 Emergency Action Levels

CATEGORY "E" ISFSI

| Sub-Category | General | Site Area | Alert | Unusual Event                                                                                                                                                                                                       |   |     |   |   |   |   |     |
|--------------|---------|-----------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|---|---|---|---|-----|
| 1<br>ISFSI   |         |           |       | <p>EU 1.1</p> <table border="1" data-bbox="1485 483 1902 516"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>DEF</td> </tr> </table> <p>Damage to loaded cask confinement boundary</p> | 1 | 2   | 3 | 4 | 5 | 6 | DEF |
| 1            | 2       | 3         | 4     | 5                                                                                                                                                                                                                   | 6 | DEF |   |   |   |   |     |



9.1 - Emergency Action Levels

CATEGORY "S" SYSTEM MALFUNCTION

| Sub-Category              | General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Site Area | Alert | Unusual Event |   |  |  |  |  |                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                     |   |   |   |   |  |  |  |  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|---------------|---|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|--|
| 1<br><br>Loss of AC Power | <p><b>SG 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td><td></td> </tr> </table> <p>Loss of <b>all</b> offsite and <b>all</b> onsite AC power (Table S-1) to 480 V safeguards buses (5A, 2A/3A,6A)</p> <p><b>AND EITHER:</b></p> <p>Restoration of at least one safeguards bus within 4 hours is <b>not</b> likely</p> <p><b>OR</b></p> <p>Actual or imminent conditions requiring entry into <b>ORANGE</b> or <b>RED</b> path on F-0.2, "<b>CORE COOLING</b>"</p> | 1         | 2     | 3             | 4 |  |  |  |  | <p><b>SS 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td><td></td> </tr> </table> <p>Loss of <b>all</b> offsite and <b>all</b> onsite AC power (Table S-1) to 480 V safeguards buses (5A, 2A/3A, 6A) for <math>\geq 15</math> minutes (Note 3)</p> | 1 | 2 | 3 | 4 |  |  |  |  | <p><b>SA 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td><td></td> </tr> </table> <p>AC power capability to 480 V safeguards buses (5A, 2A/3A, 6A) reduced to a single power source (Table S-1) for <math>\geq 15</math> minutes (Note 3) such that <b>any</b> additional single failure would result in loss of <b>all</b> AC power to safeguard buses</p> | 1 | 2 | 3 | 4 |  |  |  |  | <p><b>SU 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td><td></td> </tr> </table> <p>Loss of <b>all</b> offsite AC power (Table S-1) to 480 V safeguards buses (5A, 2A/3A, 6A) for <math>\geq 15</math> minutes (Note 3)</p> | 1 | 2 | 3 | 4 |  |  |  |  |
| 1                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3         | 4     |               |   |  |  |  |  |                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                     |   |   |   |   |  |  |  |  |
| 1                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3         | 4     |               |   |  |  |  |  |                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                     |   |   |   |   |  |  |  |  |
| 1                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3         | 4     |               |   |  |  |  |  |                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                     |   |   |   |   |  |  |  |  |
| 1                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3         | 4     |               |   |  |  |  |  |                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |  |  |  |  |                                                                                                                                                                                                                                                                                     |   |   |   |   |  |  |  |  |



9.1 - Emergency Action Levels

**CATEGORY "S" SYSTEM MALFUNCTION**

| Sub-Category                                | General                                                                                                                                                                                                                                                                                                                                                                                                                                  | Site Area | Alert | Unusual Event                                                                                                                                                                                                                                                           |   |   |   |   |  |                                                                                                                                                                                                                                                                                                                             |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                         |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                    |  |  |   |   |  |  |  |  |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---|---|--|--|--|--|
| 2<br>ATWS<br>Criticality                    | <p><b>SG 2.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Failure of automatic and all manual trip signals to reduce power range &lt; 5%</p> <p><b>AND</b></p> <p>Actual or imminent conditions requiring entry into <b>EITHER:</b></p> <p><b>RED</b> path in F-0.2, CORE COOLING</p> <p><b>OR</b></p> <p><b>RED</b> path in F-0.3, HEAT SINK</p> | 1         | 2     |                                                                                                                                                                                                                                                                         |   |   |   |   |  | <p><b>SS 2.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Failure of an automatic trip signal to reduce power range &lt; 5%</p> <p><b>AND</b></p> <p>Manual trip actions taken at the reactor control console are not successful</p> | 1 | 2 |  |  |  |  |  |  | <p><b>SA 2.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Failure of an automatic trip signal to reduce power range &lt; 5%</p> <p><b>AND</b></p> <p>Manual trip actions taken at the reactor control console are successful</p> | 1 | 2 |  |  |  |  |  |  | <p><b>SU 2.1</b></p> <table border="1"> <tr> <td></td> <td></td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Unplanned sustained positive startup rate observed on nuclear instrumentation</p> |  |  | 3 | 4 |  |  |  |  |
| 1                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |       |                                                                                                                                                                                                                                                                         |   |   |   |   |  |                                                                                                                                                                                                                                                                                                                             |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                         |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                    |  |  |   |   |  |  |  |  |
| 1                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |       |                                                                                                                                                                                                                                                                         |   |   |   |   |  |                                                                                                                                                                                                                                                                                                                             |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                         |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                    |  |  |   |   |  |  |  |  |
| 1                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |       |                                                                                                                                                                                                                                                                         |   |   |   |   |  |                                                                                                                                                                                                                                                                                                                             |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                         |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                    |  |  |   |   |  |  |  |  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3         | 4     |                                                                                                                                                                                                                                                                         |   |   |   |   |  |                                                                                                                                                                                                                                                                                                                             |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                         |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                    |  |  |   |   |  |  |  |  |
| 3<br>Inability to Reach Shutdown Conditions |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |       | <p><b>SU 3.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Plant is <b>not</b> brought to required operating mode within Technical Specifications LCO action statement time</p> | 1 | 2 | 3 | 4 |  |                                                                                                                                                                                                                                                                                                                             |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                         |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                    |  |  |   |   |  |  |  |  |
| 1                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3         | 4     |                                                                                                                                                                                                                                                                         |   |   |   |   |  |                                                                                                                                                                                                                                                                                                                             |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                         |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                    |  |  |   |   |  |  |  |  |





9.1 - Emergency Action Levels

CATEGORY "S" SYSTEM MALFUNCTION

| Sub-Category       | General | Site Area                                                                                                                                                                                                                                                                                                                                                                                                                              | Alert | Unusual Event |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |   |   |   |   |  |  |  |
|--------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|---|---|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|---|---|---|---|--|--|--|
| 4<br>Inst. / Comm. |         | <p><b>SS 4.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> </tr> </table> <p>Loss of &gt; approximately 75% of Control Room Overhead annunciators or Control Room indicators Table S-3 associated with safety systems</p> <p><b>AND</b></p> <p>Any significant transient is in progress, (Table S-2)</p> <p><b>AND</b></p> <p>Compensatory indications are unavailable</p> | 1     | 2             | 3 | 4 |  |  |  | <p><b>SA 4.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> </tr> </table> <p>Unplanned loss of &gt; approximately 75% of Control Room Overhead annunciators or Control Room indicators Table S-3 associated with safety systems for <math>\geq 15</math> minutes (Note 3)</p> <p><b>AND EITHER</b></p> <p>Any significant transient is in progress, (Table S-2)</p> <p><b>OR</b></p> <p>Compensatory indications are unavailable</p> | 1 | 2 | 3 | 4 |  |  |  | <p><b>SU 4.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> </tr> </table> <p>Unplanned loss of &gt; approximately 75% of Control Room annunciators or Control Room indicators Table S-3 associated with safety systems for <math>\geq 15</math> minutes (Note 3)</p> <p><b>SU 4.2</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> </tr> </table> <p>Loss of <b>all</b> Table S-4 onsite (internal) communications capability affecting the ability to perform routine operations</p> <p><b>OR</b></p> <p>Loss of Table S-4 offsite (external) communications capability affecting the ability to perform offsite communications</p> | 1 | 2 | 3 | 4 |  |  |  | 1 | 2 | 3 | 4 |  |  |  |
| 1                  | 2       | 3                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4     |               |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |   |   |   |   |  |  |  |
| 1                  | 2       | 3                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4     |               |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |   |   |   |   |  |  |  |
| 1                  | 2       | 3                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4     |               |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |   |   |   |   |  |  |  |
| 1                  | 2       | 3                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4     |               |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |  |  |  |   |   |   |   |  |  |  |



9.1 - Emergency Action Levels

CATEGORY "S" SYSTEM MALFUNCTION

| Sub-Category                  | General | Site Area | Alert | Unusual Event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |   |   |   |  |  |  |   |   |   |   |  |  |  |
|-------------------------------|---------|-----------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|---|---|---|---|--|--|--|
| 5<br>Fuel Clad<br>Degradation |         |           |       | <p><b>SU 5.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> </tr> </table> <p>[Unit 3]: 1(2) RM063A/B Gross Failed Fuel Detector High alarm (&gt;50 <math>\mu\text{Ci/ml}</math>)</p> <p><b>SU 5.2</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> </tr> </table> <p><b>Coolant Sample Activity:</b><br/>&gt; 60 <math>\mu\text{Ci/gm}</math> I-131 dose equivalent</p> | 1 | 2 | 3 | 4 |  |  |  | 1 | 2 | 3 | 4 |  |  |  |
| 1                             | 2       | 3         | 4     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |  |  |  |   |   |   |   |  |  |  |
| 1                             | 2       | 3         | 4     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |  |  |  |   |   |   |   |  |  |  |
| 6<br>RCS<br>leakage           |         |           |       | <p><b>SU 6.1</b></p> <p>Unidentified or pressure boundary leakage &gt; 10 gpm</p> <p><b>OR</b></p> <p>Identified leakage &gt; 25 gpm</p>                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |  |  |  |   |   |   |   |  |  |  |



9.1 - Emergency Action Levels

CATEGORY "S" SYSTEM MALFUNCTION

| Sub-Category             | General | Site Area                                                                                                                                                                                                                                                                     | Alert | Unusual Event |   |   |  |  |  |  |  |
|--------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|---|---|--|--|--|--|--|
| 7<br>Loss of DC<br>Power |         | <p><b>SS 7.1</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td></td> <td></td> </tr> </table> <p>&lt; 105 VDC bus voltage<br/>indications on <b>all</b> safety-related<br/>DC buses for <math>\geq</math> 15 minutes<br/>(Note 3)</p> | 1     | 2             | 3 | 4 |  |  |  |  |  |
| 1                        | 2       | 3                                                                                                                                                                                                                                                                             | 4     |               |   |   |  |  |  |  |  |



9.1 - Emergency Action Levels  
HOT CONDITIONS

Table S – 1 Safeguards Bus AC Power Sources

| UNIT | ONSITE                                                                      | OFFSITE                                                                                                      |
|------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 2    | - 480 V EDG 21<br>- 480 V EDG 22<br>- 480 V EDG 23<br>- Appendix "R" Diesel | - Unit Auxiliary transformer*<br>- Station Auxiliary transformer*<br>- 13.8 KV gas turbine auto transformer* |
| 3    | - 480 V EDG 31<br>- 480 V EDG 32<br>- 480 V EDG 33<br>- Appendix "R" Diesel | - Unit Auxiliary transformer<br>- Station Auxiliary transformer<br>- 13W92 feeder<br>- 13W93 feeder          |

\* With 86P or 86BU tripped all offsite power supplies must be considered as one power supply.



**9.1 - Emergency Action Levels  
HOT CONDITIONS**

**Table S – 2 Significant Transients**

- Automatic turbine runback > 25% thermal reactor power
- Electrical load rejection > 25% full electrical load
- Reactor Trip
- Safety injection activation
- Thermal power oscillations of > 10%



**9.1 - Emergency Action Levels  
HOT CONDITIONS**

**Table S – 3 Safety System Indicators**

- **Reactivity Control**
- **RCS Inventory**
- **Reactor Trip**
- **Decay Heat Removal**
- **Fission Product Barriers**



9.1 - Emergency Action Levels  
HOT CONDITIONS

Table S - 4 Communications Systems

| System                        | Onsite<br>(internal) | Offsite<br>(external) |
|-------------------------------|----------------------|-----------------------|
| Plant Telephone System        | X                    | X                     |
| Plant Radio System            | X                    |                       |
| Page / Party System           | X                    |                       |
| Emergency Notification System |                      | X                     |



9.1 - Emergency Action Levels  
HOT CONDITIONS

CATEGORY "F" FISSION PRODUCT BARRIERS

|                                 | General                                                                                                                                                                                                                                             | Site Area | Alert | Unusual Event |   |  |  |  |                                                                                                                                                                                                      |   |   |   |   |  |  |  |                                                                                                                                                                                                                                          |   |   |   |   |  |  |  |                                                                                                                                                                                                                       |   |   |   |   |  |  |  |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|---------------|---|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|
| 1<br>Fission Product<br>Barrier | <p><b>FG 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td> </tr> </table> <p>Loss of <b>any</b> two barriers</p> <p><b>AND</b></p> <p>Loss or potential loss of third barrier (Table F-1)</p> | 1         | 2     | 3             | 4 |  |  |  | <p><b>FS 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td> </tr> </table> <p>Loss or potential loss of <b>any</b> two barriers (Table F-1)</p> | 1 | 2 | 3 | 4 |  |  |  | <p><b>FA 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td> </tr> </table> <p><b>Any</b> loss or <b>any</b> potential loss of either <b>Fuel Clad</b> or <b>RCS</b> (Table F-1)</p> | 1 | 2 | 3 | 4 |  |  |  | <p><b>FU 1.1</b></p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td><td></td> </tr> </table> <p><b>Any</b> loss or <b>any</b> potential loss of <b>Containment</b> (Table F-1)</p> | 1 | 2 | 3 | 4 |  |  |  |
| 1                               | 2                                                                                                                                                                                                                                                   | 3         | 4     |               |   |  |  |  |                                                                                                                                                                                                      |   |   |   |   |  |  |  |                                                                                                                                                                                                                                          |   |   |   |   |  |  |  |                                                                                                                                                                                                                       |   |   |   |   |  |  |  |
| 1                               | 2                                                                                                                                                                                                                                                   | 3         | 4     |               |   |  |  |  |                                                                                                                                                                                                      |   |   |   |   |  |  |  |                                                                                                                                                                                                                                          |   |   |   |   |  |  |  |                                                                                                                                                                                                                       |   |   |   |   |  |  |  |
| 1                               | 2                                                                                                                                                                                                                                                   | 3         | 4     |               |   |  |  |  |                                                                                                                                                                                                      |   |   |   |   |  |  |  |                                                                                                                                                                                                                                          |   |   |   |   |  |  |  |                                                                                                                                                                                                                       |   |   |   |   |  |  |  |
| 1                               | 2                                                                                                                                                                                                                                                   | 3         | 4     |               |   |  |  |  |                                                                                                                                                                                                      |   |   |   |   |  |  |  |                                                                                                                                                                                                                                          |   |   |   |   |  |  |  |                                                                                                                                                                                                                       |   |   |   |   |  |  |  |





9.1 Emergency Action Levels

HOT CONDITIONS

**TABLE "F-1" FISSION PRODUCT BARRIER MATRIX**

|          | FUEL CLADDING BARRIER<br>(FC)                                               |                                                                                                                                                                    | REACTOR COLLANT SYSTEM BARRIER<br>(RCS) |                                                                                                                                                             | CONTAINMENT BARRIER<br>(CNMT) |                                                                          |
|----------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------|
|          | <input type="checkbox"/> LOSS                                               | <input type="checkbox"/> POTENTIAL LOSS                                                                                                                            | <input type="checkbox"/> LOSS           | <input type="checkbox"/> POTENTIAL LOSS                                                                                                                     | <input type="checkbox"/> LOSS | <input type="checkbox"/> POTENTIAL LOSS                                  |
| A. CSFST | <input type="checkbox"/><br>1. Core –Cooling<br>RED entry<br>conditions met | <input type="checkbox"/><br>1. Core Cooling<br>ORANGE entry<br>conditions met<br><b>OR</b><br>Heat Sink – RED entry<br>conditions met and<br>heat sink is required | <input type="checkbox"/>                | <input type="checkbox"/><br>1. Integrity – RED entry<br>conditions met<br><b>OR</b><br>Heat Sink – RED entry<br>conditions met and<br>heat sink is required | <input type="checkbox"/>      | <input type="checkbox"/><br>1. Containment – RED<br>entry conditions met |



9.1 Emergency Action Levels  
HOT CONDITIONS

**TABLE "F-1" FISSION PRODUCT BARRIER MATRIX**

|                  | Fuel Cladding Barrier (FC)                              |                                                                                  | Reactor Coolant System (RCS)  |                                         | Containment Barrier (CNMT)    |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | <input type="checkbox"/> LOSS                           | <input type="checkbox"/> POTENTIAL LOSS                                          | <input type="checkbox"/> LOSS | <input type="checkbox"/> POTENTIAL LOSS | <input type="checkbox"/> LOSS | <input type="checkbox"/> POTENTIAL LOSS                                                                                                                                                                                                                                                                                                                                                                                                    |
| B. Core Exit TCs | <input type="checkbox"/><br>2. Core exit TCs > 1,200° F | <input type="checkbox"/><br>2. Core exit TCs [Unit 2] > 700° F [Unit 3] > 715° F | <input type="checkbox"/>      | <input type="checkbox"/>                | <input type="checkbox"/>      | <input type="checkbox"/> 2. Core exit TCs >1,200° F<br><b>AND</b><br><b>Core exit TCs not lowering within 15 minutes after restoration procedure entry</b><br><input type="checkbox"/> 3. Core exit TCs [Unit 2] > 700° F [Unit 3] > 715° F<br><b>AND</b><br>RVLIS [Unit 2] < 41% [Unit 3] < 33% w/no RCPs<br><b>AND</b><br>Core exit TCs <b>not</b> lowering or RVLIS <b>not</b> rising within 15 min. after restoration procedure entry. |



9.1 Emergency Action Levels

HOT CONDITIONS

TABLE "F-1" FISSION PRODUCT BARRIER MATRIX

|                 | Fuel Cladding Barrier<br>(FC)                                                       |                                         | Reactor Coolant System<br>(RCS)                                                                                                                                                                                     |                                         | Containment Barrier<br>(CNMT) |                                                                                     |
|-----------------|-------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                 | <input type="checkbox"/> LOSS                                                       | <input type="checkbox"/> POTENTIAL LOSS | <input type="checkbox"/> LOSS                                                                                                                                                                                       | <input type="checkbox"/> POTENTIAL LOSS | <input type="checkbox"/> LOSS | <input type="checkbox"/> POTENTIAL LOSS                                             |
| C.<br>Radiation | <input type="checkbox"/><br>3. Containment radiation monitor R-25 or R-26 > 17 R/hr |                                         | <input type="checkbox"/><br>1. [Unit 2]<br>R-41 > 1.2E-5<br>$\mu\text{Ci/cc}$ or<br>R-42 > 1.02 E-2<br>$\mu\text{Ci/cc}$<br>[Unit 3]<br>R-11 > 1.2E-5<br>$\mu\text{Ci/cc}$ or<br>R-12 > 5.0E-2<br>$\mu\text{Ci/cc}$ |                                         |                               | <input type="checkbox"/><br>4. Containment radiation monitor R-25 or R-26 > 68 R/hr |



9.1 - Emergency Action Levels  
HOT CONDITIONS

TABLE "F-1" FISSION PRODUCT BARRIER MATRIX

|                 | Fuel Cladding Barrier<br>(FC) |                                                                                                  | Reactor Coolant System<br>(RCS)                                                                                                                                                      |                                                                            | Containment Barrier<br>(GNMT)                                                                                                                                                                                                                                                                                            |                                                                                                                                                       |
|-----------------|-------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | <input type="checkbox"/> LOSS | <input type="checkbox"/> POTENTIAL LOSS                                                          | <input type="checkbox"/> LOSS                                                                                                                                                        | <input type="checkbox"/> POTENTIAL LOSS                                    | <input type="checkbox"/> LOSS                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> POTENTIAL LOSS                                                                                                               |
| D.<br>Inventory | <input type="checkbox"/>      | <input type="checkbox"/><br>3. RVLIS<br>[Unit 2] < 41%<br>[Unit 3] < 33%<br>With no RCPs running | <input type="checkbox"/><br>2. RCS leak rate resulting in a loss of RCS sub-cooling (<Table F-2)<br><br><input type="checkbox"/><br>3. Ruptured SG results in an ECCS (SI) actuation | <input type="checkbox"/><br>2. RCS leak rate indicated greater than 87 gpm | <input type="checkbox"/> 1. A<br>Containment pressure rise followed by a rapid unexplained drop in Containment pressure<br><br><input type="checkbox"/> 2. Containment pressure or sump level response not consistent with LOCA conditions<br><br><input type="checkbox"/> 3. Ruptured SG faulted outside of Containment | <input type="checkbox"/> 5. Containment pressure > 47 psig and rising<br><br><input type="checkbox"/> 6. Containment hydrogen concentration $\geq$ 4% |



9.1 - Emergency Action Levels  
HOT CONDITIONS

**TABLE "F-1" FISSION PRODUCT BARRIER MATRIX**

|                                | Fuel Cladding Barrier<br>(FC) |                                         | Reactor Coolant System<br>(RCS) |                                         | Containment Barrier<br>(CNMT)                                                                                                                                            |                                                                                                                                                                                                              |
|--------------------------------|-------------------------------|-----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | <input type="checkbox"/> LOSS | <input type="checkbox"/> POTENTIAL LOSS | <input type="checkbox"/> LOSS   | <input type="checkbox"/> POTENTIAL LOSS | <input type="checkbox"/> LOSS                                                                                                                                            | <input type="checkbox"/> POTENTIAL LOSS                                                                                                                                                                      |
| D.<br>Inventory<br>(continued) |                               |                                         |                                 |                                         | <input type="checkbox"/> 4. Primary-<br>to-secondary<br>leak rate > 10<br>gpm<br><b>AND</b><br>Un-isolable<br>steam release<br>from affected<br>SG to the<br>environment | <input type="checkbox"/> 7. Containment<br>pressure > Phase B<br>isolation signal set-point<br>following LOCA<br><b>AND</b><br>Less than Table F-3<br>depressurization<br>equipment operating as<br>designed |



9.1 - Emergency Action Levels  
HOT CONDITIONS

TABLE "F-1" FISSION PRODUCT BARRIER MATRIX

|             | Fuel Cladding Barrier (FC)                                                                                                      |                                                                                                                                           | Reactor Coolant System (RCS)                                                                                              |                                                                                                                                     | Containment Barrier (CNMT)                                                                                                                                                          |                                                                                                                                             |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|             | <input type="checkbox"/> LOSS                                                                                                   | <input type="checkbox"/> POTENTIAL LOSS                                                                                                   | <input type="checkbox"/> LOSS                                                                                             | <input type="checkbox"/> POTENTIAL LOSS                                                                                             | <input type="checkbox"/> LOSS                                                                                                                                                       | <input type="checkbox"/> POTENTIAL LOSS                                                                                                     |
| E. Other    | <input type="checkbox"/> 4. Primary coolant activity > 300 µCi/gm I-131 dose equivalent                                         |                                                                                                                                           |                                                                                                                           |                                                                                                                                     | <input type="checkbox"/> 5. Inability to isolate all valves in any one line<br><b>AND</b><br>Direct downstream pathway to the environment exists after Containment isolation signal |                                                                                                                                             |
| F. Judgment | <input type="checkbox"/> 5. ANY condition in the opinion of the Emergency Director that indicates loss of the Fuel Clad barrier | <input type="checkbox"/> 4. ANY condition in the opinion of the Emergency Director that indicates potential loss of the Fuel Clad barrier | <input type="checkbox"/> 4. ANY condition in the opinion of the Emergency Director that indicates loss of the RCS barrier | <input type="checkbox"/> 3. ANY condition in the opinion of the Emergency Director that indicates potential loss of the RCS barrier | <input type="checkbox"/> 6. ANY condition in the opinion of the Emergency Director that indicates loss of the Containment barrier                                                   | <input type="checkbox"/> 8. ANY condition in the opinion of the Emergency Director that indicates potential loss of the Containment barrier |



9.1 – Emergency Action Levels  
HOT CONDITIONS  
Table “F-2” RCS Sub-cooling

| UNIT | RCS Pressure<br>(PSIG) | Sub-cooling<br>(°F)     |                     |
|------|------------------------|-------------------------|---------------------|
|      |                        | Non-Adverse Containment | Adverse Containment |
| 2    | 0 – 400                | 52                      | 83                  |
|      | 401 – 800              | 36                      | 49                  |
|      | 801 – 1200             | 23                      | 30                  |
|      | 1201 - 2500            | 19                      | 26                  |
| 3    | < 1000                 | 40                      | 112                 |
|      | 1000 – 1900            | 40                      | 78                  |
|      | > 1900                 | 40                      | 63                  |




9.1 - Emergency Action Levels  
HOT CONDITIONS

Table "F-3" Minimum Containment Cooling Systems

| FCUs | Spray Pumps |
|------|-------------|
| < 3  | 2           |
| 3    | 1           |
| 5    | 0           |



|                                                                                                                                                  |                                                    |           |                |    |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------|----------------|----|-----------|
| <br>ENN IPEC<br>EMERGENCY<br>PLAN<br>IMPLEMENTING<br>PROCEDURES | NON-QUALITY RELATED PROCEDURE<br><br>REFERENCE USE | IP-EP-120 | Revision<br>15 |    |           |
|                                                                                                                                                  |                                                    | Page      | <u>40</u>      | of | <u>50</u> |

## 9.1 - Emergency Action Levels

### NOTES HOT CONDITIONS:

**NOTE 1:** The Emergency Director should not wait until the applicable time has elapsed, but should declare the event as soon as it is determined that the condition will likely exceed the applicable time. **IF** dose assessment results are available, **THEN** declaration should be based on dose assessment instead of radiation monitor values. (See EAL AS1.2/AG1.2) Do not delay declaration awaiting dose assessment results.

**NOTE 2:** The Emergency Director should not wait until the applicable time has elapsed, but should declare the event as soon as it is determined the release duration has exceeded, or will likely exceed, the applicable time. In the absence of data to the contrary, assume that the release duration has exceeded the applicable time if an ongoing release is detected and the release start time is unknown.

**NOTE 3:** The Emergency Director should not wait until the applicable time has elapsed, but should declare the event as soon as it is determined that the condition will likely exceed the applicable time.

**NOTE 4:** The National Earthquake Information Center (NEIC) can be contacted by calling (303) 273- 8500 to confirm recent seismic activity in the vicinity of IPEC. Provide the analyst with the following IPEC coordinates: **41° 15' 55" north latitude, 73° 57' 08" west longitude.**

-Alternatively go to the USGS NEIC website: <http://earthquake.usgs.gov>

**NOTE 5:** Not applicable to this chart.



ENN IPEC  
EMERGENCY  
PLAN  
IMPLEMENTING  
PROCEDURES

NON-QUALITY RELATED PROCEDURE

REFERENCE USE

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**9.1 - Emergency Action Levels**  
**CATEGORY "C" COLD SHUT DOWN/REFUEL SYSTEM MALFUNCTION**

| Sub-Category          | General | Site Area | Alert                                                                                                                                                                                                                                                                                     | Unusual Event |   |     |  |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |   |   |  |
|-----------------------|---------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|-----|--|---|---|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---|---|--|
| 1<br>Loss of AC Power |         |           | <p><b>CA 1.1</b></p> <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>5</td> <td>6</td> <td>DEF</td> </tr> </table> <p>Loss of all offsite and all onsite AC power (Table C-4) to 480V safeguards buses (5A, 2A/3A, 6A) for <math>\geq 15</math> minutes. (Note 3)</p> |               |   |     |  | 5 | 6 | DEF | <p><b>CU 1.1</b></p> <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>5</td> <td>6</td> <td></td> </tr> </table> <p>AC power capability to 480V safeguards buses (5A, 2A/3A, 6A) reduced to a single power source (Table C-4) for <math>\geq 15</math> minutes such that any additional single failure would result in loss of all AC power to safeguard buses (Note 3)</p> |  |  |  |  | 5 | 6 |  |
|                       |         |           |                                                                                                                                                                                                                                                                                           | 5             | 6 | DEF |  |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |   |   |  |
|                       |         |           |                                                                                                                                                                                                                                                                                           | 5             | 6 |     |  |   |   |     |                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |   |   |  |





9.1 - Emergency Action Levels

CATEGORY "C" COLD SHUT DOWN/ REFUEL SYSEMT MALFUNCTION

| Sub-Category            | General | Site Area | Alert                                                                                                                                                                                                                                                                                                                                        | Unusual Event                                                                                                                                                                                                                                                                                                                                                                               |   |     |  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |   |   |  |  |  |  |  |   |   |  |
|-------------------------|---------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|--|---|---|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---|---|--|--|--|--|--|---|---|--|
| 3<br>RCS<br>Temperature |         |           | <p>CA 3.1</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>5</td><td>6</td><td></td> </tr> </table> <p>ANY unplanned event resulting in RCS temperature &gt; 200° F for &gt; Table C-3 duration<br/>OR<br/>RCS pressure increase &gt; 10 psig due to a loss of RCS cooling (not applicable to solid plant operations)</p> |                                                                                                                                                                                                                                                                                                                                                                                             |   |     |  | 5 | 6 |   | <p>CU 3.1</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>5</td><td>6</td><td></td> </tr> </table> <p>Any unplanned event resulting in RCS temperature &gt; 200° F due to loss of decay heat removal capability</p> <p>CU 3.2</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>5</td><td>6</td><td></td> </tr> </table> <p>Loss of all RCS temperature and reactor vessel level indication for ≥ 15 minutes (Note 3)</p> |  |  |  |  | 5 | 6 |  |  |  |  |  | 5 | 6 |  |
|                         |         |           |                                                                                                                                                                                                                                                                                                                                              | 5                                                                                                                                                                                                                                                                                                                                                                                           | 6 |     |  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |   |   |  |  |  |  |  |   |   |  |
|                         |         |           |                                                                                                                                                                                                                                                                                                                                              | 5                                                                                                                                                                                                                                                                                                                                                                                           | 6 |     |  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |   |   |  |  |  |  |  |   |   |  |
|                         |         |           |                                                                                                                                                                                                                                                                                                                                              | 5                                                                                                                                                                                                                                                                                                                                                                                           | 6 |     |  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |   |   |  |  |  |  |  |   |   |  |
| 4<br>Communications     |         |           |                                                                                                                                                                                                                                                                                                                                              | <p>CU 4.1</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>5</td><td>6</td><td>DEF</td> </tr> </table> <p>Loss of all Table C-2 onsite (internal) communications capability affecting the ability to perform routine operations<br/>OR<br/>Loss of all Table C-2 offsite (external) communications capability affecting the ability to perform offsite notifications</p> |   |     |  |   | 5 | 6 | DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |   |   |  |  |  |  |  |   |   |  |
|                         |         |           |                                                                                                                                                                                                                                                                                                                                              | 5                                                                                                                                                                                                                                                                                                                                                                                           | 6 | DEF |  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |   |   |  |  |  |  |  |   |   |  |



**9.1 - Emergency Action Levels**  
**CATEGORY "C" COLD SHUT DOWN/REFUEL SYSTEM MALFUNCTION**

| Sub-Category                    | General | Site Area | Alert | Unusual Event                                                                                                                                                                                                                                    |   |  |  |  |   |   |  |
|---------------------------------|---------|-----------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|--|---|---|--|
| 5<br>Inadvertent<br>Criticality |         |           |       | <b>CU 5.1</b><br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td>5</td><td>6</td><td></td> </tr> </table> Unplanned sustained positive startup rate observed on nuclear instrumentation                                          |   |  |  |  | 5 | 6 |  |
|                                 |         |           |       | 5                                                                                                                                                                                                                                                | 6 |  |  |  |   |   |  |
| 6<br>Loss of DC<br>Power        |         |           |       | <b>CU 6.1</b><br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td>5</td><td>6</td><td></td> </tr> </table> < 105 VDC bus voltage indications on all Technical Specification required 125 VDC buses for $\geq$ 15 minutes (Note 3) |   |  |  |  | 5 | 6 |  |
|                                 |         |           |       | 5                                                                                                                                                                                                                                                | 6 |  |  |  |   |   |  |



**9.1 - Emergency Action Levels  
COLD CONDITIONS**

**Table C-1 Sumps/Tanks**

- Containment sumps
- CCW surge tank
- PRT
- RCDT



9.1 - Emergency Action Levels  
COLD CONDITIONS

Table C-2 Communications Systems

| System                        | Onsite<br>(Internal) | Offsite<br>(External) |
|-------------------------------|----------------------|-----------------------|
| Plant Telephone System        | X                    |                       |
| Plant Radio System            | X                    |                       |
| Page/Party System             | X                    |                       |
| Emergency Notification System |                      | X                     |



9.1 - Emergency Action Levels  
COLD CONDITIONS

Table C-3 RCS Reheat Duration Thresholds

| RCS                              | Containment Closure | Duration    |
|----------------------------------|---------------------|-------------|
| Intact and not Reduced Inventory | N/A                 | 60 Minutes* |
| Not intact OR Reduced Inventory  | Established         | 20 Minutes* |
|                                  | Not Established     | 0 Minutes   |

\* If an RCS heat removal system is in operation within this time frame and RCS temperature is being reduced, the EAL is **not** applicable





### 9.1 - Emergency Action Levels COLD CONDITIONS

**Table C-4 Safeguards Bus AC Power Sources**

| UNIT | Onsite                                                                                                                                     | Offsite                                                                                                                                                                |
|------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2    | <ul style="list-style-type: none"><li>• 480 V EDG 21</li><li>• 480 V EDG 22</li><li>• 480 V EDG 23</li><li>• Appendix "R" Diesel</li></ul> | <ul style="list-style-type: none"><li>• Unit Auxiliary Transformer*</li><li>• Station Auxiliary Transformer*</li><li>• 13.8 KV Gas Turbine Auto Transformer*</li></ul> |
| 3    | <ul style="list-style-type: none"><li>• 480 V EDG 31</li><li>• 480 V EDG 32</li><li>• 480 V EDG 33</li><li>• Appendix "R" Diesel</li></ul> | <ul style="list-style-type: none"><li>• Unit Auxiliary Transformer</li><li>• Station Auxiliary Transformer</li><li>• 13W92 Feeder</li><li>• 13W93 Feeder</li></ul>     |


\* With 86P or 86BU tripped, all offsite power supplies must be considered as one power supply.



9.1 - Emergency Action Levels  
COLD CONDITIONS

**Table C-5 Containment Challenge Indications**

- Containment Closure (Note 4) not established
- Containment hydrogen concentration  $\geq 4\%$
- Unplanned rise in containment pressure

|                                                                                                                                                  |                               |  |           |           |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|-----------|-----------|-------------|-----------|
| <br>ENN IPEC<br>EMERGENCY<br>PLAN<br>IMPLEMENTING<br>PROCEDURES | NON-QUALITY RELATED PROCEDURE |  | IP-EP-120 |           | Revision 15 |           |
|                                                                                                                                                  | REFERENCE USE                 |  | Page      | <u>50</u> | of          | <u>50</u> |

## 9.1 - Emergency Action Levels

### NOTES COLD CONDITIONS:

- Note 1:** The Emergency Director should not wait until the applicable time has elapsed, but should declare the event as soon as it is determined that the condition will likely exceed the applicable time. **IF** dose assessment results are available, **THEN** declaration should be based on dose assessment instead of radiation monitor values. (See EAL AS1.2/AG1.2) Do not delay declaration awaiting dose assessment results.
- Note 2:** The Emergency Director should not wait until the applicable time has elapsed, but should declare the event as soon as it is determined that the release duration has exceeded, or will likely exceed, the applicable time, in the absence of data to the contrary, assume that the release duration has exceeded the applicable time if an ongoing release is detected and the release start time is unknown.
- Note 3:** The Emergency Director should not wait until the applicable time has elapsed, but should declare the event as soon as it is determined that the condition will likely exceed the applicable time.
- Note 4:** The National Earthquake Information Center (NEIC) can be contacted by calling (303) 273-8500 to confirm recent seismic activity in the vicinity of IPEC. Provide the analyst with the following IPEC coordinates: 41° 15' 55" north latitude, 73° 57' 08" west longitude. Alternatively go to the USGS NEIC website: <http://earthquake.usgs.gov>
- Note 5:** The site specific procedurally defined actions taken to secure containment and its associated structures, systems, and components as a functional barrier to fission product release under existing plant conditions. As applied to IPEC, Containment Closure exists when the requirements of Section 3.9.3 of Technical Specifications are met (all un-isolated flow paths are promptly closes and at least one door in each air lock is closed following an evacuation of containment).

# IPEC IMPLEMENTING PROCEDURE PREPARATION, REVIEW, AND APPROVAL

IP-SMM-AD-102    Rev: 17

Page 35 of 43

## ATTACHMENT 10.2

## IPEC PROCEDURE REVIEW AND APPROVAL

(Page 1 of 1)

Procedure Title: Central Control Room

Procedure No. IP-EP-210    Existing Rev: 27    New Rev: 28    DRN/EC No: DRN-21-00120

| Procedure Activity<br>(MARK Applicable)                                                                                                                                                                                                                                      | Converted To IPEC, Replaces:                                                            | Temporary Procedure Change<br>(MARK Applicable)                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW PROCEDURE<br><input type="checkbox"/> GENERAL REVISION<br><input checked="" type="checkbox"/> PARTIAL REVISION<br><input type="checkbox"/> EDITORIAL REVISION<br><input type="checkbox"/> VOID PROCEDURE<br><input type="checkbox"/> SUPERSEDED | Unit 1 Procedure No.<br>_____                                                           | <input type="checkbox"/> EDITORIAL Temporary Procedure Change<br><input type="checkbox"/> ADVANCE Temporary Procedure Change<br><input type="checkbox"/> CONDITIONAL Temporary Procedure Change<br>Terminating Condition:<br>_____<br>_____ |
|                                                                                                                                                                                                                                                                              | Unit 2 Procedure No:<br>_____                                                           |                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                              | Unit 3 Procedure No:<br>_____                                                           |                                                                                                                                                                                                                                             |
| <input type="checkbox"/> RAPID REVISION                                                                                                                                                                                                                                      | Document in Microsoft Word:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> VOID DRN/TPC No(s):                                                                                                                                                                                                |

**Revision Summary**     N/A – see Revision Summary page. – Procedure was revised to reflect Post U3 Shutdown Eplan.

**Implementation Requirements**

Implementation Plan?  Yes     No    Formal Training?  Yes     No    Special Handling?  Yes     No

Quality Related?  Yes     No    If Yes, then ensure the procedure cover page is marked "Quality Related"

RPO Dept: Emergency Planning    Writer: (Print Name/Ext/Sign): Rebecca Martin x7106/ Rebecca Martin

**Review and Approval** (Per Attachment 10.1, IPEC Review And Approval Requirements)

1.  Technical Reviewer: Craig Delamater / [Signature] 4/14/2021  
 (Print Name/ Signature/ Date)

2.  Cross-Disciplinary Reviewers:  
 Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

Dept: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

3.  RPO- Responsibilities/Checklist: Frank J Mitchell / [Signature] 4/14/21  
 (Print Name/ Signature/ Date)

- PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
- Previous exclusion from further LI-100 Review is still valid
- PAD not required due to type of change as defined in 4.6

4.  Non-Intent Determination Complete: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

- NO change of purpose or scope
- NO change to less restrictive acceptance criteria
- NO reduction in the level of nuclear safety
- NO change to steps previously identified as commitment steps
- NO voiding or canceling of a procedure, unless required
- NO deviation from the Quality Assurance Program Manual
- are incorporated into another procedure or the need for a procedure was eliminated
- NO change that may result in deviations from Technical Specifica FSAR, plant design requirements,

5.  On-Shift Shift Manager/CRS: (RPO per SMM-AD-102) – Frank J. Mitchell / [Signature] 4/14/21  
 (Print Name/ Signature/ Date)

6.  User Validation: User: \_\_\_\_\_

7.  Special Handling Requirements Understood: \_\_\_\_\_  
 (Print Name/ Signature/ Date)

## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-210                 | Revision: 28 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Central Control Room                          |              |

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

Procedure was substantially revised to align the CCR procedure to reflect the requirements in the Post Unit 3 Shutdown Eplan (PSEP), as submitted to the NRC per LAR, license #NL-19-001, Attachment 8 Emergency Response Organization Task Analysis. Procedure will be effective on May 17, 2021.

**Part II. Emergency Plan Sections Reviewed** (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE, EAL CHANGE OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10CFR50.54(q)(2) DOCUMENTATION IS REQUIRED.

**Part 1 Introduction:**

**Section A: Purpose**

**Part 2 Planning Standards and Criteria:**

**Section A: Assignment of Responsibility**

**Section B: Station Emergency Response Organization**

**Section D: Emergency Classification System**

**Part III. Ability to Maintain the Emergency Plan** (Answer the following questions related to impact on the ability to maintain the emergency plan):

- Do any elements of the activity change information contained in the emergency plan (Section 3.0 Step 6)?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Evacuation Time Estimate results or documentation?  
YES  NO  IF YES, enter screening process for that element
- Do any elements of the activity change the Onshift Staffing Analysis results or documentation?  
YES  NO  IF YES, enter screening process for that element

## 10CFR50.54(Q)(2) Review

|                                                      |              |
|------------------------------------------------------|--------------|
| Procedure/Document Number: IP-EP-210                 | Revision: 28 |
| Equipment/Facility/Other: Indian Point Energy Center |              |
| Title: Central Control Room                          |              |

**Part IV. Maintaining the Emergency Plan Conclusion** The questions in Part III do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part V document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
2. Check the box below when the 10CFR50.54(q)(2) review completes all actions for all elements of the activity – no 10CFR50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.  
 I have completed a review of this activity in accordance with 10CFR50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10CFR50.54(q)(3).

Per Post Shutdown Emergency Plan (PSEP), both Unit 3 and Unit 2 will be at shut down. The changes made to this procedure reflects this requirement of the Post Unit 3 Shutdown Eplan, as submitted to the NRC (license # NL-19-001) and ERO positions and tasks were adjusted to reflect Attachment 8, ERO Task Analysis. The NRC has approved the PSEP per RA-20-040.

A review of this activity in accordance with 10 CFR 50.54(q)(2) has been completed and determined that the effectiveness of the PSEP is maintained. This revision aligns the procedure with the protocols of the post Unit 3 shutdown. None of the changes affect the ability to perform classifications, notifications, or PARs, it does not affect activation or staffing of the ERO as described in the Unit 3 PSEP, and all planning standard requirements are maintained. The changes made do not require a change to the Emergency Action Level scheme, On-shift Staffing study or the PSEP.

No further actions are required to screen or evaluate this activity under 10 CFR 50.54(q)(3).

**Part V. Signatures:**

|                                                                                   |                                                                                       |                     |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------|
| Preparer Name (Print)<br>Rebecca A. Martin                                        | Preparer Signature<br><i>Rebecca A. Martin</i>                                        | Date:<br>10/19/2020 |
| (Optional) Reviewer Name (Print)                                                  | Reviewer Signature                                                                    | Date:               |
| Reviewer Name (Print)<br>Timothy Garvey<br>Nuclear EP Project Manager             | Reviewer Signature<br><i>Rebecca A. Martin for Tim Garvey</i><br>Approved via Telecom | Date:<br>10/21/2020 |
| Approver Name (Print)<br>Frank Mitchell<br>Emergency Planning Manager or designee | Approver Signature<br><i>F. Mitchell</i>                                              | Date:<br>11/14/21   |

**Attachment 9.1**

**Emergency Planning Document Change Checklist Form**

(All sections must be completed, N/A or place a check on the line where applicable)

**Section 1**

|                      |                                                                                                                                                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doc/Procedure Type:  | Administrative <input type="checkbox"/> Implementing <input checked="" type="checkbox"/> EPLAN <input type="checkbox"/> N/A <input type="checkbox"/> |
| Doc/Procedure No:    | IP-EP-210                                                                                                                                            |
| Doc/Procedure Title: | Central Control Room                                                                                                                                 |
| New revision number: | 28                                                                                                                                                   |
| Corrective Action:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CR#: <u>OL-OLI-2018-00090 CA 19</u>                 |
| Effective date:      | May 17, 2021                                                                                                                                         |

**Section 2**

**Change Description**

1. Ensure the following are completed, or are not applicable and are so marked:

- a. 50.54q                          N/A
- b. EN-FAP-OM-023              N/A
- c. IP-SMM- AD-102              N/A
- d. OSRC                          N/A
- e. NRC Transmittal            N/A   
(within 30 days)

2. List any other documents affected by this change: N/A

3. Transmittals are completed:  N/A  Date: 4/29/21

4. Ensure the proper revision is active in eB Ref. Lib.:  N/A


5. Approved doc/procedure delivered to Doc. Control for distribution:  N/A  Date: 4/29/21

6. Position Binders updated:  N/A  Date: 4/29/21

7. Copy of EPDCC placed in EP file:  N/A  Date: 4/29/21

8. Supporting documentation is submitted as a general record in eB Ref. Lib.:  N/A  Date: 4/29/21

9. Word files are moved from working drafts folder to current revision folder in the EP drive:  
 N/A  Date: 5/17/21

|                                                                                                                                                  |                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------|--------------------|
|  <b>IPEC<br/>EMERGENCY PLAN<br/>IMPLEMENTING<br/>PROCEDURES</b> | <b>NON-QUALITY RELATED PROCEDURE</b> | <b>IP-EP-210</b>    | <b>Revision 28</b> |
|                                                                                                                                                  | <b>REFERENCE USE</b>                 | <b>Page 1 of 35</b> |                    |

**CONTROLLED**

**Central Control Room**

Prepared by: Rebecca A. Martin Rebecca A. Martin 4/14/21  
Print Name Signature Date

Approval: Frank J. Mitchell [Signature] 4/14/21  
Print Name Signature Date

Effective Date: May 17, 2021

This procedure has been extensively revised for Unit 3 Shut down. Revision bars are not being used.

*This procedure excluded from further LI-100 reviews*





Entergy

IPEC  
EMERGENCY PLAN  
IMPLEMENTING  
PROCEDURES

NON-QUALITY RELATED PROCEDURE

IP-EP-210

Revision 28

REFERENCE USE

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## CENTRAL CONTROL ROOM

### 1.0 PURPOSE

- 1.1 To describe emergency response activities and operations of the Central Control Room (CCR)
- 1.2 To provide guidance for the response to emergencies declared at Unit 2 and Unit 3

### 2.0 REFERENCES

- 2.1 Indian Point Energy Center Emergency Plan
- 2.2 IP-EP-430, Site Assembly, Accountability and Relocation of Personnel Offsite
- 2.3 EN-EP-613-DP, Recovery from a Declared Emergency
- 2.4 IP-EP-340, Meteorological Information and Dose Assessment System (MIDAS)

### 3.0 DEFINITIONS

None

### 4.0 RESPONSIBILITIES

- 4.1 The Emergency Director has the sole authority and responsibility for the classification and declaration of any emergency, approving offsite notifications and the making of protective action recommendations for the general public. These responsibilities may not be delegated. The Shift Manager in the role of Emergency Director makes the initial emergency classification; however, the SM shall verify an independent review of the EAL selected.
- 4.2 Following initial declaration of an emergency, the Shift Manager (SM) shall designate a Control Room Communicator. An on-shift Nuclear Plant Operator (NPO) normally performs this function for both Units. Any other Operations staff member may be assigned to perform this function as a backup.
- 4.3 The Shift Manager **SHALL**, upon assuming the role of Emergency Director, continue to perform the duties of Emergency Director until properly relieved by either the on-call Emergency Director in the (A)EOF.
- 4.4 The Unit 3 Shift Manager will confer with the Unit 2 Shift Manager (if they are available) about any event or condition which may affect both Units such as security, or natural events. IF the event is warranted, THEN, the Unit 3 Shift Manager SHALL declare the emergency and assume the role of site Emergency Director in accordance with procedure, IP-EP-210, Central Control Room.
- 4.5 The Shift Manager **SHALL** ensure, the notifications of offsite authorities are initiated within 15 minutes of declaration of any emergency classification, classification upgrade or protective action recommendation being formulated.
- 4.6 The Shift Manager **SHALL** ensure independent verification of the information on the Part I and Part II forms prior to being issued to the Offsite Agencies.



- 4.7 The Shift Manager SHALL request the opposite unit (if they are available) to activate mobilization of the IPEC Emergency Response Organization (ERO) and activation of the emergency response facilities (TSC, OSC, EOF and JIC) upon declaration of an Alert or higher classification.
- 4.8 For events classified as Unusual Events, the Shift Manager, acting as Emergency Director has the ability to activate, or request the opposite unit to active, ERO callout for support as needed, if they are available.
- 4.9 The Shift Manager is responsible for the performance of Dose Assessment calculations until such time as the (A)EOF is activated.
- 4.10 The Shift Manager **SHALL** establish and maintain accountability of all Operating Shift staff under the Shift Manager's control upon declaration of a Site Area Emergency or higher classification.
- 4.11 Until such time as the (A)EOF is activated, the Shift Manager **SHALL** assess the offsite consequences of any radiological release and, if appropriate, formulates offsite protective action recommendations. In all cases should a General Emergency be declared, protective action recommendations **SHALL** be formulated, approved and communicated to offsite authorities in accordance with implementing procedures.
- 4.12 For events classified as Unusual Events, the Shift Manager, acting as Emergency Director **SHALL** terminate the emergency and enter into recovery in accordance with implementing procedures. For all emergencies classified at the Alert level or higher, emergency termination and entry into the recovery phase **SHALL** be at the discretion of the On-Call Emergency Director in the (A)EOF.
- 4.13 The On-shift Radiation Protection Technician is responsible for monitoring Control Room habitability and establishment of Control Room contamination controls.
- 4.14 The Control Room Communicator **SHALL** perform duties in the Control Room (or alternate CCR if uninhabitable) under the Shift Manager's direction. These duties **SHALL** entail notifying the off-site authorities of an event at IPEC by utilizing the notification checklists (Forms EP-3N, 3A, 3S or 3G). Duties will also include use of RECS, radio, telephones and other communication equipment to provide directions and recommendations as appropriate from the Shift Manager. The CCR Communicator shall also remain ready to supply updates to the off-site authorities and support the Shift Manager (Emergency Director) with any other notifications or communications, as needed.
- 4.15 The Control Room Communicator is responsible for providing clear and concise communications between the CCR and other emergency response facilities.
- 4.16 The Shift Manager is responsible to maintain communication with other facilities for the transfer of accurate and timely data and information.




## 5.0 DETAILS

- 5.1 The Shift Manager (SM) **SHALL** follow the instructions outlined in Attachment 9.1, Shift Manager (Emergency Director) Checklist.
- 5.2 For an emergency at the other Unit, the Shift Manager (SM) **SHALL** follow the instructions outlined in Attachment 9.2, Shift Manager's Response to an Emergency at the Other Unit Checklist.
- 5.3 The Control Room Communicator **SHALL** follow the instructions outlined in Attachment 9.3, Control Room Communicator Checklist.
- 5.4 The On-Shift Radiation Protection Technician **SHALL** follow the instructions outlined in Attachment 9.4, On-Shift Radiation Protection Technician Checklist.

## 6.0 INTERFACES

- 6.1 IP-EP-115, Emergency Plan Forms
- 6.2 IP-EP-120, Emergency Classification
- 6.3 IP-EP-310, Dose Assessment
- 6.4 IP-EP-410, Protective Action Recommendations
- 6.5 IP-EP-430, Site Assembly, Accountability and Relocation of Personnel Offsite
- 6.6 EN-EP-610-DP, Recovery from a Declared Emergency
- 6.7 IP-EP-340, Meteorological Information and Dose Assessment System (MIDAS)
- 6.8 0-FSG-100, BDBEE/ELAP Emergency Response
- 6.9 IP-EP-115, Emergency Preparedness Forms

|                                                                                                                                                |                                          |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|
|  <b>IPEC<br/>EMERGENCY PLAN<br/>IMPLEMENTING<br/>PROCEDURE</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-210    Revision 28</b> |
|                                                                                                                                                | <b>REFERENCE USE</b>                     | <b>Page 6 of 35</b>             |

## **7.0    RECORDS**

All Logs, Completed Forms and other records generated during an actual emergency **SHALL** be considered Quality Records and maintained for the life of the plant.

## **8.0    REQUIREMENTS AND COMMITMENT CROSS-REFERENCE**

None

## **9.0    ATTACHMENTS**

- 9.1    Shift Manager (Emergency Director) Checklist
- 9.2    Shift Manager's Response to an Emergency at the Other Unit Checklist
- 9.3    Control Room Communicator Checklist
- 9.4    On-Shift Radiation Protection Technician Checklist
- 9.5    CCR Dose Assessor



Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 1 of 12

**NOTE:**

- This Attachment should not be entered by the Shift Manager if a natural or man-made catastrophic event has occurred and there is a loss of one of the Central Control Rooms. Procedure, 0-AOP-SEC-4 should be entered to support decision making by the SM.

**1.0 Initial Responsibility/Activity**

**Notes**

- A. **IF** at any time during the implementation of this procedure the SM is relieved by the ED in the (A)EOF, **THEN** turnover **SHALL** be completed in accordance with step 2.5

**NOTE:**

- Authority to classify and declare an emergency is reserved solely for the Emergency Director and may not be delegated; however, the SM shall and verify an independent review of the EAL selected. The SM in the role of Emergency Director makes the initial emergency classification.
- The Unit 2 & Unit 3 Shift Managers **SHALL** confer with each other for any event or condition which may affect both Units such as security or natural events. **IF** it is agreed, both units are affected, **THEN** the Unit 3 Shift Manager **SHALL** classify and declare the emergency and assume the role of Site Emergency Director in accordance with this procedure IP-EP-210, Central Control Room.



Attachment 9.1

Shift Manager (Emergency Director) Checklist  
Sheet 2 of 12

1.0 Initial Responsibility/Activity (cont.)

Notes

1.1 Classification of the Emergency


**NOTE:**

The assessment, classification, and declaration of an emergency condition is expected to be completed within 15 min after the availability of indications (i.e. plant instrumentation, plant alarms, computer displays, or incoming verbal reports) to plant operators that an EAL has been exceeded.

- The 15 min criterion is not to be construed as a grace period to restore plant conditions to avoid declaring the event.
- The emergency declaration **SHOULD** be made promptly without waiting for the 15 min period to elapse once the EAL is recognized as being exceeded.
- For EALs that specify duration of the off normal condition, such as fire lasting 15 min, loss of power for 15 min etc.:
  - The **ED SHALL** make the declaration at the first available opportunity when the time has elapsed (NOT after an additional 15 minutes).
  - The **ED SHOULD** not wait until the applicable time has elapsed but should declare the event as soon as it is determined that the condition will likely exceed the applicable time.

**NOTE:**

**VERIFY** events affecting both units are classified as dual unit events ("BOTH UNITS" selected on NYS Part I form in MIDAS). The category that is automatically a dual unit event is Security. For events such as weather or loss of power, both units are affected as long as they are at the same level of classification (i.e. NUE). If one unit enters a higher classification at the initiating event or has to escalate then it becomes the only unit affected.

|                                                                                                                                                    |                                          |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------|
| <br><b>IPEC<br/>EMERGENCY PLAN<br/>IMPLEMENTING<br/>PROCEDURE</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-210      Revision 28</b> |
|                                                                                                                                                    | <b>REFERENCE USE.</b>                    | <b>Page 9 of 35</b>               |

Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 3 of 12

**1.0 Initial Responsibility/Activity (cont.)**

**Notes**

- B. **Classify** the emergency condition in accordance with IP-EP-120 "Emergency Classification" **AND** ensure independent verification of the EAL selected.
- C. **Declare** the emergency, announce classification of the event to the Control Room **AND** document time of emergency declaration.

**NOTE:**

THE 15 - MINUTE CLOCK FOR COMPLETION OF NOTIFICATION TO STATE AND LOCAL AUTHORITIES STARTS AT THIS POINT.

- D. **IF** a Beyond Design Basis External Event (BDBEE) occurs, resulting in an Extended Loss of AC Power (ELAP) to either unit, **THEN** entry into 0-FSG-100, BDBEE/ELAP Emergency Response, is required.

**NOTE:**

- Security and Operations will take steps as directed by Safeguard Instructions to protect the safety of site employees and the integrity of plant equipment
- Site access and egress will be controlled per Security procedures

- E. **Obtain AND complete** steps in the applicable Emergency Notification Checklist:

1. **IF Notice of Unusual Event** is declared, **THEN** use NUE checklist, Form **EP-3N**.
2. **IF ALERT** is declared, **THEN** use ALERT checklist, Form **EP-3A**.
3. **IF Site Area Emergency** is declared, **THEN** use SAE checklist, Form **EP-3S**.
4. **IF General Emergency** is declared, **THEN** use GE checklist, Form **EP-3G**.





Attachment 9.1  
Shift Manager (Emergency Director) Checklist  
Sheet 4 of 12

1.0 Initial Responsibility/Activity (cont.)

Notes

- F. **IF** a General Emergency is declared,  
**THEN** protective action recommendations must be made in  
accordance with IP-EP-410, **Protective Action  
Recommendations**.

**NOTE:**

- IP-EP-430 **Site Assembly, Accountability and Relocation of Personnel Offsite** provides guidance for the suspension of personnel assembly and accountability under certain conditions.
- Notification of State and local authorities **SHALL** be completed within 15 minutes of emergency declaration. Notification of initial and upgrade **SHALL** be made to the NRC within 1 hour of the emergency declaration.


1.1 **Assess Any Radiological Release**

**NOTE:**

A release of radioactive materials due to the classified event (per NYS Radiological Emergency Data Form, Part 1). In accordance with the Part 1 form, "release" is classified as one of the four (4) following descriptions:

- A. **No Release**
- B. **Release BELOW Federal Limits**
- C. **Release ABOVE Federal Limits**
- D. **Unmonitored Release Requiring Evaluation**

- A. **IF** any indications exist of abnormal radiological release as a result of the emergency, **THEN** assess offsite consequences in accordance with IP-EP-310, **Dose Assessment**.
- B. **IF** dose assessment results indicate offsite consequences in excess of the EPA Protective Action Guidelines, **THEN** evaluate the need to modify the General Emergency PARs per IP-EP-410, **Protective Action Recommendations**.

|                                                                                  |                                                               |                                          |                                   |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------|-----------------------------------|
|  | <b>IPEC<br/>EMERGENCY PLAN<br/>IMPLEMENTING<br/>PROCEDURE</b> | <b>NON-QUALITY RELATED<br/>PROCEDURE</b> | <b>IP-EP-210      Revision 28</b> |
|                                                                                  |                                                               | <b>REFERENCE USE</b>                     | <b>Page 11 of 35</b>              |

Attachment 9.1

**Shift Manager (Emergency Director) Checklist**

Sheet 5 of 12


**2.0 Interim Responsibility/Activity**

**NOTE:**

**IF while performing the Interim Responsibility/Activity steps as Emergency Director, you are relieved of Emergency Director Duties by the On-Call ED, THEN exit this section and enter the Continuous Responsibility/Activity (Shift Manager) section at step 3.0:**

**2.1 Re-Classify the Emergency if Necessary**

- A. **IF plant conditions change OR other events occur which may warrant upgrade of the emergency classification, THEN re-classify the emergency condition in accordance with IP-EP-120, **Emergency Classification**.**
- B. Declare the emergency and announce the upgrade classification to Control Room personnel.
- C. **IF ALERT is declared, use ALERT checklist, Form EP-3A.**
- D. **IF Site Area Emergency is declared, use SAE checklist, Form EP-3S.**
- E. **IF General Emergency is declared, THEN use GE checklist, Form EP-3G.**
- F. **IF a General Emergency is declared, THEN protective action recommendations must be made in accordance with IP-EP-410, **Protective Action Recommendations**.**

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Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 6 of 12

**2.0    Interim Responsibility/Activity (cont.)**

**Notes**

**2.2    Establish Radiological Controls and Maintain Onsite Personnel Safety**

- A. Keep Security informed of emergency classification, plant status and any radioactive release which may affect Security Personnel.
- B. Once established, maintain personnel accountability.
- C. **IF** the potential for abnormal radiological conditions in-plant or onsite exists, **THEN**:
  - 1) Direct the On-Shift Radiation Protection Technician to establish radiological controls for the Control Room and initiate habitability monitoring for the Control Room. Verify radiological controls have been established as necessary.
  - 2) Evaluate the need to relocate personnel offsite per IP-EP-430, **Site Assembly, Accountability and Relocation of Personnel Offsite**.
  - 3) Authorize emergency exposure, if necessary, using Emergency Exposures Authorization Form (Form EP-4-ALL).
  - 4) **IF** Emergency Response Facilities are not operational, authorize issuance of Potassium Iodide (KI) to onsite personnel for any projected or actual Thyroid Exposure > 5 Rem CDE **OR** following declaration of a General Emergency IAW IP-EP-420, Use of Potassium Iodide by Indian Point Personnel During an Emergency.
  - 5) **IF** issuance of Potassium Iodine (KI) is authorized by the EPM, **THEN** advise the On-Shift Radiological Protection Technician to conduct applicable radiological and/or KI briefings **AND** to distribute KI.
  - 6) **IF** authorization of issuance of Potassium Iodide (KI) is required **AND** On-Shift Radiological Protection Technician is not available (such as during a Hostile Action Based Event), **THEN** Shift Manager **SHALL** conduct applicable radiological and/or KI briefings **AND** request the opposite unit Shift Manager to conduct applicable radiological and/or KI briefings.
    - a. Utilize Form EP-8-All to document date, time and name of personnel ingesting KI.

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Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 7 of 12

**2.0    Interim Responsibility/Activity (cont.)**

**Notes**

**2.3    Perform Periodic Update Notifications**


- A. Periodic update notifications to offsite authorities should be made approximately every 30 minutes or more frequently when plant conditions change. Time interval may be lengthened with concurrence of offsite agencies. For each update notification, complete (or have completed) and sign a "NYS Radiological Emergency Data Form, Part I" (Form EP-1).
- B. FAX, then Email completed Part I Form to Offsite Authorities.
- C. **IF** there has been a radiological release to the environment, **THEN** complete (or have completed) and sign a "NYS Radiological Data Form Part II (Form EP-2). Ensure independent verification of information prior to sending to Offsite Agencies.

**NOTE:**

**A release of radioactive materials due to the classified event (per NYS Radiological Emergency Data Form, Part 1). In accordance with the Part 1 form, "release" is classified as one of the four (4) following descriptions:**

- A. No Release**
- B. Release BELOW Federal Limits**
- C. Release ABOVE Federal Limits**
- D. Unmonitored Release Requiring Evaluation**

- D. For periodic update notifications during Unusual Event, direct the CCR Communicator to confirm receipt of update notifications using "Control Room NUE Notification Checklist" (Form EP-3N).

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Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
 Sheet 8 of 12

**3.0      Interim Responsibility/Activity (cont.)      Notes**

E. For periodic update notifications during an Alert or higher classification, direct the CCR Communicator to confirm receipt of update notifications using "Control Room Alert/SAE/GE Notification Checklist (Form EP-3A, 3S or 3G as applicable).

**2.4      Terminate the Emergency (Unusual Event ONLY)**


- A. When conditions warrant termination of the Unusual Event, enter EN-EP-613, **Declared Emergency Recovery and Re-entry** and terminate the emergency per section 5.2 "Transition to Recovery.
- B. Exit this section after termination of the emergency and enter the Closeout Responsibility/Activity section at step 4.0.

**2.5      Turnover Emergency Director Responsibilities**

**NOTE:**

For Unusual Events, the Shift Manager will normally maintain the Emergency Director responsibilities until the classification is terminated per EN-EP-613-DP, **Declared Emergency Recovery and Re-Entry**. For Alert and higher classifications, the Emergency Director in the (A)EOF will relieve the Shift Manager of Emergency Director Duties in the Control Room. The On-Call Emergency Director in the (A)EOF at his discretion may assume Emergency Director Duties directly from the Shift Manager via telephone turnover.

- A. Provide a status briefing to the Emergency Director in the (A)EOF when notification is made. The (A)EOF ED will request status on all of the information specified on an Essential Information Checklist. (Form EP-2-ALL).
- B. Resume duties as Shift Manager and proceed to step 3.0 in the Continuous Responsibility/Activity (Shift Manager) section.
- C. Due to unforeseen circumstances (illness, etc.) it may become necessary to transfer ED responsibilities back to the SM.

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Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 9 of 12

**3.0    Continuous Responsibility/Activity**

**Notes**

**3.1    Emergency Classification Upgrade or Radiological Release**

A. **IF** at any time an Upgrade from the previously announced Emergency Classification is declared or if a Radiological release has occurred, **THEN:**

- 1)    Announce the information to the Control Room.

**NOTE:**

No plant pages are to be made during a security condition when security procedures are in effect until determined safe to do so.

- 2)    Direct Control Room personnel to sound the site assembly alarm and make appropriate Plant Pages per Form EP-3A, 3S or 3G if required, for the new Emergency Classification **OR** if a radiological release has occurred, without an Emergency Classification upgrade, then make appropriate Plant Pages without sounding the site assembly alarm.
- 3)    Contact or direct Control Room personnel to contact, the unaffected Unit's Control Room to inform them of the upgrade in Emergency Classification or Radiological Release and the need to refer to IP-EP-210, Attachment 9.2, "Shift Manager Response to an Emergency at the Other Unit Checklist".



Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 10 of 12

**Continuous Responsibility/Activity**

**Notes**

**3.2 Provide Backup Plant Data to the TSC**

- A. **IF** the MRP-DAS is out-of-service **THEN** request the TSC to send an individual to the CCR to record plant data on Forms EP-57, 58 and 59 for Unit 3 and Forms EP-53, 54, and 55 for Unit 2 as needed, and to fax the forms to the TSC on a periodic basis or as plant status and conditions change.

**3.3 Direct Entry Into Severe Accident Management**


- A. **IF** plant conditions warrant the transition to Severe Accident Management Guidelines (SAMG), **THEN** inform Emergency Plant Manager to have the SAMG Evaluator ready to take over Severe Accident Management.

**3.4 Evaluate Emergency Action Levels**

- A. Continue to evaluate current plant condition and events relative to the emergency action levels as specified in IP-EP-120, **Emergency Classification**.
- B. Make recommendations to the Emergency Director for upgrading of the emergency classification as appropriate.

**3.5 Maintain Communications with the Emergency Director**

- A. Keep the Emergency Director informed of current plant status and planned operations.
- B. Discuss tasks and procedures the Control Room is currently performing and review priorities on a regular basis.
- C. **IMMEDIATELY** inform the Emergency Director of any plant condition or event that has the potential to change the emergency classification or affect radiological release status.

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Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 11 of 12

**Continuous Responsibility/Activity**

**Notes**

**3.6      Coordinate In-Plant team activities with the OSC Manager**

**NOTE:**


Once the OSC is activated, the dispatch of personnel (with the exception of NPOs into the field for emergency operations) is controlled from the OSC.

At an NUE OR an Alert, NPOs will report to and be dispatched from the Control Room.

At an SAE OR GE, NPOs **SHALL** be dispatched out of the OSC. Communications and directions can be provided to the teams from the Control Room; however, the OSC must retain team control for personnel safety and continuous accountability.

- A. Once the OSC is activated, coordinate the dispatch and control of NPOs assigned to perform in plant operations with the OSC Manager. The telephone number is located in Emergency Telephone Directory (ETD). Utilize the Facility Communicator to coordinate this activity (Use Form EP-56).
  - 1) CCR should request two NPO teams, one for nuclear side tasking and one for conventional side tasking. Ensure the OSC Manager is updated as to their tasking and status.
- B. For operations teams already dispatched and in the field prior to the OSC being activated, coordinate the transfer of team control to the OSC with the OSC Manager.
- C. Direct requests for in-plant operational support **IMMEDIATELY** to the OSC Manager to facilitate prompt response to Control Room needs.
- D. Re-enforce Control Room priorities and needs with the OSC Manager if in-plant team support is not being provided in a timely and effective manner.



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Attachment 9.1  
**Shift Manager (Emergency Director) Checklist**  
Sheet 12 of 12

**Continuous Responsibility/Activity**

**Notes**

**3.7 Request Technical Support as Needed to Mitigate the Emergency.**

- A. Request the EPM to provide forward-looking technical support as needed to assist the Control Room staff in responding to the emergency.
- B. Provide the EPM with periodic briefs on current mitigation strategies and emergency procedures currently being implemented.

**3.8 Exit to Recovery Phase**

Upon notification from the Emergency Director that the emergency has been terminated, exit this section and enter the Closeout Responsibility/Activity section at step 4.0 Attachment 9.1


**4.0 Closeout Responsibility/Activity**

**4.1** Direct the Control Room staff to return all equipment utilized in the response to proper storage locations.

**4.2** Review all documentation the Control Room staff generated during the emergency:

- A. Ensure all logs, forms and other documentation is complete.
- B. Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration.
- C. Collect all computer printouts and strip charts.

**4.3** Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.

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Attachment 9.2  
**Shift Manager Response to an Emergency at Other Unit Checklist**  
(Sheet 1 of 5)

**Notes**

**NOTE:**

- This Attachment should not be entered by the Shift Manager if a natural or man-made catastrophic event has occurred and there is a loss of one of the Central Control Rooms. Procedure, 0-AOP-SEC-4 should be entered to support decision making by the SM.


**1.0    Initial Responsibility/Activity**

**1.1    Notification of the Emergency**

**NOTE:**

Shift Managers (SM) **SHALL** confer with each other for any event or condition which may affect both Units such as security or natural events. **IF** it is agreed that both units are affected, **THEN** the Unit 3 SM **SHALL** classify and declare the emergency and assume the role of site Emergency Director in accordance with this procedure, IP-EP-210, **Central Control Room.**

- A. Upon notification from the other Unit's Control Room that an event has been declared, announce the information to Control Room personnel.

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Attachment 9.2

**Shift Manager Response to an Emergency at Other Unit Checklist**  
(Sheet 2 of 5)

**Initial Responsibility/Activity (cont.)**

**Notes**

**NOTE:**

No plant pages are to be made during a security condition when security procedures are in effect until determined safe to do so.


**1.2 Emergency Classifications**

**A. UNUSUAL EVENT**

1. Upon request from the affected unit, Notify OR Mobilize ERO using ERO Notification Envelope.
2. Make a PA announcement providing information regarding the event and any additional information as required restricting access to areas affected by the emergency.

**B. ALERT**

1. **IF** not already completed, upon request from the affected unit, Mobilize ERO using **ERO Notification Envelope**.
2. Sound the Site Assembly Alarm for (10) seconds (coordinate sounding of the assembly alarm with affected Unit CCR) and make the following announcement, (2) times, over the public address system.
  - *"Attention all personnel, Attention all personnel, an ALERT has been declared at \_\_\_\_\_. All Emergency Response Organization personnel report to your assigned Emergency Response Facility. All other non-essential personnel are released from the site."*
3. Upon request from the Emergency Director, provide an On-Shift RP Technician

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Attachment 9.2  
**Shift Manager Response to an Emergency at Other Unit Checklist**  
(Sheet 3 of 5)

**Initial Responsibility/Activity (cont.)**

**Notes**

**C.    SITE AREA EMERGENCY / GENERAL EMERGENCY**

1. **IF** not already completed, upon request from the affected unit, Mobilize ERO using **ERO Notification Envelope**.
  
2. Sound the Site Assembly Alarm for (10) seconds (coordinate sounding of the assembly alarm with other Unit CCR) and make the following announcement (2) times over the public address system:
  - *"Attention all personnel, Attention all personnel, an SAE/GE has been declared at \_\_\_\_\_. All Emergency Response Organization personnel report to your assigned Emergency Response Facility. All other non-essential personnel are released from the site."*
  
3. **IF** a Radiological Release has occurred, **THEN** direct the On-Shift Radiation Protection Technician to take proper Radiological Controls and perform Habitability surveys as required or if necessary.
  
4. **IF** the affected plant Control Room has been evacuated AND dose assessment results indicate offsite consequences in excess of the EPA Protective Action Guidelines, **THEN** evaluate the need to modify the General Emergency PARs per IP-EP-410, Protective Action Recommendations.
  
5. Upon request from the Emergency Director, provide a Shift RP Technician.

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Attachment 9.2  
**Shift Manager Response to an Emergency at Other Unit Checklist**  
(Sheet 4 of 5)

**Initial Responsibility/Activity (cont.)**

**Notes**

**D.    Radiological Release**

**NOTE:**

The term 'Release' as it is used at IPEC for Emergency Planning is defined as "A release of radioactive materials due to the classified event" (per NYS Radiological Emergency Data Form, Part 1).

**NOTE:**

A release of radioactive materials due to the classified event (per NYS Radiological Emergency Data Form, Part 1). In accordance with the Part 1 form, "release" is classified as one of the four (4) following descriptions:

- A. No Release
- B. Release BELOW Federal Limits
- C. Release ABOVE Federal Limits
- D. Unmonitored Release Requiring Evaluation

1. Announce the information to the Control Room.
2. Direct Control Room personnel to make appropriate Plant Pages.
3. **IF** opposite Unit has a Radiological Release, **THEN** place CCR ventilation in Recirculation Mode.
4. Contact the On-Shift Radiation Protection Technician to take proper Radiological Controls and perform Habitability surveys as required or if necessary.
5. Direct dose assessment support, as required.



Attachment 9.2

**Shift Manager Response to an Emergency at Other Unit Checklist**  
(Sheet 5 of 5)

- | <b>2.0</b> | <b><u>Continuous Responsibility/Activity</u></b>                                                                                                                                                                                                                                                                                                                                                                       | <b><u>Notes</u></b> |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>2.1</b> | <b>Provide Support to Opposing Unit as Requested</b><br><br>A. Upon request from the Emergency Director, provide personnel, equipment and resources available to you.                                                                                                                                                                                                                                                  |                     |
| <b>2.2</b> | <b>Evaluate Emergency Action Levels</b><br><br>A. Continue to evaluate current plant condition and events relative to the Emergency Action Levels as specified in IP-EP-120, <b>Emergency Classification</b> and make recommendations for upgrade, if appropriate, to the Emergency Director.                                                                                                                          |                     |
| <b>3.0</b> | <b><u>Closeout Responsibility/Activity</u></b>                                                                                                                                                                                                                                                                                                                                                                         |                     |
| <b>3.1</b> | <b>Direct the Control Room staff to return all equipment utilized in the response to proper storage locations.</b>                                                                                                                                                                                                                                                                                                     |                     |
| <b>3.2</b> | <b>Review all documentation the Control Room staff generated during the emergency:</b><br><br>A. Ensure all logs, forms and other documentation is complete.<br><br>B. Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration.<br><br>C. Collect all computer printouts and strip charts. |                     |
| <b>3.3</b> | <b>Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.</b>                                                                                                                                                                                                                                                                                       |                     |



Attachment 9.3  
**Control Room Communicator Checklist**  
Sheet 1 of 6

Notes

**NOTE:**


The expectation for all ERO positions is to use WebEOC for log-keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

**1.0 Initial Responsibility/Activity**

**1.1 Assume the Duties of Control Room Communicator**

**NOTE:**

- 1) Notification of State and local authorities SHALL be completed within 15 minutes of emergency declaration.
- 2) Notification to NRC SHALL be initiated within 1 hour of the emergency declaration.
  - A. Upon being notified to fulfill the Control Room Communicator role, **IMMEDIATELY** report to the affected Unit's Control Room.
  - B. Inform the Shift Manager (Emergency Director) **AND** the Control Room staff, you have assumed the duties of Control Room Communicator.
  - C. **IF** making the initial notification for a Notification of Unusual Event classification, **THEN**, proceed to step 1.2.
  - D. **IF** making the initial notification for an Alert or higher classification, **THEN**, proceed to step 1.4.
  - E. **IF** making a periodic update of the NUE, **THEN** proceed to step 2.1
  - F. **IF** making a periodic update of the Alert/SAE/GE, **THEN** proceed to step 2.2
  - G. **IF** making an upgrade classification, **THEN** proceed to step 2.3.

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Attachment 9.3  
**Control Room Communicator Checklist**  
Sheet 2 of 6

**Initial Responsibility/Activity (cont.)**

**Notes**


**1.2 Perform Confirmation of Receipt of Initial UNUSUAL EVENT Notifications (Use Form EP-3N)**

- A. Obtain the completed and signed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Shift Manager. Review form to ensure all required information is complete and accurate, including Shift Manager (Emergency Director) signature.
- B. Verify SM has sent electronic Fax and email of the NYS Radiological Data Form Part I to State/Counties/EOF.
- C. Using, "Control Room NUE Notification Checklist" (Form EP-3N) complete the initial roll call to State and counties within 15 minutes of the declaration of the Unusual Event. Confirm notification to each location.
- D. **IF** time challenged to meet the 15 minute requirement, **THEN** immediately initiate the RECS call. Following roll call, inform State and counties that FAX and email of Part 1 Form will follow.
- E. **IF** plant condition/emergency classification changes prior to initiating notification:
  - a. Disregard previous classification and continue notification with highest current classification.
  - b. Follow-up notification **SHALL** include details of all conditions/emergency classifications.
- F. **IF** plant condition/emergency classification changes while performing notification, **THEN** continue notification and state at the end the following "Changes in plant conditions indicate a potential for escalating the Emergency Classification. State and local authorities **SHALL** be notified within 15 minutes."

**1.3 Support Shift Manager (Emergency Director) with other notifications.**

- A. Complete the remaining notifications as specified on the Control Room NUE Notification Checklist (Form EP-3N).



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Attachment 9.3  
Control Room Communicator Checklist  
Sheet 3 of 6

**Initial Responsibility/Activity (cont.)**

**Notes**

**1.4 Perform confirmation of receipt of Initial ALERT/SAE/GE Notifications (Use Form EP-3A, 3S or 3G as applicable)**

- A. Obtain the completed and signed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Shift Manager. Review form to ensure all required information is complete and accurate, including Shift Manager (Emergency Director) signature.
- B. Verify the SM has sent Fax and E-mail of the NYS Radiological Data Form Part I to State/Counties/EOF.
- C. **IF** time challenged to meet the 15 minute requirement, **THEN immediately** initiate the RECS call. Following roll call, inform State and counties that FAX and email of Part 1 Form will follow.
- D. Using "Control Room Notification Checklist Alert/SAE/GE (Form EP-3A, EP-3S or EP-3G as applicable), complete the initial roll call to State and Counties within 15 minutes of the declaration of the Alert, SAE or GE. Confirm notification to each location.
- E. Complete the remaining notifications as specified on the Forms (EP-3A, EP-3S or EP-3G as applicable).
- F. **IF** plant condition/emergency classification changes prior to initiating notification:
  - a. Disregard previous classification and continue notification with highest current classification.
  - b. Follow-up notification **SHALL** include details of all conditions/emergency classifications.
- G. **IF** plant condition/emergency classification changes while performing notification, **THEN** continue notification and state at the end the following "Changes in plant conditions indicate a potential for escalating the Emergency Classification. A completed Part I will be transmitted within 15 minutes.

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Attachment 9.3  
**Control Room Communicator Checklist**  
Sheet 4 of 6

**Initial Responsibility/Activity (cont.)**

**Notes**

**1.5 Support Shift Manager (Emergency Director) with other notifications**

- A. Determine if personnel assembly is being suspended from the Emergency Director.
- B. Request direction from Shift Manager (Emergency Director) AND initiate notification of personnel located in the Protected Area if requested.
- C. Complete the remaining notifications as specified on the Form (EP-3A, EP-3S or EP-3G Checklist as applicable).


**2.0 Continuous Responsibility/Activity**

**2.1 Perform Periodic Update Notifications – UNUSUAL EVENT (Use Form EP-3)**

**NOTE:**

Periodic Update Notifications to offsite authorities shall be made approximately every 30 minutes or whenever conditions change. Time interval may be lengthened with concurrence of offsite agencies.

- A. Obtain the completed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Shift Manager. Review the form to ensure all required information is complete and accurate, including Emergency Director's signature.
- B. Verify Fax and email of the NYS Radiological Data Form Part I to State/Counties/EOF.
- C. Using Control Room NUE Notification Checklist (Form EP-3N) perform notifications as needed, to make the periodic update notifications. Confirm notification to each location.
- D. Fax copies of the NYS Radiological Data Form Part 1 to State/Counties/EOF.

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Attachment 9.3  
**Control Room Communicator Checklist**  
Sheet 5 of 6

**Continuous Responsibility/Activity (cont.)**


**Notes**

**2.2 Perform Periodic Update Notifications – Alert/SAE/GE  
(Use Form EP-3A, 3S or 3G as applicable)**

**NOTE:**

Periodic Update Notifications to offsite authorities SHALL be made approximately every 30 minutes or whenever conditions change. Time interval may be lengthened with concurrence of offsite agencies.

- A. Obtain the completed NYS Radiological Emergency Data Form Part I (Form EP-1) (Part II if a radiological release has occurred or is in progress) from the Emergency Director. Review form to ensure all required information is complete and accurate, including Emergency Director's signature.
  - B. Verify the SM has sent Fax and email of the NYS Radiological Data Form Part I to State/Countries/EOF.
  - C. Using an Alert/SAE/GE Checklist (Form EP-3A, 3S or 3G as applicable) start the roll call to State and Counties. Confirm notification to each location.
  - D. Complete the remaining notifications as specified on the Form (EP-3A, 3S or 3G as applicable) Checklist.
- 2.3 IF the Emergency Classification is Upgraded, THEN Perform Upgrade Notifications (using Form EP-3A, 3S or 3G as applicable)**
- A. Obtain the completed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Emergency Director. Review form to ensure all required information is completed, including Emergency Director's signature.
  - B. Verify the SM has sent Fax and email of the NYS Radiological Data Form Part I to State/Countries/EOF.
  - C. Using an Alert/SAE/GE Checklist (Form EP-3A, 3S or 3G as applicable) start the roll call to State and Counties within 15 minutes of upgrade of the emergency classification.

|                                                                                  |                                                               |                                          |                                 |
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Attachment 9.3  
**Control Room Communicator Checklist**  
Sheet 6 of 6


**Continuous Responsibility/Activity (cont.)**

**Notes**

- D. Fax copies of the NYS Radiological Data Form Part 1 to the State/Countries/EOF, **if** required.  
Confirm notification to each location.
- E. Support Shift Manager, as needed, with the remaining notifications as specified on the Checklist.

**3.0 Closeout Responsibility/Activity**

- 3.1 When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations.**
- 3.2 Review all documentation the Control Room Communicators generated during the emergency:**
  - A. Ensure all logs, forms and other documentation is complete.
  - B. Collect all forms, logs and other documentation.
- 3.3 Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.**

|                                                                                  |                                                               |                                          |                                     |
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Attachment 9.4

**On-Shift Radiation Protection Technician Checklist**  
(Sheet 1 of 4)


**1.0 Initial Responsibility/Activity Notes**

**1.1 Assume the Duties of CR Radiation Protection Technician**

- A. **IF** the declared emergency is an Alert or higher, **THEN** first contact the Control Point and obtain a list of personnel still in RCA.
- B. **IMMEDIATELY** provide list of individuals still in the RCA to the Shift Manager.
- C. Inform the Shift Manager and the Control Room staff that you are assuming the duties of the On-Shift Radiation Protection Technician.
  - 1. Assist SM with other Eplan duties, as requested.

**1.2 Establish Initial CCR Radiological Protection**

- A. Evaluate the need and make a recommendation to establish radiological access control for the Control Room.
  - 1. Ask the Shift Manager if there is potential for abnormal radiological conditions outside of the RCA.
  - 2. Evaluate PRM-ARM instrumentation.
- B. Place a DLR and dosimeter on the computer terminal by the RO's desk.
- C. Issue DLR and dosimeters to persons who are dispatched from the CCR, if necessary.

|                                                                                                                                                   |                                          |                                 |
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Attachment 9.4  
**On-Shift Radiation Protection Technician Checklist**  
Sheet 2 of 4

**Initial Responsibility/Activity (cont.)**

**Notes**

D. **IF** conditions warrant, or the Shift Manager directs the Control Room radiological controls be established, **THEN**:

1. Set up step off pad (SOP) requiring shoe check and frisker at the CR entrance.
2. Post rear door with "NO ENTRY/EXIT" signs.
3. Place SOPs in a position that does not preclude opening the door while standing on the SOP.
4. Set up Frisker and perform periodic contamination surveys on both sides of the SOP.
5. Perform periodic (hourly or as directed) airborne contamination checks with HD-28B or equivalent.
6. Record results on applicable forms and survey maps.
7. Advise the Shift Manager that radiological controls have been established as required and continue to monitor for habitability.

**2.0 Continuous Responsibility/Activity**


**2.1 Provide Radiological Protection.**

**NOTE:**

The actions and responsibilities listed in this procedure are intended to assist the CCR Radiation Protection Technician in the performance of his/her duties. While some items are performed once, others are repeated over the duration of the event.

A. Provide radiological support, such as issuance of dosimetry, determination of respiratory and protective clothing requirements, and performance of radiological surveys for the following activities, as directed by the Shift Manager:

1. Search and rescue
2. Repair and corrective actions

|                                                                                  |                                                               |                                          |                                 |
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Attachment 9.4


**On-Shift Radiation Protection Technician Checklist**

Sheet 3 of 4

**Continuous Responsibility/Activity (cont.)**

**Notes**


- 3. Response to fires by Fire Brigade (includes survey /decontamination of Fire Department personnel and equipment).
  - 4. Personnel and equipment decontamination.
  - 5. As requested by the Shift Manager.
  - B. Conduct outside surveys as requested by the Shift Manager.
  - C. Provide Radiological Support for Personnel Medical Emergencies.
    - 1. Upon notification, a personnel medical emergency has occurred onsite, report to the scene with survey instrument(s).
    - 2. Support Medical response as necessary.
  - D. **IF** radiological conditions warrant **AND** requested by the Shift Manager/ED, issue KI to control room personnel.
    - 1. Conduct applicable radiological and/or KI briefings to CCR personnel.
    - 2. Utilize Form EP-8-ALL to document date, time and name of personnel ingesting KI.
  - E. Notify the Shift Manger that Potassium Iodine (KI) has been distributed and documented.
- 2.2 Use ERO Log Sheet(s) (Form EP-3-ALL) to maintain a log.**
- A. Log the time when you assumed the duties of CCR Radiation Protection Technician.
  - B. Log significant communications pertaining to personnel radiological conditions and actions.
  - C. Log any other significant information pertaining to actions taken as duty of Radiation Protection Technician (i.e., surveys completed dosimetry issuance, A/S results, etc.).

|                                                                                                                                                   |                                          |                                 |
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**On-Shift Radiation Protection Technician Checklist**  
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- | <b>3.0    <u>Closeout Responsibility/Activity</u></b>                                                                                                                                                                                                         | <b><u>Notes</u></b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>3.1    When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations.</b>                                                                                                                                  |                     |
| <b>3.2    Review all documentation that was generated during the emergency:</b> <ul style="list-style-type: none"> <li>A. Ensure all logs, forms and other documentation is complete.</li> <li>B. Collect all forms, logs and other documentation.</li> </ul> |                     |
| <b>3.3    Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.</b>                                                                                                                          |                     |



|                                                                                                                                                   |                                          |                                 |
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Attachment 9.5  
**CCR Dose Assessor Checklist**  
(Sheet 1 of 2)

- |                                                                   |                     |
|-------------------------------------------------------------------|---------------------|
| <b>1.0    <u>Initial Responsibility/Activity</u></b>              | <b><u>Notes</u></b> |
| <b>1.1    Assume the Duties of a CCR Dose Assessor</b>            |                     |
| <b>2.0    <u>Continuous Responsibility/Activity</u></b>           |                     |
| <b>2.1    Assist with Emergency Planning duties as requested.</b> |                     |

**NOTE:**

- IP-EP-340 Attachment 9.4, 9.5, and 9.11 may be used for CCR Plant Vent Quick Dose, and CCR Multiple Accident Calculations respectively.
- A NYS Part 2 Form **SHALL** be completed as soon as possible after it has been determined that a release above Federal Limits exists, a significant change in the radiation release, and updated approximately 30 minutes.

- A. Perform Dose Assessment using IP-EP-340
  - B. Produce a NYS Part 2 Form
  - C. Get NYS Part 2 Form approved by the Shift Manager
  - D. Transmit NYS Part 2 Form
- 2.2    Determine need for a subsequent dose assessment and Part 2, (Perform if necessary).**
- 2.3    Turn over Dose Assessment responsibilities to the Dose Assessor in the EOF.**

|                                                                                                                                                    |                                          |                                   |
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Attachment 9.8  
**CCR Dose Assessor Checklist**  
(Sheet 2 of 2)

- | <b>3.0    <u>Closeout Responsibility/Activity</u></b>                                                           | <b><u>Notes</u></b> |
|-----------------------------------------------------------------------------------------------------------------|---------------------|
| <b>3.1    Return all equipment utilized in the response to proper storage locations.</b>                        |                     |
| <b>3.2    Review all documentation generated during the emergency:</b>                                          |                     |
| A. Ensure all logs, forms and other documentation is complete.                                                  |                     |
| B. Collect all forms, logs and other documentation.                                                             |                     |
| <b>3.3    Maintain all logs and records upon termination of the emergency and entry into the Recovery Phase</b> |                     |