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February 8, 2000
1940-00-20042

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D.C. 20555

Dear Sir:

Subject: Oyster Creek Nuclear Generating Station
Docket No. 50-219
Emergency Plan Implementing Procedure Revisions

On January 21, 2000, a revision to EPIP-OC-.03, Rev. 24, Emergency Notification, was submitted to the NRC in accordance with 10 CFR 50, Appendix E, Section V. There was an error on one of the pages and a corrected copy is being sent to you. Please destroy the previously sent copy and replace with the enclosed. We apologize for any inconvenience this may have caused.

If further information is required, please contact Mr. George Busch, Manager Nuclear Safety and Licensing at 609-971-4643.

Very truly yours,

A handwritten signature in black ink, appearing to read "Sander Levin".

Sander Levin
Acting Site Director

MBR\GWB:gl

Enclosures

cc: Administrator, Region I
NRC Project Manager
NRC Resident Inspector

A045



OYSTER CREEK EMERGENCY PLAN
IMPLEMENTING PROCEDURE

Number
EPIP-OC-.03

| | |
|--|---------------------------------------|
| Title Emergency Notification | Revision No. 24 |
| Applicability/Scope Applies to Oyster Creek Division & Support Divisions | Responsible Office Emergency Prep. |
| This document is within QA plan scope <input checked="" type="checkbox"/> Yes ___ No Safety Reviews Required <input checked="" type="checkbox"/> Yes ___ No | Effective Date (01/12/00) 01/22/00 |

Prior Revision 23 incorporated the following Temporary Changes:

N/A

This Revision 24 incorporates the following Temporary Changes:

N/A

List of Pages (all pages rev'd to Rev. 24)

1.0 to 7.0
E1-1 to E1-5
E2-1 to E2-2

**NON-CONTROLLED
THIS DOCUMENT WILL NOT
BE KEPT UP TO DATE
IRMC OYSTER CREEK**

| | Signature | Concurring Organization Element | Date |
|--------------|-----------|---------------------------------|--------|
| Originator | | Emergency Planner | 1/6/00 |
| Concurred By | | Director, OC | 1-7-00 |
| Approved By | | Emergency Preparedness Mgr, OC | 1/8/00 |



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PROCEDURE HISTORY

| Revision | Date | Originator | Summary of Change |
|----------|----------|------------|---|
| 11 | 06/07/94 | A. Smith | Update NRC telephone numbers and add Document History page. |
| 12 | 05/94 | A. Smith | Remove requirement for SS checklist to be transmitted to BNE at end of UE. Modify off-site notification forms to align with states, clarify NRC notification following state and local notifications. Add BNE phone #, Block and route to SAE and GE Forms. |
| 13 | | A. Smith | Change beeper number for L. Briggs NRC |
| 14 | | A. Smith | Remove INPO & ANI notifications from EXHIBIT 1B. Communications now taking that over. |
| 15 | 06/95 | A. Smith | Update phone numbers and add new notes to Exhibit 4, NRC Status Board data, to clarify this exhibit only used when ERDS is down. |
| 16 | 12/95 | T. Blount | Correct ED information, modify Notification Matrix, capture cont. inj. person notification requirements, remove North Gate as point of egress. |
| 17 | 01/96 | T. Blount | Pager changes requires changing phone numbers. |
| 18 | 07/96 | P. Hays | Prevent confusion as to whether a form is related to a drill event or a real event. |
| 19 | 10/96 | T. Blount | Allow use of other forms for documentation of Notification process. Incorporate follow-up notifications. |
| 20 | 06/97 | T. Blount | Delete AEOF consistent w/E-Plan Rev. 11, Add Sample forms to use. Remove/change NRC resident information. Remove reference to PTFC. Also, delete Exhibit 4 NRC Status Board Data and clean up signature blocks. |
| 21 | 10/97 | A. Smith | Delete reference to EPIP-.04. Correct nomenclature on ERF telephone circuits correct typo on E3-2 "T" to "U". |
| 22 | 09/98 | P. Hays | Clarify offsite notification forms by removing the notification matrix and related exhibits and keeping the new NCR triplicate form. Update the Plant Condition Follow-up Form. |
| 23 | 05/99 | A. Smith | Clarify off-site notification transfer between the ECC and EOF. |
| 24 | 01/00 | A. Smith | Clarify emergency notification sequence to on-site and off-site agencies. |



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1.0 PURPOSE

1.1 This procedure provides the mechanism for emergency notifications to be made to on-site personnel and off-site agencies (as required in the Emergency Plan) in an accurate and timely manner.

1.2 This procedure shall be initiated by the Emergency Director and implemented by the ECC and EOF Communications Coordinator.

1.2.1 A communicator designated by the Emergency Director will initially implement this procedure until relieved by the on-call ECC or EOF Communications Coordinator.

2.0 APPLICABILITY/SCOPE

2.1 This procedure applies to those persons making notifications and/or providing information to on-site personnel or off-site agencies during a declared or simulated emergency.

2.2 This procedure applies to the 10CFR50.72 requirement for immediate notification of any declared emergency class. All other notifications shall be made in accordance with the applicable station procedure.

3.0 DEFINITIONS

None

4.0 RESPONSIBILITIES

4.1 The GSS/Emergency Director shall:

4.1.1 Designate a communicator to implement this procedure until properly relieved by the on-call ECC or EOF Communications Coordinator.

4.1.2 Direct all off-site notifications made in accordance with this procedure until the ESD has activated the EOF and assumed the off-site notifications. The EOF Communicator will notify the ECC of the transfer.

4.1.3 Direct Control Room Staff to make appropriate on-site announcements.



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- 4.2 The On-Shift ECC Communications Coordinator (designated CRO) shall:
- 4.2.1 Complete Off-Site Notifications Checklist (Exhibit 1A) until relieved of this duty by the on call ECC or EOF Communications Coordinator.
- 4.2.2 Complete On-Site Notifications Checklist (Exhibit 1A).
- 4.3 The On-Call ECC Communications Coordinator shall relieve the On-Shift ECC Communicator and complete Off-Site Notification Checklist (Exhibit 1A) until directed to transfer the offsite notifications to the EOF Communications Coordinator.

NOTE

When offsite notifications are transferred to the EOF, the EOF Communication Coordinator shall be notified via telephone of the transfer and inform the communicator that a fax of all completed offsite notifications from the ECC will follow.

5.0 PROCEDURE

- 5.1 Emergency Notifications should be performed using forms similar to Exhibit 1A to document off-site and on-site notifications.
- 5.1.1 Page announcements and notifications should be made in the following order:
1. Plant Page (on-site copy)
 2. OEM State Police (off-site copy)
 3. Only at GE, Lacey Twp., Ocean Twp., and Ocean County (off-site copy)
 4. NRC (off-site copy)
 5. Other On-site Notifications (on-site copy)
- 5.1.2 Exhibit 1B (or similar form) is used to document the communication of a follow-up Protective Action Recommendation (PAR) or a change in plant conditions that is not associated with an escalation of the declaration.
- 5.1.3 Exhibit 2 should be used to document plant operating conditions. Other forms or methods are permitted so long as the pertinent information is provided (e.g. Major Transients, ECCS Status, Rad Monitoring).



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|---|----------------------------|

- 5.1.4 Emergency notifications to on-site personnel will be accomplished by using the Plant Paging System.
- 5.2 Emergency notifications to the New Jersey State Police will be accomplished within 15 minutes of the declaration of any emergency classification.
- 5.2.1 If a General Emergency has been declared, Ocean County, Lacey and Ocean Townships will also be notified within 15 minutes.
- 5.2.2 Notifications to the New Jersey State Police and Ocean County will be verified by a return call from each organization. This verification call must be answered to ensure validity of incident. If the verification has not been received within 5 minutes of the notification call then contact the agency via the notification line to request a verification call.
- 5.3 Emergency notifications to the Nuclear Regulatory Commission (NRC) will be made as soon as possible after making the state and local notifications but within 1 hour of the declaration of any emergency classification. NRC may request continuous manning of this line. Only one (1) Emergency Center at one time should provide this continuous communication link.
- 5.3.1 The NRC should be notified of the "Protective Action" implemented by the State of New Jersey. This info should be verified through the NJSP-OEM by the ED/ESD. Use Ex. 1C - Protective Action Notification (to NRC) form or similar form to document transmittal.



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- 5.4 The Station Status Checklist will be completed and updated every 30 minutes or as changes occur for transmittal to the N.J. Bureau of Nuclear Engineering (BNE) when requested. Only initial, and any significant changes require a SSC to be sent when in a UE level of emergency. After BNE is established at the EOF, no further transmittal of the SSC is required. Refer to Station Status Checklist (Exhibit 2).
- 5.5 If Communication equipment problems or failures arise, attempt to utilize alternate means and contact the TSC to initiate repairs.
- 5.6 If additional notification phone numbers are needed, refer to Procedure EPIP-OC-.06, "Additional Assistance and Notifications".
- 5.7 The "Simulator Communications Interface" switch on the operators communication console shall be left in the OFF position unless the GSS has authorized placing the switch in ON. The switch should be placed in ON only for Emergency Preparedness Drills, training evolutions and communication system testing and then returned to OFF when completed.

NOTE

When both the Simulator Communications Interface switch in the Control Room and the same switch in the Simulator Control Room are in the ON position the following communications are affected:

- Phone systems transferred to the Simulator completely:
 - NRC ENS
 - NJSP notification & verification
 - Ocean County notification & verification
 - All ERF Circuits
 - 693-8728 Plant Status Update Line Alt. (Fax)
 - 971-4959
 - 971-0220
 - 971-4550
 - BNE Info Line
 - ECC/EACC Direct Line
 - ED/ESD Hotline
 - NJ State ED Hotline
- Plant page and Radio capability are provided to the Simulator Control Room without affecting onsite systems.


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6.0 REFERENCES

- 6.1 Title 10, Code of Federal Regulations, Part 50.72 "Immediate Notification requirements for Operating Nuclear Power Reactors".
- 6.2 Procedure EPIP-OC.06 "Additional Assistance and Notifications".
- 6.3 Procedure 8000-IMP-1720.01, Emergency Public Information Implementing Procedure.

7.0 EXHIBITS

- 7.1 Exhibit 1A Notification Checklist
- 7.2 Exhibit 1B PAR/Plant Conditions Follow-up
- 7.3 Exhibit 1C Protective Action Notification to NRC
- 7.4 Exhibit 2 Station Status Checklist



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EXHIBIT 1A

SAMPLE - NOTIFICATION FORM

| | | |
|--|---|------------------------|
| | EMERGENCY REPORT FORM - OC (Press Firmly and Write Clearly) | Part 1 of 3 ED-Copy |
| <input type="checkbox"/> This is a Drill. This is a Drill. <input type="checkbox"/> This is <u>NOT</u> a Drill. This is <u>NOT</u> a Drill. | | |
| EMERGENCY CLASSIFICATION | | |
| <input type="checkbox"/> An/a _____ was declared at _____ on _____ The EAL is _____ _____ Event Declared _____ 24 Hour Clock _____ Date | | |
| <input type="checkbox"/> The Event has been de-escalated to an/a _____ at _____ on _____ The EAL is _____ _____ Event Declared _____ 24 Hour Clock _____ Date | | |
| <input type="checkbox"/> The Event has been terminated at _____ on _____ _____ 24 Hour Clock _____ Date | | |
| EVENT DESCRIPTION _____ _____ | | |
| RADIOACTIVE RELEASE STATUS | | |
| <input type="checkbox"/> There is no abnormal radioactive release in progress. | | |
| <input type="checkbox"/> There is an abnormal _____ radioactive release in progress. (i.e. exceeds ODCM Limits) _____ airborne and/or liquid | | |
| METEOROLOGICAL CONDITION | | |
| Wind direction is from _____ degrees and wind speed is _____ miles per hour. Use 380' Elev For wind direction and speed | | |
| OFF-SITE PROTECTIVE ACTION RECOMMENDATION (Only at GE) | | |
| <input type="checkbox"/> PAR will be given at a later time. | | |
| <input type="checkbox"/> We recommend EVACUATION for the general population living with 2 miles of the plant and Compass Sectors _____, _____, and _____ out to a distance of _____ miles. | | |
| <input type="checkbox"/> We recommend SHELTERING for the general population living with 2 miles of the plant and Compass Sectors _____, _____, and _____ out to a distance of _____ miles. | | |
| <input type="checkbox"/> Other - Describe: _____ | | |
| <input type="checkbox"/> We also recommend SHELTERING for the general population living within all other areas of the EPZ. | | |
| ON-SITE PROTECTIVE ACTION | | |
| <input type="checkbox"/> (UE) All personnel should continue with their normal duties pending further notice. | | |
| <input type="checkbox"/> (ALERT/SAE/GE) All on-duty members of the Emergency Response Organization report to emergency centers. | | |
| <input type="checkbox"/> (ALERT only) All other personnel should continue with their normal duties pending further instruction. | | |
| <input type="checkbox"/> (ALERT/SAE/GE Eating, Drinking and Smoking is prohibited until further notice. | | |
| <input type="checkbox"/> (SAE only) Site Accountability has been ordered. All non-essential personnel in the protected area report to the Emergency Assembly Area in the (select one) <input type="checkbox"/> OCAB Cafeteria or <input type="checkbox"/> Warehouse. Route (if needed) _____ | | |
| <input type="checkbox"/> (GE only) Site Evacuation has been ordered. All non-essential personnel, who do not have a specific emergency assignment shall leave the site through the Main Gate Processing Center. Use the _____ (SOUTH/NORTH) Route to Main Gate (if needed) _____ | | |
| NOTES ONLY DO NOT WRITE IN THIS SPACE | | |
| <ul style="list-style-type: none"> •In the special case of a security event which does not upgrade current classification, ensure the NRC is notified of the event and status of plant security VIA the ENS line. •If an environmental injured person must be transported off-site, ensure appropriate notifications are complete. •If a contaminated injured person must be transported off-site, ensure appropriate notifications are complete. •The Station Status Checklist should be completed and communicated to the NJBNE once per half-hour or as conditions change. Only initial and any significant changes require SSC to be sent when in a UE level of emergency. After confirmation that the BNE is established at the EOF the SSC is no longer required to be transmitted. •At a GE level of emergency provide PAR to NJSP. If the NJSP EOC is not staffed, provide PAR to Ocean County, Lacey Township and Ocean Township. If the BNE is staffed at the EOF provide the initial PAR in writing to BNE first, and then only notify the NJSP. •Ensure the organizations contacted as listed on the notification forms are notified of termination. | | |
| APPROVAL | | |
| Signature _____ | 24 Hour Clock _____ | Date _____ |
| Communicator Signature _____ | 24 Hour Clock _____ | Date _____ |



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EXHIBIT 1A

SAMPLE - NOTIFICATION FORM (Cont'd)



EMERGENCY REPORT FORM - OC
(Press Firmly and Write Clearly)

Part 2 of 3
On-Site Copy

Start here for notification or contact. Read Message - Slowly - Clearly
Attention all personnel. Attention all personnel.
Sound Station Alarm for 10 seconds.

This is a Drill. This is a Drill. This is NOT a Drill. This is NOT a Drill.

EMERGENCY CLASSIFICATION

An/a _____ was declared at _____ on _____ The EAL is _____
Event Declared 24 Hour Clock Date
 The Event has been de-escalated to an/a _____ at _____ on _____ The EAL is _____
Event Declared 24 Hour Clock Date
 The Event has been terminated at _____ on _____
24 Hour Clock Date

EVENT DESCRIPTION

RADIOACTIVE RELEASE STATUS

There is no abnormal radioactive release in progress.
 There is an abnormal _____ radioactive release in progress. (i.e. exceeds ODCM Limits)
airborne and/or liquid

ON-SITE PROTECTIVE ACTION

(UE) All personnel should continue with their normal duties pending further notice.
 (ALERT/SAE/GE) All on-duty members of the Emergency Response Organization report to emergency centers.
 (ALERT only) All other personnel should continue with their normal duties pending further instruction.
 (ALERT/SAE/GE Eating, Drinking and Smoking is prohibited until further notice.
 (SAE only) Site Accountability has been ordered. All non-essential personnel in the protected area report to the Emergency Assembly Area in the (select one) OCAB Cafeteria or Warehouse. Route (if needed) _____
 (GE only) Site Evacuation has been ordered. All non-essential personnel, who do not have a specific emergency assignment shall leave the site through the Main Gate Processing Center. Use the _____ (SOUTH/NORTH) evacuation route.
Route to Main Gate (if needed) _____

| TIME | INITIALS | TITLE and/or NAME to be Notified | OFFICE | HOME | BEEPER |
|------|----------|---|-----------|------|------------------------------|
| --- | --- | On-shift - Shift Technical Advisor | | | |
| --- | --- | On-call Emergency Director (Unusual Event Only) | | | |
| | | Team 1 - P. Scallon | 4625 | | 609-660-3472 |
| | | Team 2 - K. Mulligan | 4119 | | 609-660-3420 |
| | | Team 3 - W. Stewart | 4775 | | 609-660-3463 |
| --- | --- | Senior RadCon Representative | 4660/2599 | | |
| --- | --- | Communications Dept. Representative | 4020 | | |
| --- | --- | Emergency Preparedness Manager/Alternate | 4188/2411 | | 609-660-3470 609-660-3372 |
| --- | --- | Resident NRC Inspectors | 4978 | | |
| | | Sr. Resident | | | 1-800-398-6650 |
| | | Resident | | | 1-800-398-7497 |

APPROVAL

Signature _____ 24 Hour Clock _____ Date _____ Communicator Signature _____ 24 Hour Clock _____ Date _____



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EXHIBIT 1A

SAMPLE - NOTIFICATION FORM (Cont'd)



EMERGENCY REPORT FORM - OC
(Press Firmly and Write Clearly)

Part 3 of 3
Off-Site Copy

Start Here for notification or contact. Read Message - Slowly - Clearly
 This is a Drill. This is a Drill. This is NOT a Drill. This is NOT a Drill.
This is _____ at Oyster Creek Nuclear Generating Station (select one) CR TSC BOF
Communicator's Name _____

EMERGENCY CLASSIFICATION

An/a _____ was declared at _____ on _____ The EAL is _____
Event Declared 24 Hour Clock Date
 The Event has been de-escalated to an/a _____ at _____ on _____ The EAL is _____
Event Declared 24 Hour Clock Date
 The Event has been terminated at _____ on _____
24 Hour Clock Date

EVENT DESCRIPTION

RADIOACTIVE RELEASE STATUS

There is no abnormal radioactive release in progress.
 There is an abnormal _____ radioactive release in progress. (i.e. exceeds ODCM Limits)
airborne and/or liquid

METEOROLOGICAL CONDITION

Wind direction is from _____ degrees and wind speed is _____ miles per hour. Use 380' Elev For wind direction and speed

OFF-SITE PROTECTIVE ACTION RECOMMENDATION (Only at GE)

PAR will be given at a later time.
 We recommend EVACUATION for the general population living within 2 miles of the plant
and Compass Sectors _____, _____, and _____ out to a distance of _____ miles.
 We recommend SHELTERING for the general population living within 2 miles of the plant
and Compass Sectors _____, _____, and _____ out to a distance of _____ miles.
 Other - Describe: _____
 We also recommend SHELTERING for the general population living within all other areas of the EPZ.

OFF-SITE NOTIFICATION RECORD

NJ State Police (within 15 minutes of all declarations) via State Notification Line or Alternate 609-882-2000
Time of initial contact _____ Person Contacted _____
Time of verification _____ Person Calling _____

NOTE: Verifications should be within 5 minutes of initial contact.

Ocean County (at GE only) (within 15 minutes of declaration of General Emergency) via Dedicated Line or Alter. 732-349-9100
Time of Contact _____ Person Contacted _____
Time of Verification _____ Person Calling _____

Lacey Township (at GE only) (within 15 minutes of declaration of General Emergency) via 609-693-6636 or Alter. 609-639-6637
Time of Contact _____ Person Contacted _____

Ocean Township (at GE only) (within 15 minutes of General Emergency) via 609-693-4007 or Alter. 609-693-4008
Time of Contact _____ Person Contacted _____

NRC (immediately following State and Local Notifications) via ENS Line or Alter. 301-816-5100 or 301-951-0550
Time of Contact _____ Person Contacted _____

ERDS initiated at _____ (within 1 hour of a declaration of an ALERT or higher)

On-call BNE Information (Contact NJSP if BNE has not called within 30 minutes of initial NJSP Notification
Name _____ Voice Phone # _____ FAX # _____

APPROVAL

Signature _____ 24 Hour Clock _____ Date _____ Communicator Signature _____ 24 Hour Clock _____ Date _____



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EXHIBIT 1B



PAR/PLANT CONDITIONS FOLLOW-UP

This is a Drill. This is a Drill. This is NOT a Drill. This is NOT a Drill.
This is _____ at Oyster Creek Nuclear Generating Station.
Name/Title

I am notifying you of an INITIAL/UPGRADED protective action recommendation.
Circle One

We recommend EVACUATION for the general population living within 2 miles of the plant and compass sectors
____, ____ and ____ out to a distance of ____ miles.

We recommend SHELTERING for the general population living within all other areas of the EPZ.

Other _____

The following plant/events conditions have changed: _____

OFF-SITE NOTIFICATION RECORD

NJ State Police (within 15 minutes of all declarations) via State Notification Line or Alternate 609-862-2000
Time of initial contact _____ Person Contacted _____
Time of verification _____ Person Calling _____

NOTE: Verifications should be within 5 minutes of initial contact.

Ocean County (at GE only) (within 15 minutes of declaration of General Emergency) via Dedicated Line or Alter. 732-349-9100
Time of Contact _____ Person Contacted _____
Time of Verification _____ Person Calling _____

NOTE: Verifications should be within 5 minutes of initial contact.

Lacey Township (at GE only) (within 15 minutes of declaration of General Emergency) via 609-693-6636 or Alter. 609-639-6637
Time of Contact _____ Person Contacted _____

Ocean Township (at GE only) (within 15 minutes of General Emergency) via 609-693-4007 or Alter. 609-693-4008
Time of Contact _____ Person Contacted _____

 NRC (immediately following State and Local Notifications) via ENS Line or Alter. 301-816-5100 or 301-951-0550
Time of Contact _____ Person Contacted _____

 ERDS initiated at _____ (within 1 hour of a declaration of an ALERT or higher)

 On-call BNE Information (Contact NJSP if BNE has not called within 30 minutes of initial NJSP Notification
Name _____ Voice Phone # _____ FAX # _____

APPROVAL

Signature _____ 24 Hour Clock _____ Date _____ Communicator Signature _____ 24 Hour Clock _____ Date _____



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EXHIBIT 1C

PROTECTIVE ACTION NOTIFICATION (to NRC)
AS IMPLEMENTED BY THE STATE OF NEW JERSEY

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"

-OR-

"THIS IS A DRILL - THIS IS A DRILL"

"This is _____ at Oyster Creek Nuclear Generating Station.
(Name/Title)

ED/ESD Approve/Time

"Please State Your Name"

NRC (ENS Phone)
MAID (301) 816-5100
BACKUP (301) 951-0550

Name of NRC Representative/Time Call Initiated

Notification Complete: _____
Communicator Signature/Name/Title

ED Asst/ESD Asst Review: _____
Signature/Title



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EXHIBIT 2

STATION STATUS CHECKLIST
(page 1 of 2)

EXAMPLE

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"
- OR -
"THIS IS A DRILL - THIS IS A DRILL"

1. Message Date: _____ Time: _____ Transmitted by: _____
Name/Title or Position
2. Emergency Classification: _____ at Date: _____ Time: _____
 Unusual Event Site Area Emergency
 Alert General Emergency
3. EAL Number: _____ Description of Emergency: _____
(EPIP-OC-.01 Appendix 1.)

4. Reactor Status: Scrammed @ _____ (Time) At Power _____ %
 Hot Shutdown Cold Shutdown
5. Reactor Pressure: _____ PSIG Recirc Loop Temp: _____ °F
Reactor Water Level: _____ "TAF"
6. Off-site Power available? Yes No
7. EDG 1 operable? Yes No On Line? Yes No
EDG 2 operable? Yes No On Line? Yes No
8. Did Isolation Condenser(s) initiate? Yes No
Did Core Spray(s) inject? Yes No
Did ADS actuate? Yes No
9. Primary Containment operable? Yes No Isolated? Yes No
Secondary Containment operable? Yes No Isolated? Yes No
(Reactor Building)
10. Other Pertinent Information: _____

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"
- OR -
"THIS IS A DRILL - THIS IS A DRILL"



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EXHIBIT 2

STATION STATUS CHECKLIST
(page 2 of 2)

EXAMPLE

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"
- OR -
"THIS IS A DRILL - THIS IS A DRILL"

RADIOLOGICAL INFORMATION Message Date _____ Time _____
(Obtain Rad information from RAC or Group Leader R & EC)

11. **Gaseous Release:** YES Start Time _____, Terminated YES Time _____
 NO NO
Anticipated or Known Duration _____ Hrs.

Type of Release: Ground Elevated
Wind Speed _____ (mph) Wind Direction From _____ (deg)
Stability Class A ___ B ___ C ___ D ___ E ___ F ___ G ___
Iodine (DEI) Release Rate: _____ μ Ci/s
Noble Gas Release Rate: _____ μ Ci/s

12. **Projected Off-Site Dose Rate Calculations** (As Soon As Data is Available)
- | Distance (miles) | Total Whole Body Dose Rate (TEDE) | Adult Thyroid Dose Rate (CDE) Commitment |
|------------------|-----------------------------------|--|
| SB .25 | _____ mrem/hr | _____ mrem/hr |
| 2 | _____ mrem/hr | _____ mrem/hr |
| 5 | _____ mrem/hr | _____ mrem/hr |
| 10 | _____ mrem/hr | _____ mrem/hr |
- (Millirem Per Inhalation Hour)

13. **Liquid Release:** YES Start Time _____, Terminated YES Time _____
 NO NO
Anticipated or Known Duration _____ Hrs
Estimated Concentration _____ μ Ci/ml
Release Flow Rate _____ Gallons/min

14. Other Information: _____

Approved _____ (Licensed Operator or STA)

"THIS IS NOT A DRILL - I REPEAT, THIS IS NOT A DRILL"
- OR -
"THIS IS A DRILL - THIS IS A DRILL"