

ANNEX 1-Basic Plan
ALERT AND NOTIFICATION PROCEDURES
APPENDIX 2

I. INTRODUCTION

Nuclear Power Plant (NPP) licensees in conjunction with state and local emergency management organizations have established mutually agreeable measures for prompt notification of emergencies consistent with the Emergency Classification Level (ECL) scheme discussed in the Basic Plan, paragraph III. B.1 and Attachment B. These measures are designed to provide offsite decision makers with information on the class of emergency, whether a release is taking place, the potentially affected population and areas and whether protective actions may be necessary.

II. PURPOSE

- A. Purpose of this plan is to prescribe Alert and Notification procedures to be followed by Nuclear Power Plants (NPPs) in the event of a radiological incident.
- B. The Department of Energy Savannah River Site (SRS) has adopted similar Alert and Notification procedures. However, since there are no operational nuclear reactors at SRS, the radiological emergency information reported by SRS will be location or production facility specific.

III. CONCEPT OF OPERATIONS

- A. Once the NPP operators recognize that events have occurred which make declaration of an emergency appropriate, the facility will immediately notify the State Warning Point (SWP) and the affected counties.
- B. Immediately upon notification of an ECL, the SWP will relay that notification to the DHEC duty officer, who will verify by callback to the NPP, the ECL and any protective action recommendations. Subsequent to DHEC's contact with the NPP, ECL confirmation will be provided to the SCEMD duty officer (after hours), Chief of Operations, Fixed Nuclear Facility Manager, and the Director who will determine the requirements for further state and local government notification and/or response.
- C. Verification of ECL notification will be accomplished by use of an authentication code list issued by SCEMD. Copies of the code have been furnished to each NPP and county emergency management agency.
- D. Organizations to be notified by the SWP for each class of emergency are listed in Annex 1, Attachment A. Notification will be made in priority by Groups 1, 2 and 3.
- E. The emergency notification form used by NPP licensees is at Attachment B to this annex. The Emergency Notification Form used by SRS is at Attachment C.
- F. Alert telephone numbers and designated representatives for state, federal, and contiguous state agencies are found in the SCEMD Telephone Directory.

- G. Each organization will maintain separate procedures for alerting and mobilizing their personnel once notification from SCEMD is received.
- H. SCEMD will update the alert and notification rosters at least quarterly.
- I. Alert and Notification of the resident and transient populous surrounding each NPP is contained in Site Specific Plans Parts 1-6.

ANNEX 1, ATTACHMENT A – NPP NOTIFICATION CHECKLIST

EMERGENCY CLASSIFICATION

NOTIFY

UNUSUAL EVENT

GROUP 1
(In Order)

Affected Counties***
 Director, SCEMD
 Governor’s Office
 ESF 10, Hazardous Materials

- Nuclear Response and Emergency Environment Surveillance (NREES)
- Bureau of Land and Waste Mgmt, Emergency Response Section (Chemical)

 ESF 8, Health and Medical Services
 Office of the Adjutant General

ALERT;
 SITE AREA
 EMERGENCY;
 GENERAL EMERGENCY

GROUP 1
(In Order)

Affected Counties (including IPZ counties)***
 Director, SCEMD
 Governor’s Office
 ESF 10, Hazardous Materials

- Nuclear Response and Emergency Environmental Surveillance
- Bureau of Land and Waste Mgmt, Emergency Response Section (Chemical)

 ESF 8, Health and Medical Services
 Office of the Adjutant General

GROUP 2

ESF 13, Law Enforcement

- SLED
- Department of Natural Resources
- Department of Probation, Pardon and Parole (PPP)

 ESF 16, Emergency Traffic Management

- Department of Public Safety/HP

 ESF 6, Mass Care

- Department of Social Services

 ESF 4, Firefighting

- Forestry
- LLR Fire/Life Safety

 ESF 17, Animal/Agriculture Emergency Response

- Clemson University Coop. Ext. Service
- Clemson University Livestock-Poultry Health
- SC Department of Agriculture (SCDA)

 ESF 7, Resource Support

- Budget & Control Board

 FEMA, Region IV
 NC Department of Crime Control and Public Safety
 Georgia Emergency Management Agency (GEMA)

ANNEX 1, ATTACHMENT A – NPP NOTIFICATION CHECKLIST (continued)

- GROUP 3 ESF 1, Transportation
- Budget and Control Board Div. of Aeronautics
 - Civil Air Patrol
 - Department of Corrections
 - Department of Education (school bus resource)
- ESF 12, Energy, Office of Regulatory Staff
Educational Television (ETV)

***Affected Counties

1. H.B. Robinson NPP – Darlington, Lee, Chesterfield
2. V.C. Summer NPP – Richland, Fairfield, Newberry, Lexington
3. Oconee NPP – Oconee, Pickens
4. Catawba NPP – York
5. Vogtle NPP – Allendale, Barnwell, Aiken
6. Savannah River Site – Allendale, Barnwell, Aiken

Ingestion Pathway Zone (IPZ) Counties

1. H.B. Robinson NPP – Kershaw, Marlboro, Dillon, Marion, Florence, Williamsburg, Clarendon, Sumter, Richland, Fairfield, Lancaster, Chester
2. V.C. Summer NPP – Cherokee, York, Lancaster, Union, Chester, Laurens, Greenwood, Saluda, Aiken, Edgefield, Calhoun, Kershaw, Sumter, Spartanburg, Lee, McCormick, and Orangeburg
3. Oconee NPP – Abbeville, Anderson, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg
4. Catawba NPP – Cherokee, Chester, Chesterfield, Fairfield, Kershaw, Lancaster, Laurens, Newberry, Spartanburg, Union
5. Vogtle NPP – Bamberg, Edgefield, Hampton, Orangeburg, Colleton, Lexington, Saluda, Jasper

ANNEX 1, ATTACHMENT B – EMERGENCY NOTIFICATION FORM: (NUCLEAR FACILITY TO STATE/LOCAL GOVERNMENT)

NUCLEAR POWER PLANT EMERGENCY NOTIFICATION FORM

1. DRILL ACTUAL EVENT MESSAGE # _____
 2. INITIAL FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
 3. SITE: _____ Confirmation Phone # (____) _____

4. EMERGENCY CLASSIFICATION: UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY
 BASED ON EAL # _____ EAL DESCRIPTION: _____

 5. PROTECTIVE ACTION RECOMMENDATIONS: NONE
 EVACUATE _____
 SHELTER _____
 CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
 OTHER _____
 6. EMERGENCY RELEASE: None Is Occurring Has Occurred

7. RELEASE SIGNIFICANCE: Not applicable Within normal operating limits Above normal operating limits Under evaluation
 8. EVENT PROGNOSIS: Improving Stable Degrading
 9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph
 (*May not be available for Initial Notifications) Precipitation* _____ Stability Class* A B C D E F G
 10. DECLARATION TERMINATION Time _____ Date ____/____/____
 11. AFFECTED UNIT(S): 1 2 3 All
 12. UNIT STATUS: (Unaffected Unit(s) Status Not Required for Initial Notifications)
 U1 _____ % Power Shutdown at Time _____ Date ____/____/____
 U2 _____ % Power Shutdown at Time _____ Date ____/____/____
 U3 _____ % Power Shutdown at Time _____ Date ____/____/____
 13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)
 EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: Elevated Mixed Ground UNITS: Ci Ci/sec µCi/sec
 MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____
 FORM: Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____
 Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____
 15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours
 Projection performed: Time _____ Date ____/____/____
 16. PROJECTED DOSE: DISTANCE TEDE (mrem) Adult Thyroid CDE (mrem)
 Site boundary _____
 2 Miles _____
 5 Miles _____
 10 Miles _____
 17. APPROVED BY: _____ Title _____ Time _____ Date ____/____/____
 NOTIFIED BY: _____ RECEIVED BY: _____ Time _____ Date ____/____/____

ANNEX 1, ATTACHMENT B – EMERGENCY NOTIFICATION FORM: (NUCLEAR FACILITY TO STATE/LOCAL GOVERNMENT). (continued)

INSTRUCTIONS MESSAGE RECEIVER

Person receiving this message, record your signature, duty position, agency and time / date of receipt of message.

SIGNATURE: _____ DUTY POSITION: _____
AGENCY: _____ TIME / DATE: _____
(Eastern) MM / DD / YY

MESSAGE SENDER

Record the name, title, agency and time / date of agencies notified per alert procedures.

NAME: _____ TITLE: _____
AGENCY: _____ TIME / DATE: _____
(Eastern) MM DD YY

NAME: _____ TITLE: _____
AGENCY: _____ TIME / DATE: _____
(Eastern) MM DD YY

NAME: _____ TITLE: _____
AGENCY: _____ TIME / DATE: _____
(Eastern) MM DD YY

NAME: _____ TITLE: _____
AGENCY: _____ TIME / DATE: _____
(Eastern) MM DD YY

NAME: _____ TITLE: _____
AGENCY: _____ TIME / DATE: _____
(Eastern) MM DD YY

NAME: _____ TITLE: _____
AGENCY: _____ TIME / DATE: _____
(Eastern) MM DD YY

ANNEX 1, ATTACHMENT C – WARNING MESSAGE: SCEMD TO STATE GOVERNMENT

1. This is _____ Name _____ from SCEMD.
2. This message reports an emergency at _____ Name of NPP _____ in
_____ Name _____ County.
3. This class of emergency is:
 - a. NOTIFICATION OF UNUSUAL EVENT
 - b. ALERT
 - c. SITE AREA EMERGENCY
 - d. GENERAL EMERGENCY
4. The emergency was declared at _____ (am/pm) on _____ (date).
5. My telephone number/extension is _____.
6. IMPLEMENT THE SOUTH CAROLINA OPERATIONAL RADIOLOGICAL EMERGENCY RESPONSE PLAN. (Add appropriate instructions, if required.)
7. Message received by _____. Time _____.

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