

ANNEX 1
(ALERT AND NOTIFICATION PROCEDURES)
TO THE SOUTH CAROLINA OPERATIONAL RADIOLOGICAL EMERGENCY
RESPONSE PLAN

I. INTRODUCTION

- A. 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 outlined in the South Carolina Operational Radiological Emergency Response Plan (SCORERP), Section III, and Attachment B (Emergency Classification Levels) to the SCORERP.
- 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

Prescribe the Alert and Notification procedures to be followed by NPPs in the event of a radiological incident.

III. CONCEPT OF OPERATIONS

- A. Upon recognition that events have occurred which make declaration of an emergency appropriate, NPP operators will immediately notify the State Warning Point (SWP) and the affected counties.
- B. Immediately upon notification of an ECL, the SWP will relay the notification to the DHEC Duty Officer, who will verify the ECL and any protective action recommendations (PAR). Subsequent to SCDHEC's verification, 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. When necessary, 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.
- E. The emergency notification form used by NPP licensees is Attachment B to this annex. The emergency notification form used by SRS is 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 alerts and mobilizes personnel in accordance with the SWP and SEOC SOPs.
- I. SCEMD will update the alert and notification rosters at least quarterly.
- J. 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 – FNF INCIDENT NOTIFICATION CHECKLIST

EMERGENCY CLASSIFICATION	NOTIFICATION
UNUSUAL EVENT	Risk Counties* (confirmation of notification only)
	Director, SCEMD
	Governor’s Office
	Office of Adjutant General
	ESF-8 Health and Medical Service
	ESF-10 Hazardous Materials
ALERT; SITE AREA EMERGENCY; GENERAL EMERGENCY <i>(in addition to those listed in UNUSUAL EVENT above); notification will be of ESF leads of each agency – refer to Table 3 of SC Emergency Operations Plan</i>	Ingestion Pathway Zone (IPZ) Counties**
	Educational Television (ETV)
	FEMA Region IV
	Georgia Emergency Management Agency (GEMA)
	NC Department of Public Safety
	ESF-1 Transportation
	ESF-2 Communications
	ESF-4 Firefighting
	ESF-6 Mass Care
	ESF-7 Resource Support
	ESF-12 Energy, Office of Regulatory Staff
	ESF-13 Law Enforcement
	ESF-14 Recovery
	ESF-15 Public Information
	ESF-16 Emergency Traffic Management
	ESF-17 Animal/Agriculture Emergency Response
ESF-19 Military Support	
ESF-24 Business & Industry	

***Risk Counties**

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

****Ingestion Pathway Zone (IPZ) Counties**

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

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

NUCLEAR POWER PLANT EMERGENCY NOTIFICATION FORM

MESSAGE # _____ Confirmation Phone #: _____ AUTHENTICATION CODE #: _____

Lines 1 – 6 are required for INITIAL Notifications

1. EVENT: <input type="checkbox"/> DRILL <input type="checkbox"/> ACTUAL DECLARATION <input type="checkbox"/> TERMINATION (ONLY Lines 1, 2, & 4 required)	
2. AFFECTED SITE:	
<input type="checkbox"/> CATAWBA <input type="checkbox"/> OCONEE <input type="checkbox"/> ROBINSON <input type="checkbox"/> VC SUMMER <input type="checkbox"/> VOGTLE	
3. EMERGENCY CLASSIFICATION	
<input type="checkbox"/> UNUSUAL EVENT <input type="checkbox"/> ALERT <input type="checkbox"/> SITE AREA EMERGENCY <input type="checkbox"/> GENERAL EMERGENCY	
4. EAL # _____	Declaration Date: ___/___/___ Time: _____
	Termination Date: ___/___/___ Time: _____ (mark "N/A" for EAL # & Description)
EAL DESCRIPTION: _____	
5. RELEASE TO THE ENVIRONMENT (caused by the emergency): <input type="checkbox"/> NONE <input type="checkbox"/> IS OCCURRING <input type="checkbox"/> HAS OCCURRED	
6. PROTECTIVE ACTION RECOMMENDATIONS:	
<input type="checkbox"/> NONE	
<input type="checkbox"/> EVACUATE: _____	
<input type="checkbox"/> SHELTER: _____	
<input type="checkbox"/> CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH ORO PLANS AND POLICIES	
<input type="checkbox"/> OTHER: _____	

Lines 7-11 are NOT required for INITIAL notifications. Lines 7-11 may be provided separately for follow-up notifications.

7. PROGNOSIS: Upgrade in classification or PAR change is likely before the next follow-up notification Yes No

8. SITE UNIT(S) STATUS:

AFFECTED UNIT

- YES Unit 1 - _____ % Power Shutdown: Date ___/___/___ Time _____
- YES Unit 2 - _____ % Power Shutdown: Date ___/___/___ Time _____
- YES Unit 3 - _____ % Power Shutdown: Date ___/___/___ Time _____
- YES Unit 4 - _____ % Power Shutdown: Date ___/___/___ Time _____

9. METEOROLOGICAL DATA:

Wind direction from: _____ degrees Wind Speed: _____ mph Precipitation: _____ inches
 Stability Class: A B C D E F G

Lines 10 - 11 are completed for follow-up notifications, IF Line 5 IS OCCURRING or HAS OCCURRED is selected

10. AIRBORNE RELEASE CHARACTERIZATION: GROUND MIXED ELEVATED

MAGNITUDE UNITS: Ci Ci/sec µCi/sec

Noble Gases: _____ Iodines: _____ Particulates: _____

11. DOSE PROJECTION: Projection period: _____ Hours Estimated Release Duration _____ Hours

Performed: Date ___/___/___ Time: _____	DISTANCE	TEDE (mrem)	Thyroid CDE (mrem)
	Site Boundary		
	2 Miles		
	5 Miles		
	10 Miles		

12. REMARKS (As Applicable): _____

13. APPROVED BY: _____ TITLE: _____ Date ___/___/___ Time _____

14. NOTIFIED BY: _____ Date ___/___/___ Time _____

15. RECEIVED BY (ORO use only): _____ Date ___/___/___ Time _____

EM-78 / Nuclear Power Facility Emergency Notification Form / March 2016 revision

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 – EMERGENCY NOTIFICATION FORM USED BY SRS

Form Rev. 02-26-2009	SRS Notification Form Savannah River Site, Aiken, South Carolina	Page 1 of ____																				
1. Notification Type <input type="radio"/> [A] Drill <input type="radio"/> [B] Emergency <input type="radio"/> [C] Courtesy <input type="radio"/> Initial <input type="radio"/> Follow-Up Message # _____																						
2. Type of Event <input type="radio"/> [A] Radiological Event <input type="radio"/> [B] Chemical Event <input type="radio"/> [C] Dam Event <input type="radio"/> [D] Security <input type="radio"/> [E] Other																						
3. Location _____																						
4. Reported By: _____ <small>(Name) (Phone #)</small>																						
5. Classification <input type="radio"/> [A] NA <input type="radio"/> [B] Operational Emerg. <input type="radio"/> [C] Alert <input type="radio"/> [D] Site Area Emerg. <input type="radio"/> [E] General Emerg.																						
6. Emergency <input type="radio"/> [A] NA <input type="radio"/> [B] Declared At <input type="radio"/> [C] Terminated At (Time/Date) _____ <small>(Eastern) (mm/dd/yyyy)</small>																						
7. <input type="checkbox"/> NA EPIP# _____ EAL # _____ Appendix/Attachment _____																						
8. Description/Remarks _____ _____																						
9. Meteorological Data _____ ° _____																						
10. Recommended Offsite Protective Actions <input type="radio"/> [A] No Recommended Actions <input type="radio"/> [B] Evacuate <input type="radio"/> [C] Shelter-In-Place <input type="radio"/> [D] Other <input type="checkbox"/> (a) Ingestion Pathway precautionary advisories for downwind Emergency Planning Zones should be issued while consequence projection models are completed OR <input type="checkbox"/> (b) Projections indicate that DILs may be exceeded (insert categories, e.g., forage, fruits, etc.) _____ In the following areas. (insert EPZs or more specific locations) _____ precautionary warnings advising against ingestion or processing of foodstuffs and information on protective measures should be issued for these areas until field verification is performed.																						
11. Emergency Response Guide Protective Action: <input type="checkbox"/> N/A <input type="checkbox"/> Isolation Zone _____ <input type="checkbox"/> Down Wind																						
FOLLOW-UP INFORMATION (Lines 12-15) NOT REQUIRED FOR INITIAL NOTIFICATION																						
12. Release Information <input type="checkbox"/> [A] NA <input type="radio"/> [B] Medium: <input type="checkbox"/> Air <input type="checkbox"/> Soil <input type="checkbox"/> Water-Pathway: _____ <input type="radio"/> [C] State: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gaseous <input type="radio"/> [D] Type: <input type="checkbox"/> Elevated (Stack) <input type="checkbox"/> Ground <input type="radio"/> [E] Started: _____ <input type="radio"/> [F] Stopped: _____ Note: "Stopped" refers to time material finished exiting its container/building. Situation stability (e.g., whether material is still offgassing from puddle, etc.) is explained in Line 8. <small>(Eastern) (mm dd yyyy)</small>																						
13. Radiological Release <input type="radio"/> [A] NA <input type="radio"/> [B] To Be Determ. <input type="radio"/> [C] Default Source Term <input type="radio"/> [D] Curies per Minute <input type="radio"/> [E] Curies <input type="checkbox"/> [F] Transuranics _____ <input type="checkbox"/> [G] Tritium _____ <input type="checkbox"/> [H] Fission Products _____ <input type="checkbox"/> [I] Other _____																						
14. Chemical Release <input type="radio"/> NA <input type="radio"/> To Be Determined <input type="radio"/> Default Source Term <input type="radio"/> Refined Source Term <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Pounds or Gallons</th> <th style="width:50%;">Substance</th> <th style="width:15%;">CAS Num</th> <th style="width:10%;">CERCLA HS*</th> <th style="width:15%;">EPCRA EHS*</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Pounds or Gallons	Substance	CAS Num	CERCLA HS*	EPCRA EHS*															
Pounds or Gallons	Substance	CAS Num	CERCLA HS*	EPCRA EHS*																		
15. Projected Site Boundary Dose <input type="radio"/> NA <input type="radio"/> To Be Determined <input type="radio"/> New <input type="radio"/> Unchanged CED \ _____ Thyroid CED _____ Other _____ Projection Time _____ Est. Duration _____ Hrs <small>(mrem) (mrem) (Eastern)</small>																						
16. Approved By _____ Transmittal _____ <small>Name Title Time/Date Time mm/dd/yy</small>																						

Additional information not included on Page 1, including other EALs that may have been triggered.

Once SRS has completed the message they will take a roll call. You will need to record the following agencies information during the roll call.

SCEMD

Name: _____ Title: _____
Time: __:___ Date: __/__/__

Aiken County

Name: _____ Title: _____
Time: __:___ Date: __/__/__

Allendale County

Name: _____ Title: _____
Time: __:___ Date: __/__/__

Barnwell County

Name: _____ Title: _____
Time: __:___ Date: __/__/__

ANNEX 1, ATTACHMENT D – 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. 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 _____.