

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

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**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).
- 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. Prescribe the Alert and Notification procedures to be followed by NPPs in the event of a radiological incident.
- B. Outline the process for alerting, notifying, and mobilizing state and county assets.

**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 notify South Carolina Emergency Management Division's (SCEMD) Chief of Operations, Radiological Emergency Preparedness (REP) Manager, the Director, Emergency Support Function (ESF) 8, ESF-10, and SCEMD's duty officer (after hours). SCEMD, in coordination with ESF-8 and ESF-10, 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 South Carolina Emergency Management Division (SCEMD). Copies of the code have been furnished to each NPP and county emergency management agency.
- D. Organizations to be notified by SCEMD 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 – NPP 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 Environmental and Hazardous Materials Operations
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 4
	Georgia Emergency Management Agency (GEMA)
	NC Department of Public Safety
	ESF-1 Transportation
	ESF-2 Communications
	ESF-3 Public Works and Engineering
	ESF-4 Firefighting
	ESF-6 Mass Care
	ESF-7 Finance and Administrations
	ESF-11 Food
	ESF-12 Energy
	ESF-13 Law Enforcement
	ESF-14 Recovery and Mitigation
	ESF-15 Public Information
	ESF-16 Emergency Traffic Management
	ESF-17 Agriculture and Animals
	ESF-18 Donated Goods and Volunteer Services
	ESF-19 Military Support
	ESF-24 Business & Industry

\*Risk Counties

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

\*\*Ingestion Pathway Zone Counties

1. Catawba Nuclear Station – Cherokee, Chester, Chesterfield, Fairfield, Kershaw, Lancaster, Laurens, Newberry, Spartanburg, Union

2. Oconee Nuclear Plant – Abbeville, Anderson, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg
3. Robinson Nuclear Plant – Kershaw, Marlboro, Dillon, Marion, Florence, Williamsburg, Clarendon, Sumter, Richland, Fairfield, Lancaster, Chester
4. V.C. Summer Nuclear Station – Cherokee, York, Lancaster, Union, Chester, Laurens, Greenwood, Saluda, Aiken, Edgefield, Calhoun, Kershaw, Sumter, Spartanburg, Lee, McCormick, and Orangeburg
5. Vogtle Electric Generating Plant – 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**

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 <input type="checkbox"/> NPTU		
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**

<input type="checkbox"/> YES	Unit 1 - _____ % Power	Shutdown: Date ____/____/____	Time _____
<input type="checkbox"/> YES	Unit 2 - _____ % Power	Shutdown: Date ____/____/____	Time _____
<input type="checkbox"/> YES	Unit 3 - _____ % Power	Shutdown: Date ____/____/____	Time _____
<input type="checkbox"/> 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 ☐ ELEVATEDMAGNITUDE UNITS: ☐ Ci ☐ Ci/sec ☐  $\mu$ Ci/sec

Mix ID: \_\_\_\_\_ (Vogtle only) Noble Gases: \_\_\_\_\_ Iodines: \_\_\_\_\_ Particulates: \_\_\_\_\_

11. DOSE PROJECTION: Projection period: \_\_\_\_\_ Hours Estimated Release Duration \_\_\_\_\_ Hours

Performed: _____	DISTANCE	TEDE (mrem)	Thyroid CDE (mrem)
Date ____/____/____	Site Boundary		
Time: _____	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 \_\_\_\_\_



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: \_\_\_\_/\_\_\_\_/\_\_\_\_

- SCORERP