
INSPECTION PROCEDURE 82501

DECOMMISSIONING EMERGENCY PREPAREDNESS PROGRAM EVALUATION

PROGRAM APPLICABILITY: 2561

82501-01 INSPECTION OBJECTIVE

To determine whether the licensee's emergency preparedness program is maintained in a state of operational readiness and whether changes made to the licensee's emergency preparedness program since the last inspection continue to meet commitments, the Nuclear Regulatory Commission (NRC) requirements, and have not negatively affected the licensee's overall state of emergency preparedness (EP).

This inspection procedure is applicable to nuclear power reactor licensee site(s) that are permanently shut down in accordance with 10 CFR 50.82(a) and is / are not located on a site with an operating nuclear power reactor. Decommissioning power reactor licensees retain their Part 50 or Part 52 license after permanent shutdown and remain subject to the same EP requirements as operating power reactors until an exemption request is submitted and approved by the NRC. The exemption must then be appropriately implemented in the licensee's emergency response plan (E-plan) before compliance with the given regulation is no longer required. NSIR/DPR-ISG-02 "Interim Staff Guidance Emergency Planning Exemption Requests For Decommissioning Nuclear Power Plants," provides guidance for processing exemptions to the EP requirements for nuclear power reactors that are undergoing the process of decommissioning, previously approved exemption request(s), the rationale for the approval and the approximate time table for exemption approvals. Inspectors should review this document for information as to what exemptions could be expected for a given licensee's point in the decommissioning process. This procedure is not applicable to sites at which all fuel is removed from the spent fuel pool (SFP) and placed in dry cask storage.

82501-02 INSPECTION REQUIREMENTS

- 02.01 Review current E-plan and approved exemption request(s) since the last inspection for understanding and appropriate implementation.
- 02.02 Perform, as applicable to the licensee's current E-plan, the following attachments.
 - a. Maintenance of Emergency Preparedness (Attachment 01)

- b. Emergency Response Organization Staffing and Augmentation System (Attachment 02)
- c. Emergency Action Level and Emergency Plan Changes (Attachment 03)
- d. Alert and Notification System Evaluation (Attachment 04)

82501-03 INSPECTION GUIDANCE

The following inspection guidance section and attachments provide methods and examples of how the inspection requirements could be completed. Use of the following guidance is at the discretion of the inspector.

- 03.01 Review approved exemption request(s)
 - a. Review the approved regulatory exemption request(s) applicable to EP and determine what attachments to this inspection procedure are applicable to be performed.
 - b. Review the sections affected by approved regulatory exemption(s), if any, of the licensee's current E-plan to ensure appropriate implementation.
- 03.02 Perform, as applicable to the licensee's current E-plan, the attachments to this procedure.

82501-04 RESOURCE ESTIMATE

Recommended average annual inspection hour efforts for this inspection procedure's attachments are listed below. Actual inspection hours will be expected to move toward the lower end of the range as exemptions are submitted and approved.

- Attachment 1 between 9 and 20 hours
- Attachment 2 between 6 and 10 hours
- Attachment 3 between 3 and 5 hours
- Attachment 4 between 2 and 5 hours.

82501-05 PROCEDURE COMPLETION

This procedure is considered complete when applicable inspection requirements listed in the procedure have been satisfied. For the purpose of reporting completion in the Reactor Program System (RPS), the sample size is defined as 1. A sample size of 1 will be reported in RPS when the procedure is completed in its entirety.

82501-06 REFERENCES

NSIR/DPR-ISG-02 "Interim Staff Guidance for Emergency Planning at Decommissioning Sites"

IN 05-19, "Effect Of Plant Configuration Changes On The Emergency Plan" (ML051530520)

RG 1.219, "Guidance on Making Changes to Emergency Plans for Nuclear Power Reactors"

NUREG/CR-4831, "State of the Art in Evacuation Time Estimate Studies for Nuclear Power Plants," March 1992.

NUREG/CR-6863, "Development of Evacuation Time Estimates for Nuclear Power Plants," January 2005.

NUREG/CR-6451 "A Safety and Regulatory Assessment of Generic BWR and PWR Permanently Shutdown Nuclear Power Plants" (ML082260098)

NUREG/CR-7002, "Criteria for Development of Evacuation Time Estimate Studies

NEI 10-05, "Assessment of On-Shift Emergency Response Organization Staffing and Capabilities"

FEMA REP-10 "Guide for the Evaluation of Alert and Notification Systems for Nuclear Power Plants" (ML102510343)

NUREG-0654/FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"

NSIR/DPR-ISG-01, "Interim Staff Guidance Emergency Planning for Nuclear Power Plants"

END

ATTACHMENT 1

MAINTENANCE OF EMERGENCY PREPAREDNESS

01.00 INSPECTION OBJECTIVE

Evaluate the efficacy of licensee efforts to maintain their Emergency Preparedness (EP) programs by verifying accurate and appropriate identification and correction of EP weaknesses during actual event critiques, drill and exercise critiques, program assessment activities (e.g., EP reviews performed in accordance with 10 CFR 50.54(t)) as well as review of Letters of Agreement (LOA) and/or Memorandums of Understanding (MOU), 10 CFR 50.54(q) plan change process and practice, and licensee maintenance of facilities, systems, and equipment important to emergency preparedness, record(s) of evacuation time estimate (ETE) population evaluation and E-plan provisions for, and implementation of, primary, backup and alternate emergency response facility (ERF) maintenance [10 CFR Part 50.47(b)(10) and Appendix E IV.3, 5 & 6; IV.E.8.b]

02.00 INSPECTION REQUIREMENTS

- 02.01 Review the licensee's corrective action program (CAP) for EP issues.
- 02.02 Review documentation for all actual events that resulted in the implementation of the E-plan since the last inspection to determine the adequacy of licensee actual event response.
- 02.03 Review all EP-related corrective actions identified in any actual event self-assessment for effectiveness and timeliness of completion.
- 02.04 Review a sample of drill and exercise critique documentation to determine if EP weaknesses are being properly identified and entered into the CAP.
- 02.05 Review a sample of EP corrective actions for effectiveness and timeliness of completion.
- 02.06 Review EP audit(s) performed in accordance with 10 CFR 50.54(t).
- 02.07 Review a sample of EP corrective actions from other EP self-assessment documents, such as QA assessments of EP program elements, for effectiveness and timeliness of completion.
- 02.08 Review LOA and/or MOU that support the E-plan for appropriate content and to verify they have not expired.
- 02.09 Review 10 CFR 50.54(q) plan change process and practice.

- 02.10 Review licensee maintenance of facilities, systems, and equipment important to emergency preparedness.
- 02.11 Review licensee record(s) of evacuation time estimate (ETE) population evaluation. [10 CFR 50.47(b)(10) and Appendix E.IV.3, 5 & 6]
- 02.12 Review licensee E-plan provisions for, and implementation of, primary, backup and alternate emergency response facility (ERF) maintenance. [10 CFR Part 50.47(b)(8) Appendix E §IV.E.8.a(i), a(ii), b, c, d & e]

03.00 INSPECTION GUIDANCE

The primary focus of this inspection is to evaluate the efficacy of a licensee's ability to identify and correct EP weaknesses.

The following inspection guidance section and attachments provide methods and examples of how the inspection requirements could be completed. Use of the following guidance is at the discretion of the inspector.

- 03.01 Review licensee procedures for the following areas to ensure there is an adequate level of guidance to meet the required area task.
 - a. EP CAP
 - b. Identification of EP weaknesses and/or deficiencies during an actual event or during drills and exercises.
 - c. EP Audits
 - d. EP Program Reviews
 - e. Critique Conduct

Note: responsibility for conduct of critiques may be assigned to multiple departments, (e.g., Quality Assurance for audits, Emergency Preparedness for EP drills and exercises, and Operations Training for simulator evolutions).

- 03.02 Determine the adequacy of licensee actual event response by:
 - a. Reviewing E-plan implementation documentation since the last inspection for:
 - 1. Documentation of notification forms
 - 2. Thoroughness and accuracy of logs
 - 3. Completeness of checklists.

- b. Determine if:
 - 1. The licensee effectively implemented the requirements of the E-plan.
 - 2. Classifications, notifications and, if performed, protective action recommendation (PAR) development were timely and accurate. [10 CFR Part 50.47(b)(10)]

Note: Actual event E-plan implementation may be inspected under the event follow-up inspection.

- c. Ensuring all EP weaknesses identified during the inspector's review of event records were entered into the CAP program.
 - d. Determine if licensee corrective actions for weaknesses occurring during an event were timely and effective consistent with the safety significance of the condition.
- 03.04 Review a sample of licensee self-assessments of drill and exercise performance (if available) to verify that:
- a. Weaknesses identified for classification, notification and PARs are appropriately documented in the CAP. [10 CFR Part 50.47(b)(10)]
 - b. Emergency preparedness implementing procedures forms and checklists used to support and document classification, notification, and PAR development are consistently and accurately used. [10 CFR Part 50.47(b)(10)]
 - c. Documentation summaries of the drill and exercise critique and scenario are consistent and accurate.
 - d. The critique process properly identifies performance weakness (es) in classification, notification, PARs and does assessment activities. [10 CFR Part 50.47(b)(9) & (10)]
- 03.05 Review lists of EP-related CAP entries initiated and closed since the previous inspection. Select samples from each category to review for the effectiveness of correction actions, based on the following:

Note: Although 10 CFR 50.47(b)(14) requires that exercise weaknesses be identified and corrected, licensees may enter other deficiencies (e.g., procedure deficiencies, instrument failures, etc.) into its corrective action program. Both categories should be included in the sample selection.

Note: If corrective actions appear to be complete, but not yet fully effective, consideration may be given to allow more time for performance improvement. Future drills and exercises would be expected to show such improvement. Actions taken by the licensee to enhance or improve performance need not be evaluated for effectiveness.

- a. Review all corrective actions associated with classification, notification, PAR development, and dose assessment and note any degraded performance. [10 CFR Part 50.47(b)(9) & (10)]
- b. Select a sample of corrective actions from other EP areas for review. The guidance provided in Attachment 5 “Prioritization of Additional Areas for Inspection” may be used to select other areas for review.
- c. If repeat items or trends are noted in corrective actions:
 1. Determine whether corrective actions should have precluded recurrence. Determination of a failure to correct a drill or exercise weakness requires a detailed review of the weakness and the associated corrective actions.
 2. Determine if the licensee identified the trend or repeat weakness and entered it into the corrective action system. A single repetition of a weakness should not automatically be deemed an ineffective corrective action. Conversely, a single successful demonstration of a weakness should not necessarily be considered an effective corrective action.
- d. Select a sample of closed corrective actions and perform a review to assess the completeness and effectiveness of the corrective actions.
 1. Review the specific corrective actions for that weakness and similar occurrences of that weakness in actual events, drills, exercises, and training evolutions.
 2. Review relevant corrective actions, self-assessments, and inspection records for the inspection cycle with an emphasis on similar weaknesses.
 3. Assess corrective action effectiveness based on the complete history of the issue. Obtain a complete picture of the current problem by reviewing previous corrective actions to identify any pattern(s) of recurring performance problems in similar activities that would identify other ineffective corrective actions.
- e. Select a sample of corrective actions for equipment and facilities or other areas of EP as deemed appropriate. Perform a detailed review of: [10 CFR Part 50.47(b)(8) Appendix E §IV.E.8.a(i), a(ii), b, c, d & e]
 1. Closure documentation,
 2. Corrective actions taken, and
 3. Consistency of in-field completed corrective actions and the closure documentation.

- f. In reviewing the corrective actions, remain alert to program elements that have few or no corrective actions recorded. Although the program elements may very well not warrant a corrective action, the lack could be evidence of a deficient critique. The inspector should inspect that area for compliance with the E-plan commitments.

03.06 Review EP audit(s) performed in accordance with 10 CFR 50.54(t).

- a. Evaluate adequacy of audits for compliance with regulatory requirements.
- b. Determine if the scheduling of audits is consistent with regulatory requirements and licensee program changes.
 - 1. If the licensee is using the 10 CFR 50.54(t)(1)(ii) option, review the licensee's performance indicators (See statements of consideration at 64 FR 14814 dated March 29, 1999).
- c. Review the effectiveness of a sample of corrective actions resulting from the audit. Prioritization should be given to problems associated with classification, notification, dose assessment activities and PAR development. [10 CFR Part 50.47(b)(4), (5), (9) & (10)]
- d. Select a sample of corrective actions from other EP audit areas for review. The guidance provided in Attachment 5, "Prioritization of Additional Areas for Inspection," to this procedure, may be used to select other areas for review.

03.07 EP self-assessment corrective actions.

- a. Review a sample of corrective actions from other EP self-assessment documents, for example:
 - 1. QA assessments of drill and exercise performance
 - 2. Emergency response organization (ERO) readiness
 - 3. EP facility readiness [10 CFR Part 50.47(b)(8) Appendix E §IV.E.8.a(i), a(ii), b, c, d & e]
- b. Review the disposition of the sample of corrective actions identified.
- c. Determine if the licensee's sampled corrective actions were timely and effective.

03.08 Review the licensee's annual review / update of LOAs/MOUs described in the E-plan to be updated as needed and reviewed to be current on an annual basis. Verify that:

Note: In general, LOAs/MOUs with Federal agencies with emergency planning responsibilities are not needed, since the Federal agencies are required by law to provide assistance. However, the inspector should be alert to instances in the E-plan where it may be appropriate for a letter of agreement with a local Federal office or representative of a Federal agency, such as a local Coast Guard station.

- a. Arrangements for offsite response organization (ORO) resources remain in effect and have not expired.
- b. The type and extent of ORO resources needed to support onsite response activities during an emergency including hostile action have been identified and documented.
- c. Arrangements with State, local, and Federal agencies clearly identify and describe needed onsite support and response activities. Local agencies should include local law enforcement, firefighting, and medical assistance
- d. Existing arrangements are updated as needed to clarify the types of assistance to be provided by an agency or to address any shortfalls for support of onsite response activities identified.
- e. LOAs/MOUs may be provided in an appendix to the plan or, the plan itself may contain descriptions of these matters, and a signature page in the plan may serve to verify the agreements. The signature page format is appropriate for organizations where response functions are covered by laws, regulations, or executive orders where separate written agreements are not necessary.

03.09 Review 10 CFR 50.54(q) plan change process and practice. Verify that:

- a. Individuals responsible for performing the screenings and evaluation understand the intent and procedure steps (e.g., reviews are to be performed against the last E-plan with a safety evaluation report (SER)).
- b. Screenings and evaluations contain a level of detail appropriate to support the change (e.g., does the screening block for a given planning standard describe more than just "yes" or "no").
- c. If the licensee is cited for a violation under 10 CFR 50.54(q)(3), could it, or should it, have been prevented by an appropriate and accurate screening or evaluation.

03.10 Licensee maintenance of facilities, systems and equipment important to emergency preparedness.

- a. Review a sample of instrumentation identified in the licensee's emergency action level (EAL) scheme to ensure the instrumentation identified is correct for the intended application and adequate to support declaration of the effected EALs.

- b. Review EP equipment work control history to determine if:
 - 1. Compensatory measures taken for equipment out of service were adequate, and
 - 2. Any 10 CFR 50.72 reporting requirements were met.
 - c. Review a sample of required equipment (e.g., Self-Contained Breathing Apparatus, field monitoring team equipment, communication equipment, computers, etc.) to determine whether the equipment is functioning and meets certification/calibration requirements.
- 03.11 Review licensee ETE population record(s) of evaluation to ensure:
[10 CFR 50.47(b)(10) and Appendix E.IV.3, 5 & 6]
- a. The ETE is revised when new U.S. Census Bureau decennial census data is available.
 - b. The licensee has annually reviewed for, and/or evaluated, changes in the emergency planning zone populations.

Note: Population changes should be based on data from the U.S. Census Bureau, which annually produces resident population estimates and State/local government population data, if available.

- 03.12 Review licensee E-plan provisions for, and implementation of, primary, backup, and alternate ERF maintenance as follows:
[10 CFR Part 50.47(b)(8) Appendix E §IV.E.8.a.(i), a.(ii), b, c, d & e]
- a. Records of ERF current and historical condition support compliance with regulatory requirements and E-plan commitments for habitability.
 - b. Equipment required to perform the facility's function is available and in sufficient quantity.
 - c. ERF power supplies are in compliance with regulatory requirements and E-plan commitments.

END

ATTACHMENT 2

ERO STAFFING AND AUGMENTATION SYSTEM

01.00 INSPECTION OBJECTIVE

To evaluate the adequacy of the emergency response organization (ERO) on-shift and augmentation staffing levels and verify that the augmentation system is adequate to allow meeting ERO augmentation staffing and facility activation time commitments.

02.00 INSPECTION REQUIREMENTS

02.01 Review ERO On-shift and Augmentation Staffing.

- a. Determine licensee E-plan commitments for ERO on-shift and augmentation staffing levels including alternative emergency response facilities, and the ERO activation process.
- b. Verify that licensee procedures implement emergency response plan (E-plan) commitments for ERO on-shift and augmentation staffing. [10 CFR 50 Appendix E.IV.A.9]
- c. Determine if the processes for maintaining required ERO on-shift and augmentation staffing levels meets E-plan commitments. [10 CFR 50 Appendix E.IV.A.3 4, 5]
- d. Review the effectiveness of corrective actions related to ERO on-shift and augmentation staffing levels.

02.02 Review of ERO Augmentation Activation System.

- a. Review any changes to the ERO augmentation activation system and process. Initial procedure implementation verified the adequacy of ERO augmentation activation system design.
- b. Review the results of ERO augmentation activation drills and/or tests.
- c. Review a sample of ERO augmentation activation system program elements.
- d. Review a sample of corrective actions related to ERO augmentation activation system and process and assess their effectiveness.

03.00 INSPECTION GUIDANCE

ERO augmentation tests that require personnel to report to their emergency response duty locations are not mandatory. They do however provide a high level of assurance that activation goals can be met. Many sites recognize the value of such “report-in” tests and have committed to perform them periodically. However, other combinations of testing and verification, if properly implemented, can provide a reasonable level of assurance. Commitments on this subject are contained in the licensee E-plan and may vary between sites.

After initial inspection of the ERO on-shift and augmentation staffing and the augmentation activation system design, subsequent inspections need not repeat the entire review, but should focus on changes to the ERO on-shift and augmentation staffing, the augmentation activation system design, conduct of system drills and tests, and the effectiveness of corrective actions.

The following inspection guidance section and attachments provide methods and examples of how the inspection requirements could be completed. Use of the following guidance is at the discretion of the inspector.

03.01 Review ERO On-shift Staffing and Augmentation.

- a. Review the site E-plan to determine the licensee’s commitments for ERO on-shift and augmentation staffing levels, ERO activation timeliness, and associated facility activation goals. [10 CFR 50 Appendix E.IV.A.3 4, 5, 9]
 1. Use the NRC approved version of the E-plan and any subsequent NRC-approved changes in performing this determination. Identify any changes to the ERO on-shift and augmentation staffing made by the licensee without prior NRC approval under 10 CFR 50.54(q)(4) and evaluate under 03.01.b.
 2. Review the on-shift staffing analysis to identify any subsequent changes thereto. A complete review of the analysis is not expected, but any changes that appear to be questionable should be evaluated further, particularly if they purport to support a reduction in on-shift staffing. If a justifiable basis cannot be established, the associated change in on-shift staffing may be a reduction in effectiveness of the E-plan. Refer to NSIR-DPR-ISG-01, “Emergency Planning for Nuclear Power Plants,” § IV.C, “Assignment of Multiple Functions to On-Shift Personnel,” if necessary. [10 CFR 50 Appendix E.IV.A.9]
 3. Determine the licensee’s commitments with regard to how the emergency response activation timeliness is assessed (e.g., when the “clock starts” and the “clock stops”). In the absence of an approved alternative, the NRC expects that the clock starts with the declaration of an Alert or higher emergency classification level and ends when the facility is ready to assume its assigned functions under the E-plan and relieve the on-shift staff of those functions. (Although the facility may be ready, the on-shift staff relief may be postponed in the interest of completing critical tasks prior to turnover.)

- b. Review the licensee's ERO on-shift and augmentation staffing described in the licensee's E-plan to verify the licensee's compliance with commitments, and to verify that the on-shift staffing is supported by the conclusions of the staffing analysis. [10 CFR 50 Appendix E.IV.A.3 4, 5, 9]
1. NUREG-0654/FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants", Table B-1 (Table B-1) should be used to assess ERO on-shift and augmentation staffing levels unless an NRC-approved/acceptable alternative is contained within the licensee's E-plan. [10 CFR 50 Appendix E.IV.A.3 4, 5]
 2. Once the detailed on-shift staffing analysis is implemented, review the licensee's ERO on-shift staffing commitments against the licensee's on-shift staffing analysis to verify that the on-shift staffing is supported by the conclusions of the staffing analysis. [10 CFR 50 Appendix E.IV.A.9]
 3. Verify that backup processes and/or procedures can be implemented in the event the normal ERO augmentation activation system is not available.
- c. Review any changes in the design of the ERO staffing augmentation processes against commitments in the licensee's E-plan. Process details may be found in the emergency preparedness implementing procedures.
1. To be effective, ERO staffing augmentation processes should include the following elements, sufficient to provide reasonable assurance, that ERO activation, augmentation, and associated facility activation goals can be met.
 - Current ERO duty roster that lists only qualified personnel to fill positions required by the E-plan.
 - A process to ensure augmentation staffing levels are met and a sufficient number of individuals are available to staff their assigned positions on a continuous basis (e.g., on-shift staffing processes ensure minimum staffing levels are maintained, sufficient depth of qualified individuals, formal rotational assignment schedule).
 - An ERO staffing augmentation process that is capable of ensuring timely augmentation of on-shift staffing and that facility activation goals can be met in accordance with E-plan commitments. The augmentation staff roster may be divided into ERO teams or the licensee may employ an "all-call" approach. The all-call approach may involve all responders, reporting to the site with the first to arrive assuming the ERO positions. For any methodology employed by the licensee to augment plant staff during an emergency, verify that licensee's process is adequate to ensure that all positions will be filled in the required time.

- Review the procedures and training provided to ERO augmentation staff concerning response during a hostile action event; including the use of alternative facilities; onsite protective measures for staff safety; and, clear reporting instructions in the event the plant is inaccessible.
[10 CFR 50 Appendix E.IV.A.3 4, 5, 9; IV.E.8.b, d]
2. The inspector's review of the ERO staffing augmentation process(es) should include the following:
 - The performance of an actual event or drill where personnel reported to their duty locations and were timed, OR
 - The performance of drills (e.g., unannounced off-hour report-in drills, unannounced off-hour "call-in" drills, pager/communications tests, etc.) where personnel response was timed. OR
 - Sufficient numbers of ERO members live within the appropriate travel time from their duty locations.
 3. Review a sample of training records of ERO duty roster members to verify that qualifications are current, including respirator qualifications where appropriate. Verify that all requalification requirements have been performed as required.
 4. Review a sample of on-shift staff rosters for normal business, after hours, as well as recent weekends and holidays. Focus on positions which are not part of the normal operations on-shift crew such as health physics technicians, chemistry technicians, and maintenance technicians. Verify that all positions are staffed on a 24-hour basis in accordance with E-plan commitments.
- d. Review a sample of items from the corrective action program related to ERO staffing inadequacies and verify that the licensee has implemented adequate corrective actions to correct the problems. With regard to corrective actions arising from the on-shift staffing analysis, licensees are expected to take interim compensatory measures to address any staffing shortfalls identified in the staffing analysis within 30 days of when the results of the staffing analysis are available, and then implement long-term corrective actions within 24 months of performing the staffing analysis.
[10 CFR 50 Appendix E.IV.A.9]

03.02 Review of ERO Augmentation System.

- a. Review any changes made to the ERO augmentation system hardware, software or procedures since the previous inspection and determine the impact on the effectiveness of the process.

1. Determine whether the system, as modified, is still capable of ensuring timely augmentation of on-shift staffing and meeting activation goals for primary and alternate facilities in accordance with E-plan commitments.
Hardware systems, (e.g., pagers, cell phones, automated telephone systems) may be vendor-owned and operated. Changes to these systems may not be apparent, but the licensee is expected to ensure the systems are maintained in proper working order through the conduct of system tests or other surveillance activities.
 2. Review the licensee's process for keeping the ERO augmentation activation system current with ERO member names and contact information. Determine whether system operation is periodically verified by the licensee.
- b. Review a sample of the ERO primary and backup augmentation system drills (e.g., call-in, report-in) results committed to in the E-plan conducted since the last inspection. Review all results from actual event E-plan activations that occurred since the last inspection.
1. Determine whether the results have been evaluated accurately and whether the conclusions reached are valid.
 2. Determine whether tests of the system adequately verify ERO augmentation times (e.g., call-in drills are supplemented with travel time verification and/or report-in drills are conducted periodically).
 3. If no tests, drills or implementations of the backup ERO staffing augmentation system have been performed, review the major elements of the backup system to evaluate its capabilities. Interview a sample of ERO members to determine if they know how to implement and respond to the backup system.
- c. Review a sample of program elements such as:
1. Verify that equipment to notify individual ERO members is available and functional (e.g., pagers, cell phones, automated telephone systems).
 2. Review a sample of training records to verify that ERO members are trained in the proper response to the ERO augmentation notification system.
 3. Review the procedures for ERO augmentation notification system activation to ensure the capability of timely augmentation of on-shift staffing and facility activation goals.
 4. Review a sample of training records to verify that personnel expected to operate the ERO call out system are trained in its use.

- d. Verify that weaknesses identified during ERO augmentation drills, or failures in system tests, were entered into the licensee's corrective action program and that the licensee has initiated corrective actions to ensure a functional augmentation process.
 1. Review a sample of the weaknesses identified during ERO augmentation drills, or failures in system tests, performed since the last inspection, to identify any trends or repeat failures and assess the effectiveness of corrective actions.
 2. Review corrective actions taken for repeat failures and assess the adequacy of corrective actions.
 - Consider the disposition of personnel performance problems as well as equipment failures.
 - A repeat item does not necessarily indicate a failure of the corrective actions. However, a trend of repeat failures would bring into question the licensee's ability to augment the ERO and activate facilities within the E-plan committed goals and may require additional effort to determine the adequacy of the corrective action process.
 - This effort may require interviews with management or other individuals and further review of licensee corrective action program.
 3. Review licensee self-assessments, if performed, of ERO augmentation drills and system testing since the last inspection.
 - Determine the coverage and depth of the assessments, knowledge level of the reviewers, and whether the disposition of problems was appropriate.
 - Determine whether identified problems were placed in the corrective action program and resolved.

END

ATTACHMENT 3

EMERGENCY ACTION LEVEL AND EMERGENCY PLAN CHANGES

01.00 INSPECTION OBJECTIVES

Recognition and subsequent classification of events is a risk-significant activity because classification leads to activation of the Emergency Response Organization (ERO) and notification of governmental authorities. This inspection activity is associated with risk significant planning standard 10 CFR 50.47(b)(4). However, if the emergency action level (EAL) scheme has been changed in a manner that results in a reduction in effectiveness (RIE) of the Emergency Plan (E-plan), the EALs may not produce the appropriate emergency classification. This inspection area verifies that the EAL scheme continues to meet the planning standard. [10 CFR 50.47(b)(4) and Appendix E.IV.B.1]

In addition, this inspectable area provides monitoring of the effectiveness of the licensee's program for implementing changes to the E-plan and verifies that the program is ensuring that changes meet the requirements of 10 CFR 50.54(q).

02.00 INSPECTION REQUIREMENTS

02.01 EAL Change Review

Review all EAL changes to determine if any of the changes have reduced the effectiveness of the E-plan, or caused the plan to no longer meet applicable regulations for which the licensee has not received an approved exemption.

02.02 E-plan Change Review

The inspector shall screen all E-plan change submittals. If any E-plan revision is extensive such that the inspector would expend an inordinate amount of time to complete a review (more than about 20 hours), then the inspector should consider submitting the revision to NRC Headquarters, Office of Nuclear Security and Incident Response, (NSIR) for review under LIC 804 "Guidelines For The Review Of Revisions To Power Reactor Radiological Emergency Plans And Emergency Action Levels."

NOTE: Licensee submittals, such as license amendments, which have already been identified as requiring NRC approval, are reviewed by NSIR rather than as an inspection activity under this inspection area.

- a. Based on the screening, the inspector shall perform an in-depth review of a sample of E-plan changes which could potentially result in a RIE. E-plan changes implementing classification, notification, dose assessment and protective action recommendations (PAR) should be given priority for review. Over the course of a year, the in-depth review effort should include at least one E-plan change, if any are submitted.

- b. Any E-plan change that resulted in a RIE, or resulted in the E-plan no longer meeting the requirements of 10 CFR 50.47(b) or Appendix E to 10 CFR Part 50, as applicable, and was implemented without prior NRC approval is to be evaluated in accordance with the Enforcement Policy (traditional enforcement) and documented accordingly.
- c. Perform a review of the licensee's 10 CFR 50.54(q) change process, and E-plan change documentation to ensure proper implementation for maintaining E-plan integrity (may be performed in the office or onsite).

03.00 INSPECTION GUIDANCE

The following inspection guidance section and attachments provide methods and examples of how the inspection requirements could be completed. Use of the following guidance is at the discretion of the inspector.

03.01 EAL Change Review

Section IV.B.2 of Appendix E to 10 CFR Part 50 states that a licensee desiring to change its entire EAL scheme is required to obtain prior NRC approval for the change. All other EAL changes are made under 10 CFR 50.54(q)(3). This rule allows the licensee to make changes to its E-plan only if it performed and retained an analysis that demonstrates that the changes do not reduce the effectiveness of the plan and that the plan continues to meet the standards of 10 CFR 50.47(b) and the requirements in 10 CFR 50 Appendix E, as applicable. The requirements for obtaining prior NRC approval are provided in 10 CFR 50.54(q)(4). Regulatory Guide 1.219, "Guidance on Making Changes to Emergency Plans For Nuclear Power Plants," November 2011, [ML102510626], provides guidance on processing EAL changes under 10 CFR 50.54(q)(3) and should be used in inspecting EAL changes implemented after February 21, 2012.

Regulatory Issue Summary (RIS) 2005-02, "Clarifying the Process for Making Emergency Plan Changes," February 14, 2005, provides additional guidance in determining whether changes to the E-plan would reduce its effectiveness, should be used for changes implemented prior to February 21, 2012, and may be used for subsequent changes to the extent that it does not conflict with the guidance in RG 1.219.

Licensees normally use an NRC-endorsed EAL scheme when submitting their required emergency classification and action level scheme but may propose an acceptable alternative method.

Guidance on acceptable EAL change methodology is contained in RIS 2003-18, "Use of NEI 99-01, Methodology for Development of Emergency Action Levels," Revision 4, Dated January 2003," and its supplements, should be used for changes implemented prior to February 21, 2012, and may be used for subsequent changes to the extent that it does not conflict with the guidance in RG 1.219. NRC HQ NSIR/Division of Preparedness & Response (DPR) assistance may be requested for review and approval of EAL changes which involve a significant portion of the EAL scheme or incorporate an alternative EAL methodology.

Perform the EAL change review in accordance with Figure 1, “EAL Change Review Flowchart.” The following comments are intended to clarify expectations:

- Administrative changes are considered to be changes a licensee made to correct typographical errors or other information that does not affect the outcome of the EAL.
- Contact NRC HQ NSIR/DPR if it appears that a RIE may have occurred, or when assistance in determining a potential RIE is needed.
- Review the licensee’s documentation used to support their 10 CFR 50.54(q) determination. Evaluate this documentation to determine if the licensee’s position is justifiable and appropriate.
- If the licensee made the EAL change(s) due to receipt of a Safety Evaluation Report (SER) or NRC direction via orders, bulletins, etc., review the change and evaluate if the change was made in accordance with the stated NRC guidance or SER.
- The report should state that a review was performed against 10 CFR 50.54(q) and that no apparent RIE(s) was/were identified. See Section 03.02.b for example documentation wording. For EAL changes, see Section 03.02.c.

Verify that the licensee performed the annual EAL review with State/County authorities in accordance with the requirements of 10 CFR 50, Appendix E, Section IV.B (may be performed in the office or onsite during the EP inspection).

03.02 E-plan Change Review

- a. E-plans may undergo extensive changes (e.g., the combination of multiple plans from different sites due to a change of site ownership). E-plan changes may be implemented without prior approval if the changes are in accordance with 10 CFR 50.54(q)(3). Based upon the complexity of the change(s), the resource allocation may be at the upper end, or above the direct inspection effort estimate in order to ensure an adequate sample of changes are inspected.
- b. Review of E-plan changes is to be performed on a sample basis. Review changes that are not purely administrative (e.g., typographical corrections) and compare against the licensee’s E-plan as defined in Regulatory Guide 1.219, Position C.3.5. Refer to Figure 2 “Emergency Plan Review Flowchart” to assist in screening E-plan changes.

As explained in RG 1.219, Position C.3.6, the 10 CFR 50.54(q)(3) E-plan change process initiates when the licensee decides to make a content change to its E-plan — an intentional act on the part of the licensee. For example, the retirement of a seismic instrument is not a change, if the E-plan still contains the approved description. However, the retired seismic instrument may represent a failure to follow and maintain the effectiveness of the plan and may be an apparent violation of 10 CFR 50.54(q)(2). If the E-plan was revised to omit the retired seismic instrument’s description, then 10 CFR 50.54(q)(3) applies.

For the sample chosen, perform an in-depth review against 10 CFR 50.47(b) and the requirements of Appendix E, and the original NRC-approved E-plan. NUREG-0654, Section II, may be used to inform decisions when the NRC-approved plan is silent with regard to a questionable program element. If it appears that an E-plan element is not in compliance with the requirements of 10 CFR 50.47(b) and Appendix E, or is an RIE, the issue is an apparent violation of 10 CFR 50.54(q)(3). Refer to RG 1.219 to aid in determining if the change is a potential RIE.

RG 1.219 Position 1.5 clarifies that the inspector is performing a review of changes made to the E-plan and that this does not constitute approval of the Plan change(s). Sample documentation wording for EAL and E-plan changes with no apparent RIE is as follows:

Since the last NRC inspection of this program area, Emergency Plan Revision(s) XX to XX were implemented based on your determination, in accordance with 10 CFR 50.54(q), that the changes resulted in no reduction in effectiveness of the Plan, and that the revised Plan continued to meet the requirements of 10 CFR 50.47(b) and Appendix E to 10 CFR 50. The inspectors conducted a {(1) sampling review of the Emergency Plan changes, or (2) review of EAL changes} to evaluate for potential reductions in effectiveness of the Plan. However, this review is not a formal safety evaluation and does not constitute formal NRC approval of the changes. Therefore, these changes remain subject to future NRC inspection in their entirety.

- c. E-plan changes determined to be a RIE are violations of 10 CFR 50.54(q) which may impact the NRC's ability to perform its regulatory function and are dispositioned using the traditional enforcement process. The severity level is assigned after consideration of appropriate factors for the particular regulatory process violation in accordance with the NRC Enforcement Policy. Generally, the process would involve the following:
 1. Assessment of the licensee's 50.54(q) change evaluation for adequacy;
 2. Discussion of the assessment of the licensee's 50.54(q) evaluation and the apparent RIE with licensee EP staff and NRC Regional management; and
 3. Consideration for enforcement action if the issue concerns the failure to comply with a 10 CFR 50.47(b) Planning Standard.
 4. Completion of the evaluation for the violation and coordination with the regional enforcement coordinator for assignment of severity level. Section 2.2.2 of the Enforcement Policy provides general guidance for the assignment of severity levels to violations. Section 6.6 provides severity level examples for emergency preparedness.

- d. Inspectors should request that licensees provide a copy of the procedure(s) which governs the 10 CFR 50.54(q) change process and review, at a minimum, the following documentation (may be performed in the office or onsite during the EP inspection):
1. Change documentation for all E-plan changes reviewed.
 2. Sample of change documentation for lower tier documents which contain E-plan commitments removed from the E-plan, but must be maintained under the 10 CFR 50.54(q) change process. These lower tier documents should be administratively tracked by the licensee to ensure E-plan integrity, and must be available for NRC inspection.

END

Figure 1: EAL Change Review Flowchart

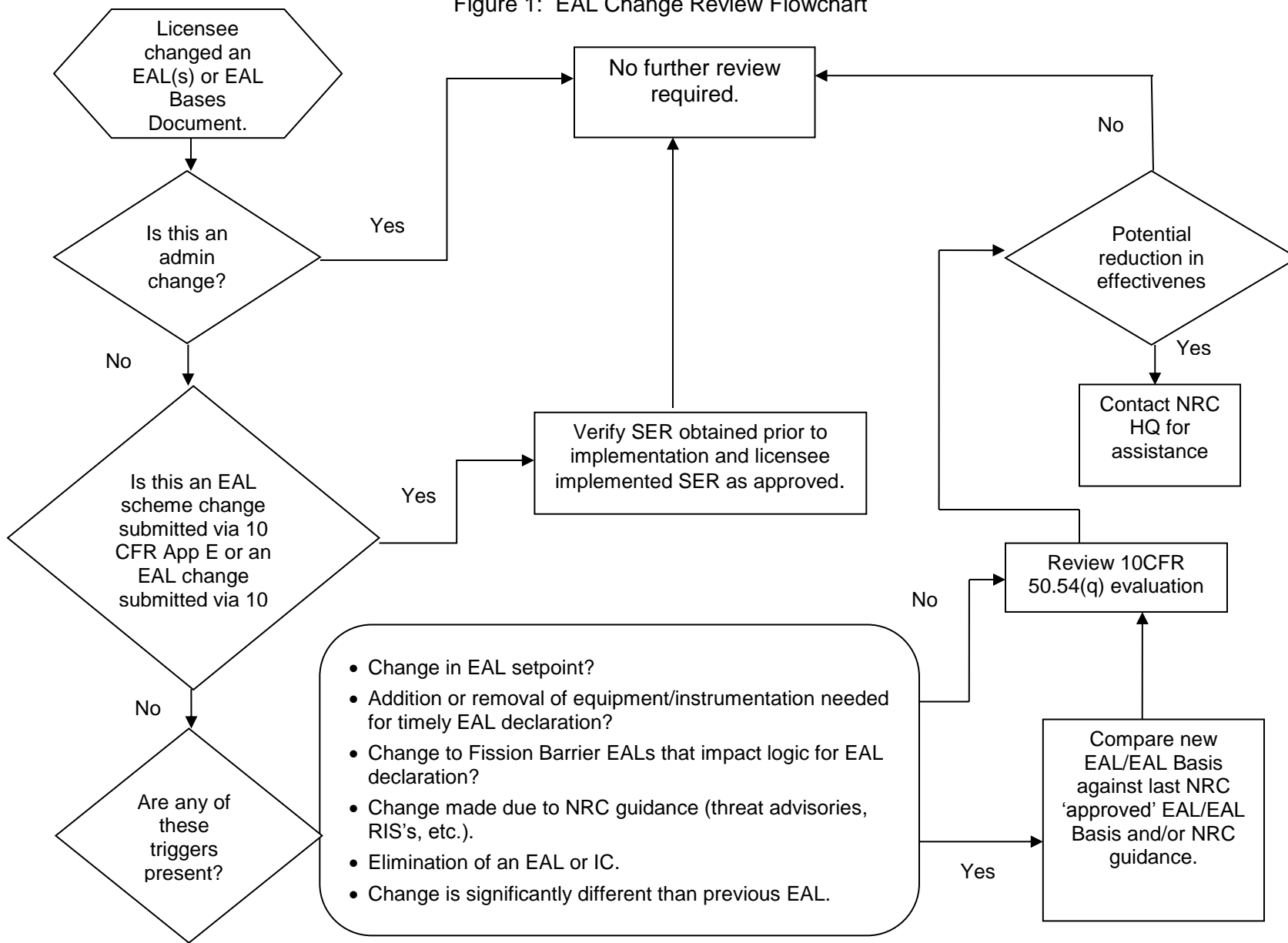
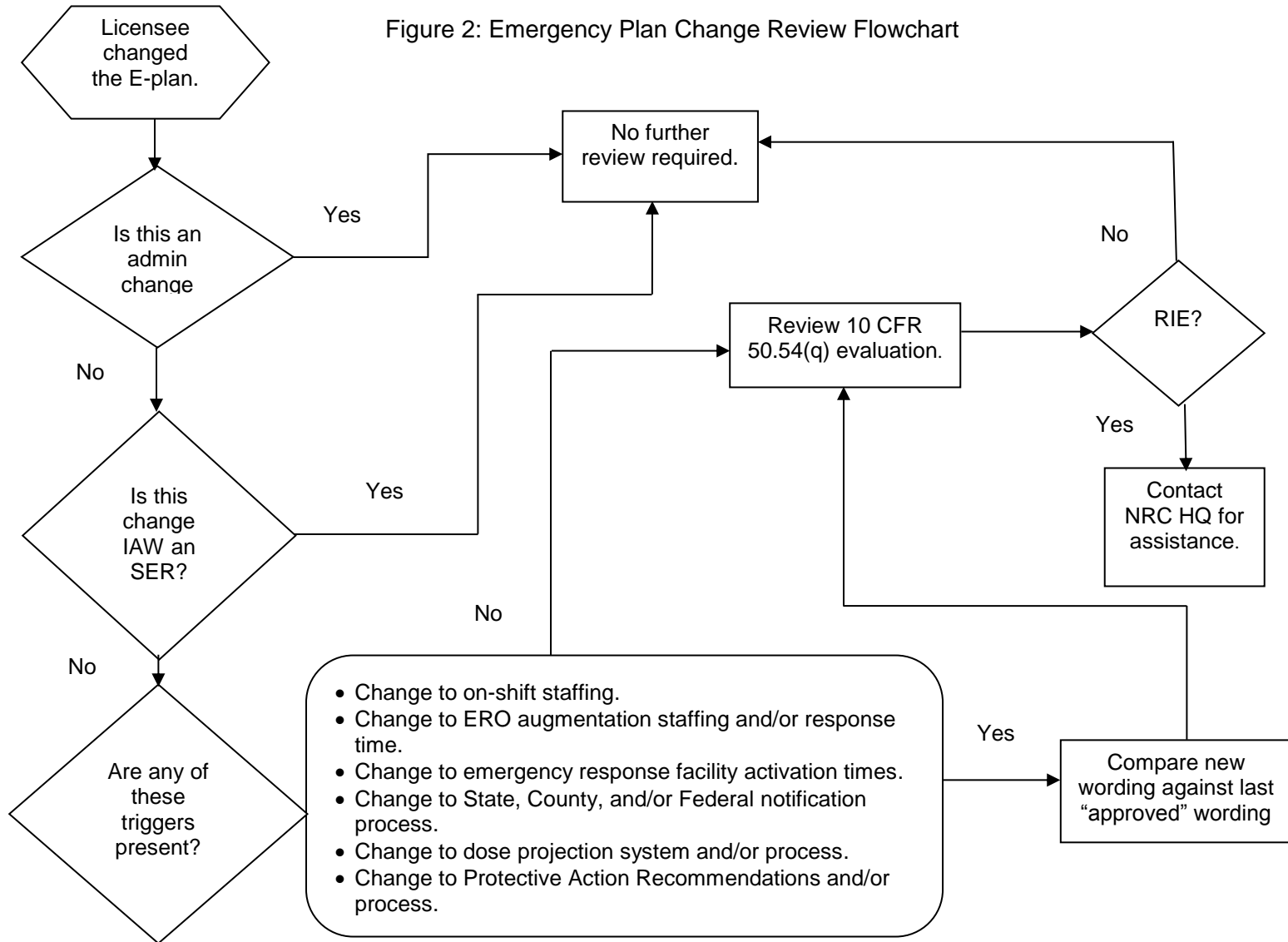


Figure 2: Emergency Plan Change Review Flowchart



ATTACHMENT 4

ALERT AND NOTIFICATION SYSTEM EVALUATION

01.00 INSPECTION OBJECTIVE

To evaluate the licensee's compliance with the testing and maintenance requirements specified in the Federal Emergency Management Agency (FEMA)-approved Alert and Notification System (ANS) Design Report and supporting letters for the primary and backup ANS to the extent that the licensee has assumed responsibility for the testing and maintenance of those systems. If the ANS is maintained and tested by a local government, this procedure does not apply. Initial implementation of this procedure will require an understanding of the FEMA-approved design report and verification of the approved system tests.

02.00 INSPECTION REQUIREMENTS

02.01 Primary and Backup ANS Testing System Design Evaluation. [10 CFR 50.47(b)(5) and Appendix E.IV.D.1, 3, 4]

- a. Review the FEMA-approved primary and backup ANS design report for any approved changes (since the last inspection) for understanding. Review any changes to testing procedure and maintenance program for continued consistency with the requirements in the design report.
- b. Review the licensee's Emergency Plan (E-plan) commitments, if any, concerning the primary and backup ANS testing and procedure(s) to determine licensee compliance with the design report and E-plan.
- c. Evaluate the adequacy of primary and backup ANS testing.

02.02 Program Review. [10 CFR 50.47(b)(5) and Appendix E.IV.D.1, 3, 4]

- a. Review any changes to the primary and backup ANS methods or systems for consistency with the FEMA design report.
- b. Review primary and backup ANS testing and maintenance program and procedures. If possible, interview individuals responsible for the maintenance of the system.
- c. Observe, if possible, a primary and/or backup ANS test and evaluate procedure usage (e.g., determine the timeliness of data collection and effectiveness of interaction between licensee and responsible governmental staffs on apparent siren test malfunctions).
- d. Review a sample of corrective actions related to the primary and backup ANS.

- e. Determine whether corrective actions have been effective in correcting primary and backup ANS problems.

02.03 Requirements for Non-Siren ANS systems. [10 CFR 50.47(b)(5) and Appendix E.IV.D.1, 3, 4]

- a. Review the notification system design for any FEMA-approved changes (since the last inspection) for understanding.
- b. Evaluate testing, corrective actions, and maintenance.

02.04 Requirements for Backup ANS Capability.
[10 CFR 50.47(b)(5) and Appendix E.IV.D. 4]

- a. Identify the licensee's backup means for the ANS.
- b. Perform the backup system inspection requirements if the backup ANS utilizes a hardware system (e.g., sirens, tone alert radios, etc.) under the licensee's control and for which the licensee performs testing and maintenance activities in accordance with the FEMA-approved ANS Design Report.
- c. Review the licensee's confirmation that the capability exists and determine that any FEMA-identified deficiencies or areas requiring corrective action have been corrected if the backup ANS is not under the licensee's control (e.g., offsite response organization (ORO) route alerting, reverse phone dialing systems maintained by the OROs).

03.00 INSPECTION GUIDANCE

Evaluation of the primary and backup ANS testing program design need only be performed once. Subsequent inspections shall assess any changes implemented since the initial evaluation.

The following inspection guidance section and attachments provide methods and examples of how the inspection requirements could be completed. Use of the following guidance is at the discretion of the inspector.

03.01 Siren Testing System Design Evaluation [10 CFR 50.47(b)(5) and Appendix E.IV.D.1, 3, 4]

- a. Review for understanding the FEMA-approved primary and backup ANS design report documents for the siren system. System documentation is available in system evaluation reports or may be available from licensee system descriptions.
- b. Review siren system testing procedures and determine compliance with commitments.

1. A typical testing procedure would include the elements of NUREG-0654/FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants", Appendix 3, as follows:
 - Silent test: every two weeks
 - Growl test: quarterly and after maintenance is performed
 - Complete cycle test: at least annually
 2. Review testing commitments approved by FEMA that are deviations from the NUREG-0654 guidance (e.g., some systems are sounded regularly in lieu of the growl and/or silent tests) and structure the inspection accordingly.
- c. Verify siren procedures, as performed, test the components of the system necessary for the system to perform its design function as described in the FEMA-approved design report. For example:
1. The test verifies that the siren received the activation signal?
 2. The test verifies that the siren processed the activation signal?
 3. The test verifies that all functions expected for the test responded to the activation signal?
 4. The test is designed to verify the ability of the siren to process activation signals and perform its design function?
 5. The test verifies the ability to activate the sirens from all control locations specified in the FEMA-design report?
 6. The test credits any devices or components that may not be operable for the FEMA-approved configuration (e.g., components requiring AC power in an AC power-independent design).

Note: Actions performed in advance of a scheduled test that could mask the actual as-found condition of the siren system, such as preconditioning or pre-testing the siren equipment and correcting deficiencies prior to the test are not allowed. Unplanned corrective maintenance needed to restore siren system operability, and the post-maintenance testing associated with that maintenance, prior to a regularly scheduled siren test, is acceptable.

03.02 Program Review [10 CFR 50.47(b)(5) and Appendix E.IV.D.1, 3, 4]

- a. Determine if a significant change has occurred to the primary and/or backup ANS. If such changes have been implemented, verify that FEMA approval was obtained. Examples of what constitutes a significant change to the primary or backup ANS include:

1. Additions to, or upgrading of, alerting devices or deletion/re-location of devices.
2. A change to maintenance methods that is not addressed in the design report.
3. A change to testing methods that is not addressed in the design report.
4. A change to administrative control of special alerting devices.

If a question arises as to whether a change is significant such that it requires prior FEMA approval, or that a change has altered the original primary and backup ANS design such that it no longer appears to meet commitments, contact the emergency preparedness (EP) program office and request a FEMA evaluation of the change.

- b. Review primary and backup ANS program and procedures to demonstrate the licensee's compliance with commitments in the FEMA design report and emergency plan. The review should include:

1. Verify required tests and maintenance adequately address commitments made.
2. Verify maintenance and testing records are maintained in accordance with site procedures.
3. Verify post maintenance testing required by site procedures is performed.
4. Verify a protocol exists for reporting of primary and/or backup ANS equipment failures found during normal operation or testing and are reported in a timely manner.
5. Evaluate the primary and backup ANS test program(s), maintenance program, or procedures for flaws or deficiencies that could result in an unintended loss of the offsite officials' capability to activate the primary and backup ANS.

- c. If possible, observe a primary and/or backup ANS test. Verify it is conducted in accordance with the approved procedure and that, as conducted, it supports the previous determination that the design of testing is adequate.

1. Review the method used for collection of test data and determine if it is timely such that an ANS failure would be recognized immediately. Some testing processes rely on a visit to the siren to determine test success and siren status. This may delay collection of data for a period. While this is not desirable, it is acceptable.
 2. Verify that data is consistently collected in a reasonable (not absolute) time frame, at least before the next test, but preferably within a couple of days. Verify that data collection actually gathers information on primary and backup ANS status rather than just the conduct of the test.
 3. As applicable, observe the effectiveness of the interaction between the licensee and ORO staffs during the tests and actions taken on test failures.
- d. Review the system test and maintenance records since the last inspection to identify problems that should have been entered into the corrective action program for resolution by the licensee. In addition:
1. Review any response to significant events that may have impacted the operability of the siren system, (e.g., high winds, ice storms, lightning strikes, floods, etc.). Determine the timeliness of problem resolution efforts made to recover from such events.
 2. Determine whether problems are recurrent in certain sirens, or siren areas, and review subsequent licensee corrective actions. Review records of any spurious siren activations and associated corrective actions.
 3. Determine if siren repairs were unnecessarily delayed due to inadequate and/or delayed corrective actions (e.g., inappropriate priority assigned to repair efforts, multiple instances of apparent lack of spare parts).
- e. Determine whether the licensee's corrective actions have been effective in resolving primary and backup ANS problems by verifying:
1. Siren system availability is \geq 90 percent
 2. No individual siren has been unavailable for a continuous period of \geq 4 months or for more than 30 percent of the time over a 12 month period.

03.03 Requirements for Non-Siren ANS Systems [10 CFR 50.47(b)(5) and Appendix E.IV.D.1, 3, 4]

Note: This inspection element should be implemented only when non-siren ANS systems are used as the primary notification method in an area of the emergency planning zone (EPZ).

- a. Review applicable design documents for understanding of features important to testing non-siren primary and backup ANS.
 1. System documentation is available in the FEMA-approved ANS design report or may be available from licensee system descriptions. For example, the primary alerting system may consist of tone-alert radios (TARs) distributed to individual homes. The non-siren ANS may include reverse telephone calling systems, or route alerting as approved by FEMA.
 2. The FEMA-approved primary and backup ANS design report should be reviewed to understand what systems constitute the non-siren ANS, as well as the back-up means of alerting (e.g., route alerting as a back-up means of notifications for TARs).
- b. The testing and maintenance activities for non-siren systems will vary in scope and nature depending on the system structure and the feasibility of testing.
 1. Corrective actions may differ from siren systems. The non-siren portions of the ANS or backup system may be beyond the licensee's control. For example, tone-alert radios in private homes cannot be inspected. Accordingly, FEMA typically includes requirements in the ANS Design Report for certain actions intended to provide a modicum of assurance of availability and reliability, in lieu of direct testing and maintenance. The inspector should review the FEMA-approved Design Report and assess the adequacy of the licensee's performance of these test and maintenance activities in accordance with the FEMA-approved primary and backup ANS Design Report. The FEMA-approved ANS Design Report will contain the commitments that should be used for criteria, but ineffective maintenance should be noted in any case. Typical requirements may include one or more of the following:
 - New residences within the EPZ are offered the opportunity to obtain a TAR. There are many ways to accomplish this, (e.g., monitoring new public utility service connections and community "welcome wagon" initiatives). It is expected that licensees will have a method to be informed of new housing and businesses in the regions covered by non-siren ANS.
 - Residences assigned a TAR are contacted annually to determine whether the equipment is operable. This may be done through a letter offering new batteries or other methods.

- Telephone-based systems are updated periodically and tested periodically as per the approved FEMA design report.
2. The back-up means of notification for a non-siren ANS system (e.g., route alerting or telephone systems) shall be evaluated to verify that populations in the EPZ are capable of being notified during an emergency.

03.04 Requirements for Backup ANS Capability [10 CFR 50.47(b)(5) and Appendix E.IV.D.4]

- a. Appendix E, § IV.D.3 of 10 CFR Part 50 requires that the ANS capability include administrative and physical means for a backup method of public alerting and notification. Refer to NSIR-DPR-ISG-01, "Emergency Planning for Nuclear Power Plants," § IV.J, "Backup Means for Alert and Notification Systems," for additional information on an acceptable method of complying with this requirement.

ANS inspections should focus on changes made to the FEMA-approved ANS Design Report, relevant E-plan commitments, supporting testing and maintenance procedures; and the licensee's performance on meeting the backup ANS commitments.

The backup ANS capability is not required to meet the performance requirements of the primary alerting method. A backup ANS that does not meet the design objective established in § IV.D.3 of Appendix E for the primary ANS cannot serve as a compensatory action for a planned outage of the primary ANS capability.

END

ATTACHMENT 5

PRIORITIZATION OF ADDITIONAL AREAS FOR INSPECTION

01.00 GENERAL

Corrective action system data is used to identify response areas of concern and deploy inspection resources accordingly. Areas, (e.g., Operational Support Center (OSC), field monitor teams) that have had few critique issues or more than average as compared to the Technical Support Center (TSC) or Emergency Operations Facility (EOF) should be selected for observation. Inspection resources usually deployed in the TSC, EOF and Control Room may be used to observe other areas.

If a licensee's performance in previous inspections in classification, notification, dose assessment and PARs indicates reliable acceptable performance, inspectors should reduce the inspection sampling in these areas and instead use a portion of available inspection resources to sample a selection of other areas as described below.

In order to facilitate review of critique related corrective actions, the inspector should request a corrective action system listing sorted for drill and exercise critique issues for the previous 2-3 years. If possible, the findings should be sorted by emergency response facility.

The inspector should remain alert to the impact that the licensee's performance in other areas (e.g., staffing and training) may have on the licensee's performance of classification, notification, dose assessment and PARs.

02.00 PRIORITIZATION OF ADDITIONAL AREAS FOR INSPECTION

Guidance for deployment of inspection resources beyond classification, notification, dose assessment and PARs areas is provided below. These areas may generally be considered in order of importance. Selection for deployment of inspection resources should be based on knowledge of the program, previous problems, and logistics.

- a. Adequacy of worker protection including accountability, evacuation, exposure authorization and thyroid protection, including actions during a hostile action [10 CFR 50.47(b)(10) & (11) and Sections IV.E and IV.I of Appendix E to 10 CFR Part 50].
- b. Adequacy of interface with offsite authorities (e.g., in the area of PAR communication and technical support). [10 CFR 50.47(b)(6) and Sections IV.A.7, IV.E.9, and IV.D of Appendix E to 10 CFR Part 50].
- c. Adequacy of arrangements for offsite resources responding to an emergency, including hostile actions, at the licensee's site. [10 CFR 50.47(b)(6) and Section IV.A.7 of Appendix E to 10 CFR Part 50.]
- d. Ability to formulate mitigating actions.

- e. Ability to prioritize mitigation and assessment efforts to protect the public health and safety.
- f. Ability to implement mitigating actions (e.g., damage control teams) under accident conditions.
- g. Effectiveness of command and control [10 CFR 50.47(b)(1)].
- h. Ability to diagnose plant accident conditions, other than offsite consequences addressed in the risk-significant area discussion.
- i. Adequacy of communications between licensee facilities [10 CFR 50.47(b)(6) and Section IV.E.9 of Appendix E to 10 CFR Part 50].
- j. Accuracy and completeness of licensee-approved press releases [10 CFR 50.47(b)(7)].

END

ATTACHMENT 6 - Revision History for IP 82501

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment and Feedback Resolution Accession Number
N/A	ML14078A540 09/04/14 CN 14-020	First issuance. Completed 4 year search for commitments and found none.	None required	ML14078A524