

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 11: PUBLIC INSTRUCTIONS AND EMERGENCY INFORMATION**

Demonstrate the capability to coordinate the formulation and dissemination of accurate information and instructions to the public.

NUREG REF      POINTS OF REVIEW

- E.5.      11.1. What organization(s) was responsible for the development and release of emergency information and instructions to the public?  
\_\_\_\_\_
- E.5.      11.2. What official(s) with what organization(s) authorized release of Emergency Broadcast System (EBS) messages?  
Official(s) \_\_\_\_\_  
Organization(s) \_\_\_\_\_
- E.5.,7.      11.3. Were pre-scripted EBS messages used? (If yes, attach copies to this form.)  
YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_
- E.7.      11.4. Did the messages accurately reflect the protective actions recommended by the decision makers?  
YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_
- E.7.      11.5. Was the public, in areas not under the protective action recommendations, told to remain tuned to the EBS station for further information and instructions?  
YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 11: PUBLIC INSTRUCTIONS AND EMERGENCY INFORMATION**

NUREG REF      POINTS OF REVIEW

E.5.,7.      11.6. Were arrangements made to periodically notify residents (i.e., to rebroadcast the EBS messages)?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, at what intervals (e.g., every 15 minutes) were EBS messages rebroadcast? \_\_\_\_\_

E.7.      11.7. Were the contents of messages effectively verified with the EBS station(s)?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.5.,7.      11.8. Was a log maintained of informational or instructional messages disseminated to the public?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.5.,7.,      11.9. Were copies of informational or instructional messages retained?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 11: PUBLIC INSTRUCTIONS AND EMERGENCY INFORMATION**

**NUREG REF      POINTS OF REVIEW**

E.7.      11.10. Were the following topics addressed in EBS messages to the public?  
(Indicate YES, NO, N/A, or N/O in the space provided for each item.)

- \_\_\_\_\_ Description of current emergency conditions at the nuclear power plant with reference to both the potential for or actual release of radioactivity and the current emergency classification level (ECL)
- \_\_\_\_\_ How to maximize protection when sheltering
- \_\_\_\_\_ Instructions for transients without shelter
- \_\_\_\_\_ What to leave behind and what to take along when evacuating
- \_\_\_\_\_ Evacuation routes
- \_\_\_\_\_ Location of reception centers where evacuees register and are monitored for contamination
- \_\_\_\_\_ Location of congregate care centers
- \_\_\_\_\_ Use of potassium iodide (KI)
- \_\_\_\_\_ Information and instructions for parents of students regarding protective actions for students
- \_\_\_\_\_ Information for transportation-dependent individuals
- \_\_\_\_\_ Information for special populations
- \_\_\_\_\_ Information and instructions on protective actions for ingestion
- \_\_\_\_\_ Relocation, re-entry, or return
- \_\_\_\_\_ Rumor control telephone numbers
- \_\_\_\_\_ Information to address false or misleading rumors
- \_\_\_\_\_ Use of public information brochures
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

E.7.      11.11. Were any of the EBS messages broadcast in a language other than English?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 11: PUBLIC INSTRUCTIONS AND EMERGENCY INFORMATION**

NUREG REF      POINTS OF REVIEW

(a) List the languages, other than English, in which the EBS messages were broadcast. \_\_\_\_\_  
\_\_\_\_\_

E.7.      11.12. Did EBS messages have the following characteristics? (Check those characteristics present in messages.)

- \_\_\_\_\_ Accurate information
- \_\_\_\_\_ Clear, understandable language
- \_\_\_\_\_ Content consistent with public information brochures
- \_\_\_\_\_ Consistency of information and instructions with protective action decisions
- \_\_\_\_\_ Clear differentiation between previous and current information and instructions
- \_\_\_\_\_ Up-to-date information

E.      11.13. Were protective action areas described in the EBS messages in terms of familiar landmarks and boundaries for the affected areas?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

A.1.b.  
E.5.,7.  
G.4.a      11.14. Did the assigned organization effectively coordinate the contents of messages for the public with all appropriate staff, organizations, and other jurisdictions?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

E.5.,7.  
G.4.a.      11.15. Were copies of informational or instructional messages made available within the response organization to the following?

(a) Rumor control staff

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 11: PUBLIC INSTRUCTIONS AND EMERGENCY INFORMATION**

NUREG REF      POINTS OF REVIEW

(b) Public Affairs Officials

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.5.,7.  
G.4.c.

11.16. Did the staff responsible for public instructions and information receive and use information from the rumor control staff?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.5.,7.  
J.9.,11.

11.17. If ingestion pathway protective actions were demonstrated, did responsible organizations have appropriate materials on the protective actions available for rapid reproduction and distribution to individuals and organizations within the ingestion pathway emergency planning zone (EPZ)?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) To whom and by what means were these materials distributed? (Since this activity is simulated, the evaluator should obtain the information by interview.)

\_\_\_\_\_

\_\_\_\_\_

N.1.a.

11.18. In the implementation of the activities associated with this objective, did the organization follow its plans and procedures?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 11: PUBLIC INSTRUCTIONS AND EMERGENCY INFORMATION**

**NUREG REF**

**POINTS OF REVIEW**

A.1.b.  
E.5.,7.  
G.4.a.,c.  
J.9.,11.  
N.1.a.

11.19. Specify whether or not the following demonstration criteria were successfully demonstrated during this exercise using YES, NO, N/A, or N/O.

- \_\_\_\_\_ 1. All messages accurately reflected the decisions made by responsible authorities. (E.5.,7.; PORs 11.1-11.9)
- \_\_\_\_\_ 2. Messages contained information and instructions understandable to the public and facilitated initiation of recommended protective actions by the public. (E.; PORs 11.10-11.13)
- \_\_\_\_\_ 3. The organization coordinated content of notification messages with all appropriate staff, organizations, and jurisdictions. (A.1.b., E.5.,7., G.4.a.,c.; PORs 11.14-11.16)
- \_\_\_\_\_ 4. If ingestion pathway measures were exercised, pre-printed information and instructions were available for rapid reproduction and distribution to pre-determined individuals and businesses. (E.5.,7., J.9.,11.; POR 11.17)
- \_\_\_\_\_ 5. All activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 11.18)

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 12: EMERGENCY INFORMATION - MEDIA**

Demonstrate the capability to coordinate the development and dissemination of clear, accurate, and timely information to the news media.

NUREG REF      POINTS OF REVIEW

G.3.b.      12.1. Was a facility designated as a media center?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

G.4.a.      12.2. Did each organization designate a spokesperson to interact with the media?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

G.3.a.,4.a.b.      12.3. Did staff provide briefings to the media?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, specify the time briefings were initiated.

Briefing #1 \_\_\_\_\_ Briefing #2 \_\_\_\_\_

Briefing #3 \_\_\_\_\_ Briefing #4 \_\_\_\_\_

Briefing #5 \_\_\_\_\_ Briefing #6 \_\_\_\_\_

G.3.a.      12.4. Where were media briefings conducted?

\_\_\_\_\_

G.3.a.,4.a.b.      12.5. What organization(s) was responsible for this function?

\_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 12: EMERGENCY INFORMATION - MEDIA**

NUREG REF      POINTS OF REVIEW

E.7.      12.6. Which of the following were provided to the media? (Check those  
G.4.b.      provided.)

\_\_\_\_ Copies of news releases  
\_\_\_\_ Copies of Emergency Broadcast System (EBS) messages  
\_\_\_\_ Media kits  
\_\_\_\_ Other (Specify) \_\_\_\_\_

(a) If media kits were provided, did staff provide one for each member of the media present at the media center?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.7.      12.7. Was a log maintained of information provided to the media?  
G.4.b.

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Were copies of news releases retained and accessible to staff?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.7.      12.8. Were staff members available at the media center to handle inquiries  
G.3.a.,4.a.,c.      from the media?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.7.      12.9. Were staff and equipment available at the media center to deal with  
G.3.a.,4.a.,c.      telephone inquiries from the media?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_



EVALUATOR _____	TEAM LEADER _____	DATE _____
SITE _____	ASSIGNMENT _____	PREVIOUS ARCA? Y N

**OBJECTIVE 12: EMERGENCY INFORMATION - MEDIA**

<u>NUREG REF</u>	<u>POINTS OF REVIEW</u>
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(a) Did telephone staff provide prompt, accurate, consistent, and responsive information to media representatives?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.7. G.4.b.	12.10. Did individuals preparing the briefings have access to copies of EBS messages?
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YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.7. G.4.a.	12.11. Were the following subjects addressed in the briefings? (Indicate YES, NO, N/A, or N/O in the space provided for each item.)
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- \_\_\_\_\_ Description of current emergency conditions at the nuclear power plant with reference to both the potential for or actual release of radioactivity and the current emergency classification level (ECL)
- \_\_\_\_\_ How to maximize protection when sheltering
- \_\_\_\_\_ Instructions for transients without shelter
- \_\_\_\_\_ What to leave behind and what to take along when evacuating
- \_\_\_\_\_ Evacuation routes
- \_\_\_\_\_ Location of reception centers
- \_\_\_\_\_ Location of congregate care centers
- \_\_\_\_\_ Use of potassium iodide (KI)
- \_\_\_\_\_ Information and instructions for parents of students concerning protective actions for students
- \_\_\_\_\_ Information for transportation-dependent individuals
- \_\_\_\_\_ Information for special populations
- \_\_\_\_\_ Information and instructions on protective actions for ingestion
- \_\_\_\_\_ Relocation, re-entry, or return
- \_\_\_\_\_ Rumor control telephone numbers
- \_\_\_\_\_ Information to address false or misleading rumors
- \_\_\_\_\_ Use of public information brochures
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 12: EMERGENCY INFORMATION - MEDIA**

**NUREG REF      POINTS OF REVIEW**

E.7.      12.12. Did the briefings or press releases have the following characteristics?  
(Check those characteristics observed.)

- \_\_\_\_\_ Accurate information
- \_\_\_\_\_ Clear, understandable language
- \_\_\_\_\_ Content consistent with public information brochures
- \_\_\_\_\_ Consistency of information and instructions regarding protective action decisions
- \_\_\_\_\_ Clear differentiation between previous and current information and instructions
- \_\_\_\_\_ Up-to-date information

NOTE: If not checked, explain in Narrative Summary.

E.7.      12.13. In all briefings and releases, were protective action areas described in  
G.4.a.      terms of familiar landmarks and boundaries?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

N.1.a.      12.14. In the implementation of the activities associated with this objective, did  
the organization follow its plans and procedures?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

<b>EVALUATOR</b> _____	<b>TEAM LEADER</b> _____	<b>DATE</b> _____
<b>SITE</b> _____	<b>ASSIGNMENT</b> _____	<b>PREVIOUS ARCA? Y N</b>

**OBJECTIVE 12:    EMERGENCY INFORMATION - MEDIA**

<u>NUREG REF</u>	<u>POINTS OF REVIEW</u>
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E.7. G.3.a.,4.a.,b.,c. N.1.a.	12.15.    Specify whether or not the following demonstration criteria were successfully demonstrated during this exercise using YES, NO, N/A, or N/O.
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- |       |  |
|-------|--|
| _____ | 1.    The organization provided a central location and procedure for dealing with the media in a coordinated manner. (G.3.a.,4.a.,b.; PORs 12.1-12.4)  |
| _____ | 2.    The organization used several disseminations of information to the media as supplementary methods for providing emergency information to the public. (E.7., G.3.a.,4.a.,b.,c.; PORs 12.5-12.13)                  |
| _____ | 3.    All activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 12.14) |

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 13: EMERGENCY INFORMATION - RUMOR CONTROL**

Demonstrate the capability to establish and operate rumor control in a coordinated and timely manner.

NUREG REF      POINTS OF REVIEW

G.4.c.      13.1. When was rumor control activated?

\_\_\_\_\_

G.4.c.      13.2. What organization(s) was responsible for providing this function?

\_\_\_\_\_

G.4.c.      13.3. What telephone number(s) was used for rumor control?

\_\_\_\_\_

G.4.c.      13.4. How was the number(s) publicized?

\_\_\_\_\_ Press briefings  
\_\_\_\_\_ Emergency Broadcast System (EBS) messages  
\_\_\_\_\_ Public information brochures and postings  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

G.4.a.,b.,c.      13.5. How many staff demonstrated this operation?

\_\_\_\_\_

G.4.a.,b.,c.      13.6. Did the rumor control staff have access to current and accurate information?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 13: EMERGENCY INFORMATION - RUMOR CONTROL**

NUREG REF      POINTS OF REVIEW

G.4.b.,c.      13.7. Did the rumor control staff provide prompt, accurate, consistent, and responsive information to callers?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

13.8 How many calls were received by the rumor control staff during the exercise?

\_\_\_\_\_  
(a) Based on the number of calls received, record the average number of calls handled per hour during the period rumor control staff were activated.

G.4.c.      13.9. Was information on individual calls documented and analyzed in order to identify recurrent or important trends in rumors?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

G.4.c.      13.10. Was information on rumors used in subsequent disseminations of information by public affairs staff?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) To whom was information on rumors provided? (Check below the recipients of this information.)

\_\_\_\_ Individual caller(s)  
\_\_\_\_ Public Affairs Official(s)(PAO)  
\_\_\_\_ Other (Specify) \_\_\_\_\_

EVALUATOR _____	TEAM LEADER _____	DATE _____
SITE _____	ASSIGNMENT _____	PREVIOUS ARCA? Y N

**OBJECTIVE 13: EMERGENCY INFORMATION - RUMOR CONTROL**

<u>NUREG REF</u>	<u>POINTS OF REVIEW</u>
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G.4.a.,c.	13.11. Did rumor control staff monitor radio and television broadcasts to determine what information was provided by the media to the public and to determine if any of this information was contributing to the spread of false or misleading rumors?
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YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Alternatively, did they seek this information from the PAOs?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(b) If yes, did the PAOs contacted provide the needed information?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

N.1.a.	13.12. In the implementation of the activities associated with this objective, did the organization follow its plans and procedures?
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YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

G.4.a.,b.,c. N.1.a.	13.13. Specify whether or not the following demonstration criteria were successfully demonstrated during this exercise using YES, NO, N/A, or N/O.
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\_\_\_\_\_ 1. Rumor control staff responded promptly and accurately to calls. (G.4.a.,b.,c.; PORs 13.1-13.8)

\_\_\_\_\_ 2. Measures were taken to control the spread of rumors that threatened to have adverse impact on adherence to protective action recommendations. (G.4.a.,c.; PORs 13.9-13.11)

EVALUATOR _____	TEAM LEADER _____	DATE _____
SITE _____	ASSIGNMENT _____	PREVIOUS ARCA? Y N

**OBJECTIVE 13: EMERGENCY INFORMATION - RUMOR CONTROL**

<u>NUREG REF</u>	<u>POINTS OF REVIEW</u>
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| _____ | 3. All activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 13.12) |
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EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 14: IMPLEMENTATION OF PROTECTIVE ACTIONS - USE OF KI FOR EMERGENCY WORKERS, INSTITUTIONALIZED INDIVIDUALS, AND THE GENERAL PUBLIC**

Demonstrate the capability and resources to implement potassium iodide (KI) protective actions for emergency workers, institutionalized individuals, and, if the State plan specifies, the general public.

NUREG REF      POINTS OF REVIEW

J.10.e.,f.      14.1 Document the use of KI by emergency workers, institutionalized individuals, and the general public in the following table.

	Emergency Workers	Institutionalized Individuals	General Public [at State option]
Were instructions issued to make KI available to:	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __
Was KI distributed to:	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __
Was a recommendation made to administer KI to:	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __
Was KI available in sufficient quantities for:	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __
Was a record established for those individuals who simulated taking of KI?	YES __ NO __ N/A __ N/O __	YES __ NO __ N/A __ N/O __	N/A



EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 14: IMPLEMENTATION OF PROTECTIVE ACTIONS - USE OF KI FOR  
EMERGENCY WORKERS, INSTITUTIONALIZED INDIVIDUALS, AND  
THE GENERAL PUBLIC**

NUREG REF      POINTS OF REVIEW

J.10.e.,f.      14.2 How was availability of KI confirmed? (Check methods that apply, even  
if performed prior to exercise.)

\_\_\_\_\_ Physical inspection at storage location(s)  
\_\_\_\_\_ Documentation on inventory sheets

J.10.e.,f.      14.3. Was the available supply of KI within the expiration date?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

E.7.  
J.10.e.,f.      14.4. Were instructions prepared or available for dissemination via Emergency  
Broadcast System (EBS) or other means of primary notification on the use of  
KI by members of the general public?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

(a) If yes, did these instructions contain information on the following items?  
(Check the items covered in the instructions.)

\_\_\_\_\_ Groups and location of people advised to take KI  
\_\_\_\_\_ Reason for taking KI  
\_\_\_\_\_ Dosage and time period within which KI should be taken  
\_\_\_\_\_ Information on where KI can be obtained or how it will be distributed  
\_\_\_\_\_ Possible side effects  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 14: IMPLEMENTATION OF PROTECTIVE ACTIONS - USE OF KI FOR EMERGENCY WORKERS, INSTITUTIONALIZED INDIVIDUALS, AND THE GENERAL PUBLIC**

NUREG REF      POINTS OF REVIEW

J.10.e.,f.      14.5. Were instructions prepared or available on the use of KI by emergency workers?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, did these instructions contain information on the following items?  
(Check the items covered in these instructions.)

\_\_\_\_ Reason for taking KI  
\_\_\_\_ Dosages and time period within which KI should be taken  
\_\_\_\_ Possible side effects  
\_\_\_\_ Other (Specify) \_\_\_\_\_

J.10.e.,f.      14.6. Were instructions prepared or available on the use of KI by institutionalized individuals?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, did these instructions contain information on the following items?  
(Check the items covered in these instructions.)

\_\_\_\_ Reason for taking KI  
\_\_\_\_ Dosages and time period within which KI should be taken  
\_\_\_\_ Possible side effects  
\_\_\_\_ Other (Specify) \_\_\_\_\_

N.1.a.      14.7. In the implementation of the activities associated with this objective, did the organization follow its plans and procedures?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 14: IMPLEMENTATION OF PROTECTIVE ACTIONS - USE OF KI FOR EMERGENCY WORKERS, INSTITUTIONALIZED INDIVIDUALS, AND THE GENERAL PUBLIC**

**NUREG REF      POINTS OF REVIEW**

E.7.  
J.10.e.,f.  
N.1.a.

14.8. Specify whether or not the following demonstration criteria were successfully demonstrated during this exercise using YES, NO, N/A, or N/O.

- \_\_\_\_\_ 1. KI was made available once a decision to recommend use of KI was made. Appropriate record keeping of the administration of KI for emergency workers and institutionalized individuals (not of the general public) was effected. (J.10.e.,f.; POR 14.1)
- \_\_\_\_\_ 2. Sufficient quantities of KI were available for emergency workers, institutionalized individuals, and, if the State plans specifies, members of the general public. (J.10.e.,f.; PORs 14.2-14.3)
- \_\_\_\_\_ 3. Appropriate instructions were available for those advised to take KI. (E.7., J.10.e.,f.; PORs 14.4-14.6)
- \_\_\_\_\_ 4. All activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 14.7)

EVALUATOR _____	TEAM LEADER _____	DATE _____
SITE _____	ASSIGNMENT _____	PREVIOUS ARCA? Y N

**OBJECTIVE 15: IMPLEMENTATION OF PROTECTIVE ACTIONS - SPECIAL POPULATIONS**

Demonstrate the capability and resources necessary to implement appropriate protective actions for special populations.

<u>NUREG REF</u>	<u>POINTS OF REVIEW</u>
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- |                    |   |
|--------------------|---|
| J.10.c.,d.         | <p>15.1. Identify the special population groups that staff at your location were responsible to notify. [Check one or more applicable population group(s).]</p> <p> <input type="checkbox"/> Transportation dependent<br/> <input type="checkbox"/> Handicapped (sight, hearing, and/or mobility impaired)<br/> <input type="checkbox"/> Institutionalized<br/> <input type="checkbox"/> Other (Specify) _____         </p>   |
| E.7.<br>J.10.c.,d. | <p>15.2. Indicate which of the following methods were used to provide emergency information and instructions to these populations. (Indicate YES, NO, N/A, or N/O in the space provided for each item.)</p> <p> <input type="checkbox"/> Emergency Broadcast System<br/> <input type="checkbox"/> Telephone<br/> <input type="checkbox"/> Tone-alert radio<br/> <input type="checkbox"/> Route alerting<br/> <input type="checkbox"/> Printed captions on TV screens<br/> <input type="checkbox"/> Telecommunication devices for the deaf (TDD)<br/> <input type="checkbox"/> Human network (Buddy system)<br/> <input type="checkbox"/> Other (Specify) _____         </p> |

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 15: IMPLEMENTATION OF PROTECTIVE ACTIONS - SPECIAL POPULATIONS**

**NUREG REF      POINTS OF REVIEW**

(a) If telephone calls were used, was this simulated via calls to a control cell or through actual calls to individuals with special needs and institutions with special populations? (Check one.)

\_\_\_\_\_ Simulated through calls to a control cell  
\_\_\_\_\_ Actual calls to persons with special needs  
\_\_\_\_\_ Actual calls to institutions with special populations  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

(b) If calls were simulated, did the organization have a call list that would be used to actually call individuals and/or facilities?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

(c) If telephone calls to individuals were actually made, were the names and telephone numbers selected from the call list correct?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

J.10.d.,e.

15.3. Were any protective actions (other than evacuation) taken for special populations in the exercise?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ N/O \_\_\_\_\_

(a) If yes, check the following that apply.

\_\_\_\_\_ Sheltering  
\_\_\_\_\_ Potassium iodide (KI)  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 15: IMPLEMENTATION OF PROTECTIVE ACTIONS - SPECIAL POPULATIONS**

**NUREG REF      POINTS OF REVIEW**

J.10.d.,g.      15.4. Were organizations called upon to provide transportation assistance?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, list these organizations.

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J.10.d.,g.      15.5. Were inquiries made of such providers regarding the availability of needed resources?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.d.,g.      15.6. Were any gaps identified between resources available and resources required?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, were alternate resource providers located to fill these gaps?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR _____	TEAM LEADER _____	DATE _____
SITE _____	ASSIGNMENT _____	PREVIOUS ARCA? Y N

**OBJECTIVE 15: IMPLEMENTATION OF PROTECTIVE ACTIONS - SPECIAL POPULATIONS**

<u>NUREG REF</u>	<u>POINTS OF REVIEW</u>
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J.10.d.,g.	15.7. Did the staff take actions to acquire needed additional transportation resources?
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YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

N.1.a.	15.8. In the implementation of the activities associated with this objective, did the organization follow its plans and procedures?
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YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.7., J.10.c.,d.,e.,g. N.1.a.	15.9. Specify whether or not the following demonstration criteria were successfully demonstrated during this exercise using YES, NO, N/A, or N/O.
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- |       |   |
|-------|---|
| _____ | 1. Special population groups within areas subject to protective actions were identified and alerted/notified. (E.7., J.10.c.,d.,e.; PORs 1-15.3)  |
| _____ | 2. Providers of transportation resources for all affected special population groups were identified and contacted. Adequate resources were secured, including special resources required for disabled individuals. (J.10.d.,g.; PORs 15.4-15.7) |
| _____ | 3. All activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 15.8)                              |

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 16: IMPLEMENTATION OF PROTECTIVE ACTIONS - SCHOOLS**

Demonstrate the capability and resources necessary to implement protective actions for school children within the plume pathway emergency planning zone (EPZ).

NUREG REF

POINTS OF REVIEW

J.9.,10.c.,d.,g.

16.1. At what time and at what emergency classification level (ECL) was the responsible school official(s) notified of emergency conditions at the nuclear power plant that might require protective actions for students?

TIME

ECL

\_\_\_\_\_

(a) Who notified the responsible school official(s)?

\_\_\_\_\_

(b) How was the responsible school official(s) notified?

\_\_\_\_\_

(c) Was the school official(s) told which school(s) was (or potentially would be) affected by protective action recommendations (PAR)?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(d) If yes, identify the school(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 16: IMPLEMENTATION OF PROTECTIVE ACTIONS - SCHOOLS**

**NUREG REF      POINTS OF REVIEW**

J.10.d.,g.      16.2. Check the factors that the responsible school official(s) considered when deciding on protective actions.

- \_\_\_\_\_ PARs made by officials
- \_\_\_\_\_ The ECL at the time the PARs were received
- \_\_\_\_\_ Preplanned strategies for protective actions for that ECL
- \_\_\_\_\_ Location of the students at the time of notification (i.e., whether the children were still at home, en route to the school, or at the school)
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

J.10.d.,g.      16.3. What precautionary or **protective action decision(s) (PAD)** was made by the responsible school official(s), at what time, at what ECL, and for what school(s)?

PROTECTIVE ACTION	TIME	ECL - SCHOOL(S)
_____ Cancellation of school	_____	_____ - _____
_____ Early dismissal	_____	_____ - _____
_____ Sheltering	_____	_____ - _____
_____ Evacuation	_____	_____ - _____

J.10.d.,g.      16.4. What responsible school official(s) made the protective action decision(s)? (Identify by title/organization.)

\_\_\_\_\_  
\_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 16: IMPLEMENTATION OF PROTECTIVE ACTIONS - SCHOOLS**

**NUREG REF      POINTS OF REVIEW**

J.10.d.,g.      16.5. What precautionary decision(s) or **PAD(s) was implemented** by the responsible school official(s), at what time, at what ECL, and for what school(s)?

PROTECTIVE ACTION	TIME	ECL - SCHOOL(S)
_____ Cancellation of school	_____	_____ - _____
_____ Early dismissal	_____	_____ - _____
_____ Sheltering	_____	_____ - _____
_____ Evacuation	_____	_____ - _____

Answer the following questions for the PAD implemented.

J.10.d.,g.      16.6. If **cancellation of school(s)** was the PAD selected, were parents notified?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, how were the parents notified?

\_\_\_\_\_ Emergency Broadcast System (EBS) message

\_\_\_\_\_ Telephone calls to parents

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

J.10.d.,g.      16.7. If **early dismissal of school(s)** was the PAD selected, were parents notified?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 16: IMPLEMENTATION OF PROTECTIVE ACTIONS - SCHOOLS**

**NUREG REF      POINTS OF REVIEW**

(a) If yes, how were the parents notified?

\_\_\_\_\_ EBS message

\_\_\_\_\_ Telephone calls to parents

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

(b) To where were the students transported? (Check one)

\_\_\_\_\_ Homes

\_\_\_\_\_ Reception centers

\_\_\_\_\_ Host schools

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

J.10.a.,c.

16.8. If **sheltering of students** was the PAD selected, how were parents notified?

\_\_\_\_\_

(a) Check those actions recommended for sheltering.

\_\_\_\_\_ Close windows

\_\_\_\_\_ Terminate air conditioning/heating unit

\_\_\_\_\_ Relocate to basement

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

J.10.d.,g.

16.9. If **evacuation of school(s)** was the PAD selected, did the school official(s) contact transportation providers?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 16: IMPLEMENTATION OF PROTECTIVE ACTIONS - SCHOOLS**

**NUREG REF      POINTS OF REVIEW**

(a) Were bus drivers mobilized to the school(s)?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(b) If yes, when did the buses arrive at the school(s)?

\_\_\_\_\_

(c) Were enough buses available to ensure the prompt evacuation of all students requiring transportation from the school(s)?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(d) Check the destination of the buses.

\_\_\_\_\_ Host school(s)

\_\_\_\_\_ Reception center(s)

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

(e) Did the bus drivers have an accurate copy of the evacuation route map?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(f) Was the school official(s) able to communicate with bus drivers en route (e.g., through radios or the use of check points) to facilitate adjustments in routes, changes in traffic patterns, and destinations?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(g) Were bus drivers instructed to adjust or modify routes?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
 SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 16: IMPLEMENTATION OF PROTECTIVE ACTIONS - SCHOOLS**

**NUREG REF      POINTS OF REVIEW**

(h) If yes, did the bus drivers respond accordingly?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.5.,7.  
J.10.c.,d.,g.

16.10. Did school official(s) provide information to ORO Public Affairs Officials (PAO) for inclusion in messages to the general public and media on the status of the protective actions being taken in the school(s)?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, was the information provided in a timely manner?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(b) Check those items that were included in the information provided to PAOs.

- \_\_\_\_ Identity of the affected schools
- \_\_\_\_ Protective actions [e.g., cancellation of school(s)] implemented
- \_\_\_\_ Clear instructions to parents concerning steps to take to meet their children
- \_\_\_\_ Other (Specify) \_\_\_\_\_

N.1.a.

16.11. In the implementation of the activities associated with this objective, did the organization follow its plans and procedures?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

E.5.,7.  
J.9.,10.c.,d.,g.  
N.1.a.

16.12. Specify whether or not the following demonstration criteria were successfully demonstrated during this exercise using YES, NO, N/A, or N/O.

- \_\_\_\_ 1. ORO officials contacted school officials and provided protective action recommendations. (J.9.,10.c.,d.,g.; POR 16.1)

<b>EVALUATOR</b> _____	<b>TEAM LEADER</b> _____	<b>DATE</b> _____
<b>SITE</b> _____	<b>ASSIGNMENT</b> _____	<b>PREVIOUS ARCA? Y N</b>

**OBJECTIVE 16: IMPLEMENTATION OF PROTECTIVE ACTIONS - SCHOOLS**

<u>NUREG REF</u>	<u>POINTS OF REVIEW</u>
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- |       |   |
|-------|---|
| _____ | 2. Upon notification of emergency conditions, school officials decided upon and implemented protective actions for schools. (J.10.d.,g.; PORs 16.2-16.9)  |
| _____ | 3. School system officials were capable of providing timely and accurate information on the status of school protective actions to OROs responsible for emergency notification to the public. (E.5.,7., J.10.c.,d.,g.; POR 16.10) |
| _____ | 4. All of the activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 16.11)        |

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 17: TRAFFIC AND ACCESS CONTROL**

Demonstrate the organizational capability and resources necessary to control evacuation traffic flow and to control access to evacuated and sheltered areas.

**NUREG REF      POINTS OF REVIEW**

J.10.j.      17.1. Were the correct traffic control points established, according to exercise play?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.j.      17.2. Were traffic control staff deployed to traffic control points?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, at what time did the traffic control staff receive instructions to deploy to the assigned locations? \_\_\_\_\_

J.10.j.      17.3. Were the correct access control points established, according to exercise play?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.j.      17.4. Were access control staff deployed to access control points?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, at what time did the access control staff receive instructions to deploy to the assigned locations? \_\_\_\_\_

J.10.j.      17.5. When did the traffic control staff arrive at the assigned location? \_\_\_\_\_

J.10.j.      17.6. When did the access control staff arrive at the assigned location? \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 17: TRAFFIC AND ACCESS CONTROL**

**NUREG REF      POINTS OF REVIEW**

J.10.g,j.      17.7. Were any changes in protective actions communicated to the traffic or access control staff after their deployment?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.g,j,k.      17.8. Did the traffic or access control staff display accurate knowledge of the following? (Indicate YES, NO, N/A, or N/O in the space provided for each item.)

- \_\_\_\_ Location of traffic and access control points
- \_\_\_\_ Need for and placement of traffic barriers
- \_\_\_\_ Protective actions (i.e., evacuation and sheltering)
- \_\_\_\_ Evacuation of special facilities and institutions
- \_\_\_\_ Early evacuation of special populations (e.g., schools)
- \_\_\_\_ Location of reception and relocation centers
- \_\_\_\_ Other (Specify) \_\_\_\_\_

J.10.j,k.      17.9. Was equipment available to establish traffic or access control points?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, identify the equipment.

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EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
 SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 17: TRAFFIC AND ACCESS CONTROL**

NUREG REF      POINTS OF REVIEW

J.10.j.,k.      17.10. Did personnel responsible for managing traffic or access control activities respond to traffic impediments or accidents?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.k.      17.11. Were other organizations contacted to provide necessary resources to handle traffic impediments, accidents, etc.?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Were the necessary resources to handle these situations available when needed?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.j.,k.      17.12. Within the context of protective action recommendations, were impediments removed in a timely manner?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

C.1.a.,b.  
J.10.j.      17.13. Did the organization request Federal or State agencies to institute access control procedures to the restricted zone area(s) for the following?

(a) Water traffic      YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

Time requested \_\_\_\_\_ Agency \_\_\_\_\_

(b) Rail traffic      YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

Time requested \_\_\_\_\_ Agency \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
 SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 17: TRAFFIC AND ACCESS CONTROL**

**NUREG REF      POINTS OF REVIEW**

(c) Air traffic                      YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

Time requested \_\_\_\_\_ Agency \_\_\_\_\_

N.1.a.                      17.14. In the implementation of the activities associated with this objective, did the organization follow its plans and procedures?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

C.1.a.,b.  
J.10.g.,j.,k.  
N.1.a.                      17.15. Specify whether or not the following demonstration criteria were successfully demonstrated during this exercise using YES, NO, N/A, or N/O.

\_\_\_\_\_ 1. The location of traffic and access control points, consistent with scenario events and exercise play, was determined. Appropriate instructions for establishing these traffic and access control points were issued. (J.10.g.,j.; PORs 17.1, 17.3, 17.7)

\_\_\_\_\_ 2. Traffic and access control points, consistent with instructions provided to traffic and access control staff, were established. (J.10.g.,j.,k.; PORs 17.2, 17.4-17.6, 17.8-17.9)

\_\_\_\_\_ 3. The organization demonstrated the capability to request assistance for effecting access control and removing impediments, when necessary. (C.1.a.,b., J.10.j.,k.; PORs 17.11, 17.13)

\_\_\_\_\_ 4. Impediments to evacuation were identified and promptly removed. (J.10.j.,k.; PORs 17.10, 17.12)

\_\_\_\_\_ 5. All activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 17.14)

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

Demonstrate the adequacy of procedures, facilities, equipment, and personnel for the radiological monitoring, decontamination, and registration of evacuees.

NUREG REF      POINTS OF REVIEW

J.10.h.,12.      18.1. At what time and at what emergency classification level (ECL) did the response organization determine that activation of reception centers was necessary?

Time \_\_\_\_\_ ECL \_\_\_\_\_

J.10.h.,12.      18.2. What organization(s) was responsible for demonstrating the following?

Activation of the reception center \_\_\_\_\_

Monitoring \_\_\_\_\_

Decontamination \_\_\_\_\_

Registration \_\_\_\_\_

J.10.h.,12.      18.3. Was the reception center activated prior to the arrival of evacuees?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.h.,12.      18.4. At what time was the reception center operational?

Time \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

J.10.h.,12.      18.5. Was there adequate space for the following?

Monitoring      YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

Decontamination      YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

Registration      YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.h.,12.      18.6. Was the facility set up to separate contaminated and non-contaminated or clean individuals?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.h.,12.      18.7 Were procedures in place to minimize contamination of the facility?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

I.8.  
J.12.      18.8. What types of survey instruments or portal monitors and how many of each were available for monitoring evacuees?

TYPE OF INSTRUMENT

NUMBER AVAILABLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

J.12      18.9. How many trained radiological monitors were present to operate portable survey instruments?

(a) Was this number consistent with the number of radiological monitors specified in the pre-exercise agreement for this center? (Secure and attach a list of trained monitors for each shift.)

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

H.10.      18.10. Were check sources available to verify proper operation of portable survey  
J.12.      instruments?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Was the proper reading (or range of readings) for a particular check source available for each instrument or unit?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(b) Were all survey instruments or portal monitors checked for proper operation, including reading of the check source?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

H.10.      18.11. Were portable survey instruments equipped with earphones or speakers?  
J.12.     

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

NOTE: Answer PORs 18.12-14 only if **portal monitors** were used as a major method for detecting contamination.

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

H.10.      18.12. How many personnel were present who were trained to set up and operate  
J.12      the portal monitors? \_\_\_\_\_

18.13. Was a check source available to verify proper operation of the portal monitors?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Was the proper reading (or range of readings) for a particular check source available for each unit?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(b) Were all portal monitors checked for proper operation, including reading of the check source?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(c) Were all the portal monitors at this location operable?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(d) If any were not operable, explain:

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EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

RADIOLOGICAL MONITORING OF EVACUEES

J.12.                      18.14. How long did it take to consecutively monitor six individuals for contamination with the portal monitors?

\_\_\_\_\_  
(a) Were individuals, who were found to be contaminated, remonitored with a portable survey instrument prior to being decontaminated?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.10.h.,12.              18.15. Were provisions made (e.g., signs or handouts) to advise evacuees who were monitored and found not contaminated to bathe and change clothes at their convenience within three days?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
 SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

J.12.      18.16. How long did it take for each radiological monitor to consecutively monitor six individuals with portable survey instruments? (The specific number of radiological monitors needed for this demonstration should be established in the pre-exercise agreement.)

RADIOLOGICAL MONITOR	TOTAL MONITORING TIME FOR SIX INDIVIDUALS
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Since the number of monitors will vary from site to site, evaluators should replicate POR 18.16 as needed.

H.10.      18.17. Were portable survey instruments equipped with earphones or speakers?

J.12.      YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Was monitoring for contamination accomplished with the beta shield open?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_



EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

**NUREG REF      POINTS OF REVIEW**

H.10.,J.12.      18.18. Were individuals re-monitored after they were decontaminated?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.9.,12.      18.19. What action level was used to decide whether or not an individual required decontamination? (Provide action level for each type of instrument.)

TYPE OF INSTRUMENT

ACTION LEVEL

_____	_____
_____	_____
_____	_____
_____	_____

J.12.      18.20. Were the demonstrated monitoring procedures sufficient to detect radiological contamination at the level specified in the organization(s) plan?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_  
 SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

J.10.h.,12.      18.21. Were contamination control measures employed at the reception center?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, check those measures used.

- \_\_\_\_ Monitors wore gloves
- \_\_\_\_ Covered survey instrument probes with thin plastic
- \_\_\_\_ Temporary covers on walkways
- \_\_\_\_ Separation of contaminated and uncontaminated individuals
- \_\_\_\_ Other (Specify) \_\_\_\_\_

DECONTAMINATION OF EVACUEES

J.10.h.,12.      18.22. Check the decontamination measures that were simulated or demonstrated. (Indicate YES, NO, N/A, or N/O in the space provided for each item. Use S for simulated and D for demonstrated.)

YES, NO,  
N/A, N/O

S/D

- |   |      |
|---|------|
| ____ Removal of contaminated clothing                   | ____ |
| ____ Use of shower facilities                           | ____ |
| ____ Use of sink or wash basin if only                  | ____ |
| ____ extremities were contaminated                      | ____ |
| ____ Re-monitoring of decontaminated individuals        | ____ |
| ____ Provision of changes of clothing for               | ____ |
| ____ individuals after decontamination                  | ____ |
| ____ Method for separating and containing contaminated  | ____ |
| ____ clothing and other materials (e.g., plastic bags). | ____ |
| ____ Other (Specify) _____                              | ____ |

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

J.10.h.,12.      18.23. Were provisions or procedures for separate male and female showers available?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.9.,12.      18.24. Were individuals with fixed contamination above the action level established in the plan referred to a medical facility? (This information should be obtained through an interview if not demonstrated.)

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Describe alternative procedures that were followed for those individuals not referred to a medical facility.

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EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

REGISTRATION OF EVACUEES

J.12.      18.25. Was each individual registered upon completion of monitoring and/or decontamination?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) If yes, check the registration method(s) used.

\_\_\_\_\_ Audio tapes  
\_\_\_\_\_ Computerized forms  
\_\_\_\_\_ Paper forms  
\_\_\_\_\_ Video tapes  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

(b) If yes, did the registration record include the following information?  
(Indicate YES, NO, N/A, or N/O in the space provided for each item.)

\_\_\_\_\_ Name  
\_\_\_\_\_ Address  
\_\_\_\_\_ Telephone number  
\_\_\_\_\_ Results of monitoring for contamination  
\_\_\_\_\_ Time of decontamination (if any)  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

J.12.      18.26. Were records established for each contaminated individual?  
(If available, attach sample form.)

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

J.12.      18.27. Were registration records used for locating and reuniting families?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

RADIOLOGICAL MONITORING OF VEHICLES AND EVACUEE POSSESSIONS

I.8.      18.28. What types of survey instruments were used to monitor vehicles and  
J.12.      evacuee possessions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H.10.      18.29. Were check sources available to verify proper operation of survey  
J.12.      instruments?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Was the proper reading (or range of readings) for a particular check source available for each instrument?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(b) Were all instruments checked for proper operation, including reading of the check source?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

**NUREG REF      POINTS OF REVIEW**

H.10.      18.30. Were portable instruments equipped with earphones or speakers?

J.12.

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(a) Were earphones or speakers used when monitoring for contamination?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

(b) Was monitoring accomplished with the beta shield open?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.12.      18.31. Did the vehicle monitoring procedure include monitoring the following areas? (Indicate YES, NO, N/A, or N/O in the space provided for each item.)

\_\_\_\_ Air intake filter

\_\_\_\_ Grills

\_\_\_\_ Wheel areas

\_\_\_\_ Bumpers

\_\_\_\_ Tires

\_\_\_\_ Other (Specify) \_\_\_\_\_

J.12.      18.32. Were the demonstrated monitoring procedures sufficient to detect radiological contamination at the level specified in the organization(s) plan?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

J.12.      18.33. What action level(s) was used to initiate decontamination of vehicles and evacuee possessions?

\_\_\_\_\_  
\_\_\_\_\_

J.12.      18.34. Were contaminated vehicles and evacuee possessions separated from uncontaminated vehicles and evacuee possessions and moved to an isolated area?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.12.      18.35. Were uncontaminated individuals kept away from vehicles and possessions that required decontamination?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

J.9.,12.      18.36. What action level was used to release vehicles and evacuee possessions with fixed contamination?

\_\_\_\_\_  
\_\_\_\_\_  
(a) If fixed contamination levels exceeded this action level, what procedures were followed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

**NUREG REF      POINTS OF REVIEW**

J.12.      18.37. Was adequate equipment available to decontaminate vehicles and possessions found to be contaminated? (This information may be obtained through an interview, if equipment not available or not demonstrated.)

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

N.1.a.      18.38. In the implementation of the activities associated with this objective, did the organization follow its plans and procedures?

YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_ N/O \_\_\_\_

H.10.      18.39. Specify whether or not the following demonstration criteria were  
I.8.      successfully demonstrated during this exercise using YES, NO, N/A, or N/O.

J.9.,10.h.,12.

N.1.a.

\_\_\_\_\_ 1. The reception center(s) had adequate space available for the monitoring, decontamination and registration of evacuees and was activated and operational in a timely manner. (J.10.h.,12; PORs 18.1.-18.5.)

\_\_\_\_\_ 2. The reception center(s) had adequate and appropriate resources, was set up in logical order for it's operation and control of contamination, and had trained staff and procedures sufficient to accomplish monitoring of evacuees within the time frames established in the organizations plan. (H.10.,I.8.,J.9.,10.h.,12.; PORs 18.6.-18.13.)

\_\_\_\_\_ 3. Procedures and equipment for monitoring and decontamination of evacuees were adequate. (J.9.,10.h.,12.; PORs 18.14.-18.24.)

\_\_\_\_\_ 4. Evacuees were properly registered. (J.12.; PORs 18.25.-18.27.)



EVALUATOR \_\_\_\_\_ TEAM LEADER \_\_\_\_\_ DATE \_\_\_\_\_

SITE \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ PREVIOUS ARCA? Y N

**OBJECTIVE 18: RECEPTION CENTER - MONITORING, DECONTAMINATION, AND REGISTRATION**

NUREG REF      POINTS OF REVIEW

- \_\_\_\_\_ 5. Vehicles and evacuee possessions arriving at reception center(s) were monitored for contamination and decontaminated, if necessary. (H.10., I.8., J.9.,12.j.; PORs 18.28-18.37)
- \_\_\_\_\_ 6. All activities described in the demonstration criteria for this objective were carried out in accordance with the plan, unless deviations were provided for in the extent-of-play agreement. (N.1.a.; POR 18.38)