

| U.S. Department of Homeland Security Federal Emergency Management Agency, Region V Radiological Emergency Preparedness Program | | | | | | | | | | | | |
|--|---|---|---|----|-----------------------------|---|--|---|-----|----|---|--------------------------|
| Annual Letter of Certification (ALC) Review Guide State of Ohio - Calendar Year 2021 | | | | | | | | | | | | |
| Purpose | To provide guidance for review/evaluation of the ALC submitted by the state. | | | | | | | | | | CAP=Corrective Action Plan | |
| Scope | The ALC is reviewed to determine whether all information/documentation is included pursuant to laws and regulations and the FEMA REP Program Manual (RPM) guidance. Information contained in the ALC is compared with the offsite response organization's (ORO's) plans/procedures and the alert and notification system (ANS) evaluation report for consistency and accuracy. The ALC submission for states that only have ingestion exposure pathway responsibilities need only address the sections denoted by asterisks (**). | | | | | | | | | | | |
| | | | | ** | The statement must include: | | | | Yes | No | N/A | ALC Reference / Comments |
| I. | Update of plans/procedures and letters of agreement (LOAs) (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion A.4) | 1. | A statement that ORO plans/procedures and LOAs have been reviewed for accuracy and completeness of information, and appropriate changes have been made. Updated LOAs and plan/procedure amendments must be submitted if not received previously. | ** | a. | That ORO plans/procedures and LOAs have been reviewed for accuracy and completeness of information, and appropriate changes have been made. | | X | | | State of Ohio - March 12, 2021, November 1, 2021 Ottawa County - January 12, 2021, September 1, 2021 Lucas County - January 7, 2021, January 7, 2021 Lake County - November 24, 2020, November 24, 2020 Ashtabula County - December 21, 2021, November 30, 2021 Geagua County - November 30, 2021, November 30, 2021 Columbiana County - November 1, 2021, November 1, 2021 | |
| II. | Public Education and Information (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion G.1, G.5) | 1. | A statement that annual dissemination of information to the public was performed, and that the information includes how the public will be notified and what their actions should be in an emergency. Public information materials may take various forms, including but not necessarily limited to, brochures, utility bill inserts, or calendars; all of these materials may be distributed in hardcopy and/or through electronic means (e.g., text message, email, websites, etc.). | ** | a. | Dates of dissemination | | X | | | DBNPS - December 3, 2021 PNPP - December 3, 2021 BVPS - December 3, 2021 | |
| | | | | ** | b. | Means of dissemination | | X | | | DBNPS - Brochure, Scheduled Tweets, Telephone Directory PNPP - Brochure, Twitter/Newspaper, BVPS - Brochure, Scheduled Tweet | |
| | | | | ** | c. | Identification of recipients | | X | | | DBNPS - Enclosure 6, 7 , 8 PNPP - Enclosure 2, 4 BVPS - Enclosure 11, 14, 15 | |
| | | | | ** | d. | Copies of all public information materials, or reference to location where all can be viewed | | X | | | DBNPS - Enclosure 6, 7 , 8 PNPP - Enclosure 2, 4 BVPS - Enclosure 11, 14, 15 | |
| | | 2. | A statement that emergency information was disseminated to locations frequented by transient populations in the plume exposure pathway emergency planning zone (EPZ), including (if applicable) hotels, motels, gas stations, phone booths, parks, marinas, boats, and other recreational areas. This may be accomplished by, but need not be limited to, decals, posters, or brochures/pamphlets. This statement should include that yearly maintenance and updates on emergency public information signs located along rivers, parks, and other recreational areas were performed, and be updated and redistributed as necessary. | | a. | Dates of dissemination | | X | | | DBNPS - April 30, 2021 PNPP - Year-Round BVPS - December 17, 2021 | |
| | | | | | b. | Means of dissemination | | X | | | DBNPS - Fliers PNPP - Decals Handouts Signs BVPS - Information Packets | |
| | | | | | c. | Identification of where information was distributed or posted | | X | | | DBNPS - Campgrounds, Grocery Stores, Hotels, Marinas, Restaurants PNPP - Campgrounds, Hotels, Nurseries, Parks, Recreation Centers BVPS - Campgrounds, Hotels | |
| | | | | | d. | Copies of all public information materials, or reference to location where all can be viewed | | X | | | DBNPS - Enclosure 10 PNPP - Enclosure 5 BVPS - Enclosure 13 | |
| | | | | | e. | Organizations responsible for distribution | | X | | | DBNPS -Ottawa and Lucas County Emergency Management Agencies PNPP - Geauga, Ashtabula and Lake County EMA BVPS - Columbiana County Emergency Management Agency | |
| | | | | | f. | Identification of organizations responsible for maintenance/updates of public information materials | | X | | | DBNPS -Ottawa and Lucas County Emergency Management Agencies PNPP - Geauga, Ashtabula and Lake County EMA BVPS - Columbiana County Emergency Management Agency | |
| | g. | Certification that parks and other recreational areas were not expanded, nor were new transient areas added to the plume exposure pathway EPZ. If expansions or additions were made, a statement must be provided that the appropriate additional signs were installed. | | X | | | DBNPS - None PNPP - None BVPS - None | | | | | |

| | | | | ** | The statement must include: | | Yes | No | N/A | ALC Reference / Comments |
|------|---|----|---|----|--|--|-----|----|-----|---|
| II. | Public Education and Information (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion G.1, G.5) | 3. | A statement the annual media program was conducted to acquaint news media with emergency plans/procedures, information concerning radiation, and points of contact for release of public information during an emergency. | | a. | Date(s) held | X | | | DBNPS - December 8, 2021 PNPP - December 8, 2021 BVPS - December 8, 2021 |
| | | | | | b. | Agencies/organizations invited/participated | X | | | DBNPS - Enclosure 9 PNPP - Enclosure 3 BVPS - Enclosure 12 |
| | | | | | c. | Organization(s) that sponsored the program | X | | | DBNPS - Energy Harbor Nuclear Corp. PNPP - Energy Harbor Nuclear Corp. BVPS - Energy Harbor Nuclear Corp. |
| | | | | | d. | Description of the program | X | | | DBNPS - Enclosure 9 PNPP - Enclosure 3 BVPS - Enclosure 12 |
| III. | Radiological Emergency Response Training (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion O.1) | 1. | A statement that initial training and annual retraining of personnel who implement radiological emergency response plans/procedures have been accomplished. | ** | The statement must include the following for all training conducted: | | | | | |
| | | | | ** | a. | All required organizations were offered training pursuant to ORO plans/procedures | X | | | DBNPS - Enclosures 18 & 19 PNPP - Enclosures 18 & 19 BVPS - Enclosures 18 & 19 |
| | | | | ** | b. | Scope and purpose | X | | | DBNPS - Enclosures 18 & 19 PNPP - Enclosures 18 & 19 BVPS - Enclosures 18 & 19 |
| | | | | ** | c. | Dates training were held | X | | | DBNPS - Enclosures 18 & 19 PNPP - Enclosures 18 & 19 BVPS - Enclosures 18 & 19 |
| | | | | ** | d. | Number of participants | X | | | DBNPS - Enclosures 18 & 19 PNPP - Enclosures 18 & 19 BVPS - Enclosures 18 & 19 |
| | | | | ** | e. | Agencies/organizations represented | X | | | DBNPS - Enclosures 18 & 19 PNPP - Enclosures 18 & 19 BVPS - Enclosures 18 & 19 |
| | | | | ** | f. | Agencies/organizations invited, but who did not attend | X | | | DBNPS - Enclosures 18 & 19 PNPP - Enclosures 18 & 19 BVPS - Enclosures 18 & 19 |
| | | | | ** | g. | Organization(s) that sponsored the training | X | | | DBNPS - Enclosures 18 & 19 PNPP - Enclosures 18 & 19 BVPS - Enclosures 18 & 19 |
| IV. | Drills (Note: Only non-evaluated drills need to be reported in the ALC) (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion N.1.b, N.4.b, c, d, e, f) | 1. | A statement that communication drills were conducted. | | The statement must include: | | | | | |
| | | | | | a. | Monthly between the state and OROs within the plume exposure pathway EPZ | X | | | DBNPS - Page 16, ALC PNPP - Page 17, ALC BVPS - Page 16, ALC |
| | | | | ** | b. | Quarterly between state and Federal emergency response organizations, and states within the ingestion exposure pathway EPZ | X | | | Page 17, ALC |
| | | | | | c. | Annually between the nuclear power plant (NPP), state, and local emergency operations centers, and radiological field monitoring teams | X | | | DBNPS - Page 16, ALC PNPP - Page 17, ALC BVPS - Page 16, ALC |
| | | | | ** | d. | Dates of communication drills | X | | | DBNPS - Page 16, ALC PNPP - Page 17, ALC BVPS - Page 16, ALC |
| | | | | ** | e. | Participating organizations | X | | | DBNPS - Page 16, ALC PNPP - Page 17, ALC BVPS - Page 16, ALC |
| | | 2. | A statement that environmental monitoring drills, which include direct radiation measurements in the environment, collection and analysis of all sample media (e.g., water, vegetation, soil, and air), and provisions for record keeping, that were performed during the period of this ALC. (Note: Environmental monitoring drills must involve personnel and resources for dose assessment.) | ** | The statement must include the following for all training conducted: | | | | | |
| | | | | ** | a. | Date(s) held | X | | | Page 18, ALC |
| | | | | ** | b. | Organizations that participated | X | | | Page 18, ALC |
| | | 3. | A statement that lab drills were conducted, including an equipment list, calibrations, daily quality assurance/quality control (QA/QC). | ** | The statement must include: | | | | | |
| | | | | ** | a. | Date(s) held | X | | | Page 22 - 27, ALC |
| | | | | ** | b. | Organizations that participated | X | | | Page 22 - 27, ALC |
| | | | | ** | c. | Equipment list | X | | | Enclosure 18 |
| | | | | ** | d. | Calibrations | X | | | Enclosure 18 |
| | | | | ** | e. | Daily QA/QC was conducted | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |

| | | | | ** | The statement must include: | Yes | No | N/A | ALC Reference / Comments |
|-----|---|----|---|-------|---|-----|----|-----|--|
| IV. | Drills (Note: Only non-evaluated drills need to be reported in the ALC) (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion N.1.b, N.4.b, c, d, e, f) | 4. | <u>A statement that non-evaluated medical services drills are conducted annually at each medical facility in the emergency plan.</u> | | The statement must include: | | | | Answers found in - Enclosure 17 - Question 11 |
| | | | | a. | Date(s) held | X | | | DBNPS - October 05, 2021 PNPP - September 29-30, 2021 BVPS - November 23, 2021 |
| | | | | b. | Facilities that participated | X | | | DBNPS - MID County EMS and Magruder Hospital PNPP - Lake West Medical Center, Tri-Point Medical Center BVPS - Heritage Valley Beaver hospital, Medic Rescue Ambulance Company and Beaver County Emergency Management |
| | | | | c. | Contamination control measures utilized | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | d. | Dosimetry | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | 5. | A statement that ingestion pathway and post-plume phase drills are conducted biennially. | ** | The statement must include: | | | | |
| | | | | ** a. | Date(s) held | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** b. | Organizations that participated | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** c. | Sample plan development | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** d. | Analysis of lab results from samples | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** e. | Assessment of the impact on foodstuffs and agricultural products | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** f. | Protective decisions for reentry, relocation, return, and reoccupancy | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** g. | Foodstuffs/crop embargo | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** h. | Dissemination of ingestion exposure pathway EPZ information to pre-determined individuals and business | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** i. | Assessment of emergency worker knowledge of ingestion exposure pathway EPZ procedures | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** j. | Identification of the individual authorized to make decisions in the ingestion exposure pathway EPZ | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | 6. | A statement outlining the results and corrective actions from exercises and/or drills that were implemented and/or completed. | ** | The statement must include: | | | | |
| | | | | ** a. | Date(s) held | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | | | ** b. | A description of the process for tracking identified findings and any associated corrective actions from identification through resolution. | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| V. | 24-hour Staffing (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion A.5) | 1. | A statement that sufficient trained and capable staff are available to maintain 24-hour capability for protracted activation. | ** | The statement must include: | | | | |
| | | | | ** a. | That sufficient trained and capable staff are available for 24-hour protracted activation | X | | | ALC 24-HOUR STAFFING |
| VI. | Emergency Facilities and Equipment (NUREG-0654/FEMA-REP-1, evaluation criteria G.2, H.6, J.11.d, J.13, K.4) | 1. | Identification of facilities that are new or have had substantial changes in structure or mission since initial evaluation. A substantial change is one that affects or has a direct impact on the emergency response operations performed in those facilities. | ** | The statement must include: | | | | |
| | | | | ** a. | Verification that the facility has been evaluated or the expected date of the evaluation | X | | | Enclosure 18 |
| | | 2. | Certification that no substantial changes in structure or mission of previously reported facilities have occurred since initial evaluation. | | The statement must include: | | | | |
| | | | | a. | There are no other new emergency response facilities or congregate care centers | X | | | ALC Page 21 |
| | | | | b. | None of the other current facilities or congregate care centers in the plans/procedures have undergone substantial changes | X | | | ALC Page 21 |
| | | 3. | A statement that inspection, inventory, and operational checks were made of survey instruments used for radiological monitoring (evacuee and emergency worker) and environmental monitoring and analysis (radiological field monitoring teams and radiological laboratory) per national standards or the manufacturer's instructions, whichever is more frequent. | | The statement must include: | | | | |
| | | | | a. | Type of equipment | X | | | Enclosure 18 |
| | | | | b. | Quantity of equipment | X | | | Enclosure 18 |
| | | | | c. | Location of equipment | X | | | Enclosure 18 |
| | | | | d. | Calibration frequency | X | | | Enclosure 18 |
| | | | | e. | Dates of inspection/inventory check | X | | | Enclosure 18 |

| | | | | ** | The statement must include: | Yes | No | N/A | ALC Reference / Comments |
|-------|--|----|--|-------|---|-----|----|-----|---|
| VI. | Emergency Facilities and Equipment (NUREG-0654/FEMA-REP-1, evaluation criteria G.2, H.6, J.11.d, J.13, K.4) | 4. | A statement that survey instruments used for measuring radiation during environmental monitoring and analysis (field teams and radiological laboratories) were calibrated per national standards or the manufacturer's instructions, whichever is more frequent. | | If calibration occurred, the statement must include: | X | | | Enclosure 18 |
| | | | | a. | Type of equipment | X | | | Enclosure 18 |
| | | | | b. | Quantity of equipment | X | | | Enclosure 18 |
| | | | | c. | Location of equipment | X | | | Enclosure 18 |
| | | | | d. | Dates of calibration | X | | | Enclosure 18 |
| | | 5. | A statement that direct reading dosimetry has been tested and maintained and inspected for electrical leakage per the national standards or manufacturer's instructions, whichever is more frequent. Statement should include information regarding the recharging and replacement of dosimetry as necessary. | | The statement must include: | | | | |
| | | | | a. | Type of equipment | X | | | Enclosure 18 |
| | | | | b. | Quantity of equipment | X | | | Enclosure 18 |
| | | | | c. | Location of equipment | X | | | Enclosure 18 |
| | | | | d. | Dates of calibration | X | | | Enclosure 18 |
| | | | | e. | Recharging of dosimetry | X | | | Enclosure 18 |
| | | | | f. | Replacement of dosimetry | X | | | Enclosure 18 |
| | | | | g. | Dates of annual DRD electrical leakage testing | X | | | Enclosure 18 |
| | | | | h. | Dates of quarterly CDV-138 electrical leakage testing | X | | | Enclosure 18 |
| | | 6. | A statement that sufficient quantities of potassium iodide (KI) are available for emergency worker, institutionalized individuals, and if the plan calls for it, the general public. | | If quantities of KI were not verified by FEMA during the most recent biennial exercise, the statement must include: | | | | |
| | | | | a. | Amounts of KI available | X | | | Enclosure 18 |
| | | | | b. | Storage locations | X | | | Enclosure 18 |
| | | | | c. | Expiration date(s) | X | | | Enclosure 18 |
| VII. | Responsibility for the Planning Effort (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion P.4) | 1. | A statement indicating that an annual review has been conducted. | ** | The statement must include: | | | | |
| | | | | ** a. | Date(s) the review occurred | X | | | ALC page 2, Enclosure 20 |
| | | | | ** b. | Signature page | X | | | ALC page 2, Enclosure 20 |
| | | | | ** c. | Plans/procedures, maps, charts, and agreements were reviewed at least annually to verify accuracy and completeness | X | | | ALC page 2, Enclosure 20 |
| VIII. | Alert and Notification (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion F.3 and RPM Part V: REP Program Alert and Notification System Guidance) | 1. | A statement that a routine testing program was completed pursuant to the ANS evaluation report. | | The statement must include: | | | | |
| | | | | a. | Types of tests conducted in accordance with the established schedule | X | | | Routine siren testing program was completed pursuant to the design reports for each of the NPPs. |
| | | | | b. | Dates of tests | X | | | DBNPS - Enclosures 7, ALC page 32 PNPP - Enclosures 2, ALC page 34 BVPS - Enclosures 14, ALC page 30 |
| | | 2. | A statement that the availability/reliability of the system is maintained pursuant to the ANS evaluation report. | | The statement must include: | | | | |
| | | | | a. | Description of any failures that were detected and how they were mitigated, tracked, trended. | X | | | DBNPS - Failure detected, tracked, and trended as required page 32. PNPP - Failure detected, tracked, and trended as required page 35 BVPS - None Mitigation not required under 2016 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | 3. | A statement that the maintenance of the system is being conducted pursuant to the ANS evaluation report. | | The statement must include: | | | | |
| | | | | a. | Description of any corrective maintenance that was conducted. | | | X | Not required under 2019 Checklist. CAP: required to be completed during the review of CY22 ALC. |
| | | 4. | When applicable, a statement that the verification process, as described in the ANS evaluation report, validates that the system or approach meets the design objectives. | | | X | | | Routine siren testing program was completed pursuant to the design reports for each of the NPPs. |
| | | 5. | A statement (if applicable) for exception areas requiring alert and notification methods (e.g., aircraft and/or mobile route alerting and notification) that routes, alerting methods, and resources remain unchanged. If changes did occur, the ANS evaluation report must be updated to reflect the modifications. | | | X | | | ALC - Alerting Systems Other than Sirens and Tone Alert Radios. There are no exception areas as part of the ANS in the State of Ohio or County REP Plans. |
| | | | | | | | | | |

| | | | | ** | The statement must include: | | | Yes | No | N/A | ALC Reference / Comments |
|-------|---|----|---|----|-----------------------------|--|--|-----|----|-----|--|
| VIII. | Alert and Notification (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion F.3 and RPM Part V: REP Program Alert and Notification System Guidance) | 6. | A statement that the system continues to meet the needs of population it was designed to alert/notify (i.e., the characterization of the population and the demographics that is described in the ANS evaluation report). | | | | | X | | | <p>All siren sound pressure/population density requirements have been met, concerning population densities above or below 2000 persons per square mile and siren sound requirements. There are no places in Ohio where siren sound pressure is less than 60dBc.</p> <p>No permanent population has relocated into areas not previously covered by the ANS as identified by the 2010 Census. There has been no development of any areas not covered by the ANS systems, which would encourage any transient population to frequent these areas.</p> <p>There was no expansion of transient areas in the BVPS, DBNPS, and PNPP plume Emergency Planning Zones in 2021.</p> |