Changes “Other Than Inconsequential” Require These Additional Reviews:

Radiological Controls:
Jerry Kurtz’s Organization

USQ # GCX-2

CHANGE HISTORY (≤ LAST 5 REV-MODS)

<table>
<thead>
<tr>
<th>Rev-Mod</th>
<th>Release Date</th>
<th>Justification</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-1</td>
<td>03/27/2017</td>
<td>Operations request to address PER-2016-1880.1</td>
<td>Applied consistent wording “minimum of 100 meters (330 feet) upwind” to Step 2.1.6.</td>
</tr>
<tr>
<td>P-0</td>
<td>08/18/2016</td>
<td>Periodic Review.</td>
<td>Update format of Records section to current standard.</td>
</tr>
<tr>
<td>O-0</td>
<td>09/09/2015</td>
<td>Periodic review</td>
<td>No changes identified during this review.</td>
</tr>
<tr>
<td>N-0</td>
<td>01/05/2015</td>
<td>Periodic review</td>
<td>Changed SM to CSM. Modified steps to meet the writers standard. Modified Step 2.1.8.6 to add additional criteria. Deleted Verification and signature from RECORDs Section.</td>
</tr>
<tr>
<td>M-1</td>
<td>09/18/2014</td>
<td>Operations request</td>
<td>Added Step 2.1.1 to direct personnel 100 meters upwind of suspicious object or bomb.</td>
</tr>
</tbody>
</table>
NOTE - Actions in this procedure can be performed in any logical order as directed by Central Shift Manager (CSM)/BED.

- This procedure is designed to be used by the CSM or members of the Emergency Response Organization.

- This procedure is not designed to be used as a stand-alone procedure. This procedure is designed to augment DOE-0223, RLEP 1.1, Section 3.1, Building Emergency Director for Hazardous Facilities - Checklisted Duties.

- This procedure applies to personnel and subcontractors doing work in 200 East Area, 200 West Area, 600 Area on equipment or in facilities controlled by WRPS, excluding the 222-S Laboratory Complex and 242-A Evaporator facilities. This procedure also applies to all equipment in these areas controlled by WRPS.

- This procedure is for in-field use by personnel at affected facilities only. Individual sections in this procedure are performed as required by existing specific emergency conditions.

**Special Instructions:**
Operations personnel may take actions that depart from a requirement in TSRs provided an emergency situation exists and these actions are needed to protect workers, the public, or the environment from imminent and significant harm. Such actions shall be approved by the Shift Manager. (LCO 3.0.7)

### 1.0 INITIATING CONDITIONS

This procedure should be entered whenever event conditions meet or exceed conditions that require protective action implementation or at the discretion of the CSM/BED during circumstances relating to:

- Bomb threat received
- Suspicious object found.
2.0 ACTIONS

2.1 Initial Actions

Bomb Threat

NOTE - A bomb threat without a confirmed explosive device does not meet Emergency Action Level (EAL) criteria, and shall be categorized in accordance with TFC-OPS-OPER-C-24.

2.1.1 IF a bomb threat report is received PERFORM the following:

2.1.1.1 COMPLETE BOMB THREAT TELEPHONE CARD (form BD-9100-201) or Attachment 1.

2.1.1.2 CALL 911 (373-0911 for cell phone) AND PROVIDE all information available.

NOTE - Hanford Patrol and/or the Benton County Sheriff’s department will need to interview anyone who receives a bomb threat.

2.1.2 IF bomb threat is not from bomb threat caller, OBTAIN name and telephone number of reporting person AND

DIRECT person who received bomb threat to report to Incident Command Post.

2.1.3 DIRECT personnel to secure all radio and cellular phone transmissions within 100 feet of reported bomb location.

2.1.4 SECURE plant operations (i.e., waste transfers, ventilation systems, etc.).

2.1.5 INITIATE protective actions (i.e., evacuation) per TF-ERP-001.

2.1.6 EVACUATE all personnel to a safe location a minimum of 100 meters (~330 feet) upwind from suspicious object or bomb.

2.1.7 DIRECT Environmental On-Call Representative to determine if Washington State Department of Ecology should be notified of this event per WAC 173-303-360.

2.1.8 REVIEW TFC-OPS-OPER-C-24, for reporting requirements.
2.1 Initial Actions (Cont.)

Suspicious Objects

2.1.9 IF a “suspicious object” is discovered, PERFORM the following:

NOTE - Hanford Patrol and/or the Benton County Sheriff’s department will need to interview anyone who discovers a credible suspicious object.

2.1.9.1 CALL 911 (373-0911 for cell phone) AND PROVIDE all information available.

2.1.9.2 DIRECT personnel to secure all radio and cellular phone communications within 100 feet of suspicious object.

2.1.9.3 IF affected, SECURE plant operations (i.e., waste transfers, ventilation systems, etc.).

2.1.9.4 IF protective actions are required, INITIATE protective actions (i.e., evacuation) per TF-ERP-001.

2.1.9.5 IF a suspicious object is determined to be a “confirmed explosive device” or an “explosion” it should be evaluated against RLEP 1.0, Appendix 1-2.A, 200 area Tank Farms, Table 3-A Explosive Device, for implementation of protective actions and emergency classification.

2.1.9.6 DIRECT an individual to meet the person who reported the suspicious object AND REQUEST that both individuals report to Incident Command Post,

OR

REQUEST individual stay with reporting person until Hanford Patrol arrives.

2.2 Follow up Actions

2.2.1 IF completed PROVIDE Attachment 1 to appropriate law enforcement personnel.
3.0 RECOVERY

3.1 Termination/Exit Criteria

3.1.1 WHEN the incident/event is stabilized or emergency conditions are no longer present, refer to RLEP 3.4 - *Event Termination, Reentry, and Recovery*, Attachment A - to coordinate termination of the incident/event or emergency situation.

3.2 Re-Entry and Recovery

3.2.1 WHEN the incident/event is stabilized or emergency conditions are no longer present, refer to RLEP 3.4 - *Event Termination, Reentry, and Recovery*, Attachment B & C - to coordinate re-entry and recovery actions.
3.3 Records

3.3.1 **PERFORM** the following for records identified within this procedure.

3.3.1.1 On the Records Submittal Checklist, **RECORD** the number of times the record was completed

**OR**

3.3.1.2 **ATTACH** the completed records to the Records Submittal Checklist **AND**

**SIGN** the Checklist indicating the package is complete.

3.3.1.3 **SEND** the package to the Shift Office for records retention.

The record custodian identified in the Company Level Records Inventory and Disposition Schedule (RIDS), is responsible for record retention in accordance with TFC-BSM-IRM_DC-C-02.

<table>
<thead>
<tr>
<th>Records Submittal Checklist</th>
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</thead>
<tbody>
<tr>
<td>Record</td>
</tr>
<tr>
<td>Bomb Threat Telephone Card (form BD-9100-201)</td>
</tr>
<tr>
<td>Attachment 1 - Checklist for Threatening Phone Calls</td>
</tr>
</tbody>
</table>

_________________________ / __________________________ / ________________
Signature                  Print (First and Last Name)          Date
Attachment 1 - Checklist for Threatening Phone Calls

EXACT WORDING OF MESSAGE:

WHEN IS BOMB GOING TO EXPLODE?

WHERE IS BOMB LOCATED?

WHAT DOES BOMB LOOK LIKE?

WHAT KIND OF BOMB IS IT?

WHAT WILL CAUSE THE BOMB TO EXPLODE?

DID YOU PLANT THE BOMB?

IF NOT, WHO PLANTED THE BOMB?

WHY WAS A BOMB PLANTED THERE?

WHAT IS YOUR NAME AND ADDRESS?
Attachment 1 - Checklist for Threatening Phone Calls (Cont.)

(TO BE COMPLETED AFTER CALL)

**THREAT RECEIVED:**
Date __________ Time ___________ Hang Up Time ___________ Phone No _________________

**CALLER IDENTITY:**
SEX: Male ___ Female ___ ADULT ___ JUVENILE ___ APPROXIMATE AGE (years) _______

Did caller seem familiar with building or facility by his description of the bomb location?
Yes___ No___ Explain ________________________________________________________________

(Circle all the following that apply)

**ORIGIN OF CALL**
Local _____ Long Distance _____ Phone Booth _____ Internal (from within Hanford) _____

**VOICE CHARACTERISTICS**
Loud ___ Soft ___ Fast ___ Distinct ___ Slow ___ Excellent ___
High Pitch ____ Deep ___ Distinct ___ Stutter ___ Broken ___ Fair ___
Raspy ___ Pleasant ___ Slurred ___ Nasal ___ Foul ___
Intoxicated _____ (other) ___ Normal ___ Use of certain ___
(please circle all the following that apply)

**SPEECH**
Loud ___ Soft ___ Fast ___ Distinct ___ Slow ___ Excellent ___
High Pitch ____ Deep ___ Distinct ___ Stutter ___ Broken ___ Fair ___
Raspy ___ Pleasant ___ Slurred ___ Nasal ___ Foul ___
Intoxicated _____ (other) ___ Normal ___ Use of certain ___
(please circle all the following that apply)

**LANGUAGE**
Loud ___ Soft ___ Fast ___ Distinct ___ Slow ___ Excellent ___
High Pitch ____ Deep ___ Distinct ___ Stutter ___ Broken ___ Fair ___
Raspy ___ Pleasant ___ Slurred ___ Nasal ___ Foul ___
Intoxicated _____ (other) ___ Normal ___ Use of certain ___
(please circle all the following that apply)

**ACCENT**
Local ___ Not Local ___ Calm ___ Angry ___ Office machines ___
Foreign ___ Regional ___ Rational ___ Irrational ___ Factory Machines ___
Race ________ (other) ___ Coherent ___ Incoherent ___ Street Traffic ___
(please circle all the following that apply)

**MANNER**
Local ___ Not Local ___ Calm ___ Angry ___ Office machines ___
Foreign ___ Regional ___ Rational ___ Irrational ___ Factory Machines ___
Race ________ (other) ___ Coherent ___ Incoherent ___ Street Traffic ___
(please circle all the following that apply)

**BACKGROUND NOISES**
Local ___ Not Local ___ Calm ___ Angry ___ Office machines ___
Foreign ___ Regional ___ Rational ___ Irrational ___ Factory Machines ___
Race ________ (other) ___ Coherent ___ Incoherent ___ Street Traffic ___
(please circle all the following that apply)

NAME OF PERSON RECEIVING CALL: ______________________________________

BUILDING: _________________________ ROOM: _____________________________

TELEPHONE NUMBER: ___________________________________________________