APPENDIX II-7

ENVIRONMENTAL EMERGENCY RESPONSE ALERT REQUEST FOR WMO RSMC SUPPORT BY DELEGATED AUTHORITY

This form should be sent by fax to the RSMC. At the same time, the Delegated Authority must immediately call the RSMC to confirm the transmission of this request for RSMC support.

(Insighted an table completed in table) STATUS: MUCLEAR (Facility and place) (Fax) STATUS: MUCLEAR (Facility and place) (Fax) NAME OF RELEASE SITE: GENTILLY-2 (Fax) MAME OF RELEASE SITE: GENTILLY-2 (Fax) (Fax) MUCLEAR (Fax)	OTT	15 JANUARY
NAME OF DELEGATED AUTHORITY: COUNTRY: COUNTRY: COUNTRY: ANA DA DELEGATED AUTHORITY TELEPHONE/FAX NUMBERS: () 5/4-421-4622. (Tel) () 5/4-421-4679. (Bax) REPLY TELEPHONE/FAX NUMBERS FOR NMS OF REQUESTING COUNTRY: () 5/4-421-4635. (Tel) () 5/4-421-4635. (Tel) SILE-1421-4639. (Fax) NAME OF RELEASE SITE: GENT/LLY-2. (Bacility and place) GEOGRAPHICAL LOCATION OF RELEASE. (Bent)/LLY-2. (Bacility and place) GEOGRAPHICAL LOCATION OF RELEASE. (Bacility and place) (Resential accident information for model simulation — if not available, model will execute with standard default values) RELEASE CHARACTERISTICS: START OF RELEASE: STANUARY 2008. (Cate/time, UTC) DURATION: DURATION: (DURATION: OR POLLUTANT RELEASE QUANTITY: OR POLLUTANT RELEASE RATE: STACK height: OR POLLUTANT RELEASE RATE: STACK height: STACK height: (Becquerel/hour) STICE ELEVATION: (In), base, (in) (In), base, (in) (In	(This section must be completed in full)	
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NOTE: All times in UTC.