

## DME 2022 Disaster Recovery Plan

5. **Physical Security** – Protection of buildings, building sites, and equipment from theft, vandalism, or manmade catastrophe

### IV. Roles and Responsibilities

1. **Disaster Recovery Team** – A group of designated personnel including subject matter experts established for the purpose of assisting with and managing the response to the event.
  - a. **Disaster Recovery Team Lead** – Person responsible for coordinating the overall response to the event and may assign duties as necessary to appropriate personnel. General Manager or his designee will act as the Team Lead. Other roles may be filled based on the **Team Leader's** assessment of the event and reporting overall recovery efforts and challenges to the Emergency Operations Center and the City Manager's Office.
  - b. **Planning Section Chief**- Responsible for the Disaster Recovery Plan, Damage assessment planning and initiation, Quick Response Team planning, utilization, and initiation, inventory levels planning, and mutual aid.
  - c. **Public Information Section Chief**– Person responsible for communication of information released to the media or public as approved by the General Manager, City of Denton's Director of Public Affairs, or their designee.
  - d. **Logistics Section Chief**– Persons responsible for acquiring resources from various departments within DME and City of Denton and outside vendors in response to the restoration event and establishing burn rates.
  - e. **Technical Support Section Chief** – Person responsible for recovery and functionality of networks, systems, security, and communication facilities to ensure operational capability.
  - f. **Operations Section Chief** – Person Responsible for coordination of recovery efforts based on DRT direction and Response Team evaluations
  - g. **Engineering Section Chief**—Person responsible for providing engineering level guidance and support for the coordination of recovery efforts and projects based on DRT direction and Response Team evaluations
  - h. **Compliance and Safety Section Chief**—Person responsible for maintaining compliance to industry regulations and safety practices for employees and the public
  - i. **Incident Reporter** – Person(s) responsible for recording minutes of actions taken place by the DRT for reporting purposes after the event is over.
2. **Disaster Evaluation and Response Team** – A group of people responsible for evaluating the damage to the electric system, reporting their assessment to the DRT's Operations Section Chief, and executing **field crew's restoration efforts** as directed by the DRT.
  - a. **Substation and Transmission Manager**—Person responsible for assessing the extent of damage to substations and transmission lines and overseeing recovery efforts as directed by the DRT
  - b. **Distribution System Manager**—Person responsible for assessing the extent of damage to the distribution system and overseeing recovery efforts as directed by the DRT

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- c. **Operations and Maintenance Manager**—Person responsible for first responders to system damage, overseeing recovery efforts as directed by the DRT
- d. **Metering Manager**—Person responsible for assessing damage to the metering system and overseeing recovery efforts as directed by the DRT
- e. **Safety Officer**—Person responsible for overseeing the safety of employees and the public in the field. Responsible for Quick Response Logistics Team.
- f. **Engineering Supervisor**—Person responsible for coordinating system planning and restoration projects with the team
- g. **System Operations Manager**- Person responsible for managing outages, tracking employees working on the system, coordinating restoration efforts with other entities as directed by the DRT

### 3. Team Members



\*See Attachment B Disaster Recovery Teams Personnel Assignments



## DME 2022 Disaster Recovery Plan

### 4. DME Team Member Contact info

Redacted

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Transmission and Distribution Engineering

Redacted

Redacted  
Redacted

B

## V. Seasonal Preparedness Drills

Preparedness is vital to successfully respond to any situation. DME will conduct seasonal exercises (tabletop or simulation) bi-annually for all levels of management. DME will also participate in any drills or exercises conducted by ERCOT for compliance to state and federal regulation and preparedness.

1. Summer Readiness Tabletop conducted in early spring
  - a) Summer weather forecast
  - b) Expected loading (local and regional)
  - c) Areas of system concern
  - d) Review of Emergency Plan
  - e) Tabletop exercise with a summer or spring theme
    - i. Safety (employee and citizen)
    - ii. Personnel (availability, staggering, training, PPE)
    - iii. Materials (availability, staggering)
    - iv. Equipment (availability, staggering)
    - v. Process (initiation, response, continuity)
    - vi. Finance (burn rate, allocation, total cost)

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- f) Lesson learned and identify areas of concerns
- 2. Winter Readiness Tabletop conducted in early fall
  - a) Winter weather forecast
  - b) Expected loading (local and regional)
  - c) Areas of system concern
  - d) Review of Emergency Plan
  - e) Tabletop exercise with a winter theme
    - i. Safety (employee and citizen)
    - ii. Personnel (availability, staggering, training, PPE)
    - iii. Materials (availability, staggering)
    - iv. Equipment (availability, staggering)
    - v. Process (initiation, response, continuity)
    - vi. Finance (burn rate, allocation, total cost)
  - f) Lessons learned and identify areas of concerns

### **VI. Pre-Emergency Operations**

It is necessary to prepare staff, equipment, and materials for impending emergencies. Prior to the start of an emergency DME will take the following steps to prepare when possible

- 1. Call Executive Team meeting to discuss
  - a) Weather Forecast
  - b) Expected system damage and locations
  - c) Emergency staffing
  - d) Resource availability
    - i. Materials
    - ii. Equipment
    - iii. Chemicals
    - iv. Fuel
    - v. Staffing
  - e) What, if any emergency plans to initiate
  - f) Order the review of applicable emergency plans
- 2. Emergency Staffing (in addition to EOP staffing)
  - a) DME will gather volunteers to be first responders beyond the normal on-call staff, number of volunteers will depend on the expected severity of the emergency
    - i. Provide the list to System Operations
  - b) DME may stage personnel on the DME campus, at a City facility or in hotels pre-identified by the City (See City Policy Emergency Lodging 110.04)
  - c) **DME will notify all DME personnel to be prepared for a “call back to work” instruction**
- 3. Staggering Equipment
  - a) DME will take necessary steps to ensure DME equipment is ready to respond to emergencies
    - i. Pending frozen precipitation: move bucket trucks and necessary equipment into covered parking

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- ii. Pending freezing temperatures: add diesel additive to fuel tanks as appropriate
- 4. Staging Materials and Chemicals (see attachment II)
  - a) DME may stage extra materials at the pole yard, 511 Mayhill, DEC, or Brinker substation
  - b) DME will stock trucks and have extra material on hand for quick response units

### VII. Disaster Initiation and Return to Business Continuity

DME identifies weather-related hazards by analyzing weather forecast and predict location and severity of possible electrical system outages. Prior to a forecasted weather event that may require the initiation of the Disaster Recovery plan, the System Operations Division Manager will call an Executive Team meeting. The meeting agenda will include weather forecast, expected outage locations, and expected system damage. The DRTL will decide to what extent the Disaster Recovery Plan will be initiated. For un-forecasted events the System Operator on duty will notify the System Operations Division Manager of unexpected system damage that requires above normal resource response. The System Operations Division Manager will contact the Operations Executive Manager to provide a situation report and make recommendations to initiate emergency plans. The Operations Executive Manager will call the DISASTER RECOVERY TEAM LEADER (DRTL) as soon as possible to relay the recommendation, give a situation report and receive direction. The DRTL will determine to what extent the Disaster Recovery Plan will be initiated. The DRTL will then call the DISASTER RECOVERY TEAM (DRT) members as needed to respond to the disaster. **DRTL will immediately notify City Manager's Office of the need to implement the Disaster Recovery Plan.** The team will meet at one of the following locations: The names and contact information is listed in Section IV. Team Members

Redacted

DRT will implement the following steps to maintain order during and after a disaster:

1. Start the system and resource evaluation
2. Assess the availability of staff (see section IX. Business Continuity Plan by Division)
3. Acknowledge staff personal concerns (damages at home or family issues)
4. Ensure the safety of the citizens.
5. **Ensure the safety of DME's personnel and equipment**
6. **Communicate with City of Denton's Emergency Operation Center, and City Manager's Office via General Manager or designee**
7. Ensure proper procedures are followed and maintained throughout
8. Evaluate information of system condition

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9. Map out action plan
10. Start restoring power to critical loads
11. Coordinate with other City departments and neighboring entities

### Return to Business Continuity

The DRTL will determine when to return to normal operations depending on the situation, and considering the following:

1. Number of outages
2. Damage to the system
3. Expected recovery times
4. Employee availability

DRTL will notify the City **Manager's** Office and Emergency Operations Center of the return to normal operations

## VIII. Primary and Backup Control Room Status TDSP and EMO

1. **Verify status of buildings at both locations and determine best location to operate from.** (Use Control Center Check list attached to Backup Control Center Process to verify control room status)
2. **Communication** (Use the Backup Control Room process to relocate to the backup site if needed)



## IX. Event Level

1. **Level 1- Small Impact Event** (Normal Operations): System activity is normal with response coordinated with local on-call personnel. Disaster Recovery Plan is not activated
2. **Level 2- Moderate Impact Event** (Heightened Alert/Activity): The severity within the service territory is such that restoration efforts are generally accomplished with

## **DME 2022 Disaster Recovery Plan**

departmental resources within a 12 to 36-hour period. Contractors may need to assist. Disaster Recovery Plan may not be activated

3. **Level 3- Serious Event** (Enhanced support): The severity within the service territory is such that restoration efforts are accomplished with departmental resources within a 24 to 48-hour period. Contractors may need to assist as well as another mutual aid utility. Disaster Recovery Plan should be activated.
4. **Level 4- Major Impact Event** (Comprehensive Support): The severity within the service territory is such that restoration efforts are generally accomplished with assistance from other regions within a 36 to 72-hour period. Mutual aid assistance from other utilities and contractors will be needed. Disaster Recovery Plan will be activated.
5. **Level 5- Catastrophic Event** (Emergency Support): The severity within the service territory is such that restoration efforts are generally accomplished with assistance from other regions, contractors, and mutual aid utilities in excess of 72 hours. Contractors and mutual aid utilities will be required as well as other support personnel as dictated by the restoration effort. Disaster Recovery Plan will be activated.

### **X. System Status**

1. Number of outages
2. Current and forecasted weather conditions
3. Damage assessments
4. Restoration Priorities
5. Forecasted resource requirements
6. Regional system capacity and reserves, local system capacity
7. Communication status

### **XI. Transmission and Substations Evaluation**

**Redacted**

### **XII. Distribution System Evaluation**

The first responding operation personnel should start evaluating the distribution system. DERT will assign additional personnel to evaluate the entire system in a systematic

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fashion using Meter and Engineering staff lead by the Distribution Engineering Supervisor (Doug Breon)

1. Report all findings to the DRT
2. Use the Evaluation Sheets Exhibit 2 and 3
3. Alert Construction Manager
4. Alert Operation and Maintenance Manager
5. Alert Engineering Manager

### **XIII. Other Emergency Plans**

The Disaster Recovery Plan does not overrule or supersede any of the following plans or any other DME process or procedure

1. Black Start Plan
2. Load Shed Plan
3. Emergency Operations Plan
4. Backup Control Room Plan

### **XIV. Specific Contingencies**

Redacted

2. **Loss of multiple Transmission poles**
  - a. Use of (CONTRACTOR) and oversight provided by Substations personnel
3. **Loss of multiple distribution poles**
  - a. Use of (CONTRACTOR) and oversight provided by Construction Department
4. **Loss of DME Campus**
  - a. Utilize Denton Energy Center Guard Shack and offices for work areas and use rock base area for equipment staging and materials storage
  - b. See City of Denton Business Continuity Plan

### **XV. Staging areas**

1. **Denton Energy Center**
  - a. Has both office space and equipment yards
2. **Cooper Creek Substation**
  - a. Equipment yard
3. **Brinker Substation**
  - a. Equipment Yard

### **XVI. Emergency Generators**

Redacted

**Redacted**

**XVII. 800MHz RADIO SYSTEM**

**Redacted**

**3. Denton County EOC Radio Site**



Redacted

4. **County Radio Site (Core)**

Redacted

5. **National connectivity**

Redacted

**XVIII. Ensure the Safety of DME personnel and customers**

The DRT members shall stress safety first above all else during the restoration process. The APPA safety manual shall be used as a reference guide and template for safety practices. DRT will appoint additional safety coordinators to assist the Safety and Training staff if needed to help with periodic safety checks of the crews working and to evaluate customer safety situations.

1. Report all safety violations to the Safety Manger
2. Safety will be responsible for safety of employees and customers
3. Report all potential customer safety situations to the Safety Manager
4. Alert Safety and Training Staff and supervisors
5. Alert Public Information Section Chief and Public Information Office staff for help with public notices about safety or hazards associated with the damage and for system improvements updates.

**XIX. Communication of Information and Coordination**

1. **Public Information Section Chief** will coordinate communications with the following:
  - a. City Management
  - b. Public Information office
  - c. Public Utility Commission
  - d. Social Media

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- e. DME staff progress reports
- 2. Affected Electric Customers
  - a. Use of the DME Outage Communication Plan and the City of Denton Communications Plan
- 3. **Working with the Emergency Operations Center will help with public involvement and provide much needed resources.**
  - a. Establish communications with the EOC

Redacted

- ii. EOC:940-349-8899
- iii. Police and Fire contact numbers

Denton Police Department  
940-349-8181

Highway Patrol  
940-484-6661

University of North Texas Police  
940-565-3000

Texas Women's University Police  
940-898-2911

Denton County Sheriff Department  
940-349-1601

Denton Fire Department  
940-349-8110

### **XX. Ensure proper procedures are followed and maintained**

The DRT will provide guidance and direction to field personnel, neighboring entities, and emergency departments.

- 1. Ask for assistance from other utilities
  - a. Fill out Mutual Aid Agreement (Attachment 1)
- 2. Ask Denton PD for security if needed
- 3. Stress Safety
- 4. Appoint DRT member to be responsible for compliance to regulatory, safety, departmental, and City of Denton policy.
- 5. Review this document bi-annually

### **XXI. Evaluate system condition and create action plan**

Prioritize information from field crews and determine a plan of action to restore power to critical loads, UFLS breakers, and then restore all loads.

- 1. DRT will assign evaluation tasks to DME personnel as necessary and execute the assessment using a systematic approach
- 2. Field evaluations will be reported to the DRT which will combine and associate damaged areas as necessary
- 3. DRT will assess the damage reports and assign priority based on critical needs of the electric system

## **DME 2022 Disaster Recovery Plan**

- a. Use the Load Shed plan to determine critical load feeders and UFLS breakers.
- b. Use the DME Black Start Plan in conjunction with the ERCOT Black Start Plan to restore power if needed.
- c. Obtain a Residential Life Support list from Customer Service
- d. Engineering and System Operations will advise the DRT about priority restoration.
- e. DRT will create action plan and direct restoration efforts accordingly

### **XXII. Resources and vendor list**

Below is a list of resources and vendors that may be useful during this time.

#### **1. Contacts for crane services**

##### **CRANE SERVICES:**

Redacted

#### **2. Utility supply contractors**

Redacted

Redacted

3. MISC contact DME works with

Redacted

Redacted

4. Rental Equipment

Redacted

5. Catering

DENTON

LEWISVILLE

Redacted

Redacted

6. Fuel Tank Rentals

Redacted

7. Hospitals

Redacted

Redacted

8. Laundry services

Redacted

9. Portable Toilet

Redacted

Redacted

10. Security Officers

Redacted

11. Tents

Redacted



# DME 2022 Disaster Recovery Plan

## XXIII. Exhibit 1

### **Substation and Transmission Evaluation Sheet**

|                |              |         |  |
|----------------|--------------|---------|--|
| Evaluator:     |              |         |  |
| Truck Number:  |              |         |  |
| Radio Channel: |              |         |  |
| Substation:    |              |         |  |
| Date:          |              | Time:   |  |
| Building       |              | Outside |  |
|                | Roof         |         |  |
|                | Walls        |         |  |
|                | Doors        |         |  |
|                |              | Inside  |  |
|                | Ceiling      |         |  |
|                | Walls        |         |  |
|                | Floor        |         |  |
| Equipment      |              | Inside  |  |
|                | Batteries    |         |  |
|                | Changer      |         |  |
|                | RTU          |         |  |
|                | Switchgear   |         |  |
|                | Breakers     |         |  |
|                |              | Outside |  |
|                | Breakers     |         |  |
|                | Transformers |         |  |
|                | Steel        |         |  |
|                | Bus          |         |  |
|                | PT           |         |  |
|                | CCVT         |         |  |
| Fence          |              |         |  |
|                | Gates        |         |  |
|                | Walls        |         |  |

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Comments: \_\_\_\_\_

\_\_\_\_\_

### XXIV. Exhibit 2

#### Distribution System Evaluation Sheet

|  |                 |
|--|-----------------|
| Evaluator:   |                 |
| Truck Number:  |                 |
| Radio Channel:   |                 |
| Feeder:  |                 |
| Date:  | Time:           |
| Note: Count the number of items and multiply by the hour multiplier. |                 |
| Main Line  |                 |
| <i>Poles</i>   |                 |
| Inline   | =() X2= Hours   |
| Dead-end   | =() X3= Hours   |
| Double Dead-end  | =() X3.5= Hours |
| Angle  | =() X2= Hours   |
| <i>Transformers</i>  |                 |
| Single Phase (S) Three Phase (T)                                     |                 |
| (S) 120/240  | =() X1= Hours   |
| (S) 240/480  | =() X1= Hours   |
| (T) 120/240 Open Delta   | =() X2= Hours   |
| (T) 120/240 Close Delta  | =() X2= Hours   |
| (T) 120/208 Wye  | =() X2= Hours   |
| (T) 277/480 Wye  | =() X2= Hours   |
| (T) 240/480 Open Delta   | =() X2= Hours   |
| (T) 240/480 Close Delta  | =() X2= Hours   |
|  | Hours           |
| <i>Capacitors</i>  |                 |
| 600 kVAR   | =() X2= Hours   |
| 900 kVAR   | =() X2= Hours   |
| 1200 kVAR  | =() X2= Hours   |
| Anchors  | =() X1.5= Hours |

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|  |                                       |        |
|--|---------------------------------------|--------|
|  | Total Number of Hours from all items. | Hours. |
|--|---------------------------------------|--------|

### XXV. Exhibit 3

#### Distribution Materials Sheet

| Transformers    | Overhead (O) Pad mount (P) Single Phase (S) Three Phase (T) |
|-----------------|---|
| (O)(S) 15KVA    | Note: Number of Units; Ex: Open Delta Means 2 Units.        |
| (O)(S) 25KVA    |   |
| (O)(S) 37.5KVA  |   |
| (O)(S) 50KVA    |   |
| (O)(S) 75KVA    |   |
| (O)(S) 100KVA   |   |
| (O)(S) 167KVA   |   |
| (O)(S) 333KVA   |   |
| (P)(S) 25KVA    |   |
| (P)(S) 50KVA    |   |
| (P)(S) 75KVA    |   |
| (P)(S) 100KVA   |   |
| (P)(S) 167KVA   |   |
| (P)(T) 75KVA    |   |
| (P)(T) 112.5KVA |   |
| (P)(T) 150KVA   |   |
| (P)(T) 225KVA   |   |
| (P)(T) 300KVA   |   |
| (P)(T) 500KVA   |   |
| (P)(T) 750KVA   |   |
| (P)(T) 1000 kVA |   |
| (P)(T) 1500 kVA |   |
| (P)(T) 2000 kVA |   |
| (P)(T) 2500 kVA |   |
| Poles Wood      |   |
| 35'             |   |
| 40'             |   |
| 45'             |   |

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|                           |  |
|---------------------------|--|
| <b>50'</b>                |  |
| <b>55'</b>                |  |
| <b>60'</b>                |  |
| <b>65'</b>                |  |
| <b>75'</b>                |  |
| <b>85'</b>                |  |
| <b>Other</b>              |  |
| <b>Poles Fiberglass</b>   |  |
| <b>35'</b>                |  |
| <b>40'</b>                |  |
| <b>Poles Alum.</b>        |  |
| <b>35'</b>                |  |
| <b>40'</b>                |  |
| <b>Poles Steel</b>        |  |
| <b>40'</b>                |  |
| <b>45'</b>                |  |
| <b>50'</b>                |  |
| <b>55'</b>                |  |
| <b>Crossarms</b>          |  |
| <b>Hughes Arm</b>         |  |
| <b>8' Wood</b>            |  |
| <b>10' Wood</b>           |  |
| <b>4' Fiberglass DE</b>   |  |
| <b>FG Steer horn</b>      |  |
| <b>Ridge Pin</b>          |  |
| <b>Streetlights</b>       |  |
| <b>24" Arm</b>            |  |
| <b>8' Arm</b>             |  |
| <b>16' Arm</b>            |  |
| <b>100 HPS</b>            |  |
| <b>250 HPS</b>            |  |
| <b>400 HPS</b>            |  |
| <b>250 MH</b>             |  |
| <b>400 MH</b>             |  |
| <b>Bells Distribution</b> |  |
| <b>Bells Transmission</b> |  |
| <b>Other Items</b>        |  |

## DME 2022 Disaster Recovery Plan

|  |
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|  |
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|  |

### XXVI. Attachment 1

#### NATIONALLY ACCEPTED APPA/NRECA MUTUAL AID AGREEMENT FORM

In consideration of the mutual commitments given herein, each of the Signatories to this Mutual Aid Agreement agrees to render aid to any of the other Signatories as follows:

- 1.) Request for aid. The Requesting Signatory agrees to make its request in writing to the Aiding Signatory within a reasonable time after aid is needed and with reasonable specificity. The Requesting Signatory agrees to compensate the Aiding Signatory as specified in this Agreement and in other agreements that may be in effect between the Requesting and Aiding Signatories.
- 2.) Discretionary rendering of aid. Rendering of aid is entirely at the discretion of the Aiding Signatory. The agreement to render aid is expressly not contingent upon a declaration of a major disaster or emergency by the federal government or upon receiving federal funds.
- 3.) Invoice to the Requesting Signatory. Within 90 days of the return to the home work station of all labor and equipment of the Aiding Signatory, the Aiding Signatory shall submit to the Requesting Signatory an invoice of all charges related to the aid provided pursuant to this Agreement. The invoice shall contain only charges related to the aid provided pursuant to this Agreement.
- 4.) Charges to the Requesting Signatory. Charges to the Requesting Signatory from the Aiding Signatory shall be as follows:
  - a.) Labor force. Charges for labor force shall be in accordance with the Aiding Signatory's standard practices.
  - b.) Equipment. Charges for equipment, such as bucket trucks, digger derricks, and other special equipment used by the Aiding Signatory, shall be at the reasonable and customary rates for such equipment in the Aiding Signatory's location.

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- c.) Transportation. The Aiding Signatory shall transport needed personnel and equipment by reasonable and customary means and shall charge reasonable and customary rates for such transportation.
- d.) Meals, lodging and other related expenses. Charges for meals, lodging and other expenses related to the provision of aid pursuant to this Agreement shall be the reasonable and actual costs incurred by the Aiding Signatory.
- 5.) Counterparts. The Signatories may execute this Mutual Aid Agreement in one or more counterparts, with each counterpart being deemed an original Agreement, but with all counterparts being considered one Agreement.
- 6.) Execution. Each party hereto has read, agreed to, and executed this Mutual Aid Agreement on the date indicated.

Date

---

Entity

\_\_\_\_\_  
(name/  
state)

Signed By \_\_\_\_\_ (please type name and then include  
original signature)

Title

---

### XXVII. Pre-Identified Material and Chemical Staging List

#### Materials:

Crossarms  
Various primary and secondary connectors  
Insulators  
Ground wire  
Various hardware (nuts and bolts)  
Pad locks  
Various fuses  
Lightning Arrestors  
#2 triplex on the trucks and 2/0,4/0 rolls in staging area  
100- and 200-amp cutouts  
Tie wire  
#2, 2/0, and 4/0 service tries  
Chainsaw chains

## **DME 2022 Disaster Recovery Plan**

Check pole and transformer inventory

### Chemicals:

Diesel additive

Diesel Fuel

Gasoline

De-icer

SF6 gas

Pole foam

Pre-mix 50:1 small engine fuel

## DME 2022 Disaster Recovery Plan

*The change history below reflects changes to the Manual or its structure.*

| Version | Description of Change    | Date     |
|---------|--------------------------|----------|
| V 01.00 | Initial version          | 1/1/2020 |
| V 02.00 | Updated version          | 1/1/2021 |
| V 03.00 | Included PUCT Rule 25.53 | 4/18/22  |
|         |                          |          |
|         |                          |          |
|         |                          |          |

### Review Log:

*This document shall be reviewed no greater than every 15 calendar months or as needed.*

| Reviewed and Approved By | Title                                 | Date     |
|--------------------------|---------------------------------------|----------|
| Jerry Looper             | System Operations<br>Division Manager | 1/1/2020 |
| Jerry Looper             | System Operations<br>Division Manager | 1/1/2021 |
| Jerry Looper             | System Operations<br>Division Manager | 4/18/22  |
|                          |                                       |          |
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|   |   |  |
|---|---|--|
|  | DME RELIABILITY PROCEDURES MANUAL                         |  |
|   | Outage Communication Plan<br>Effective Date: January 2022 | Version Number 01.01<br>Version Date: March 2022 |

## 1. Purpose

- 1.1. Purpose of the DME Outage Communication Plan - The Outage Communication Plan is used to communicate outage information from System Operators to Department Management, Executive Management, Public Relations, and any other DME personnel that may require this information. The plan also includes the procedure to provide outage information to the PUCT when certain criteria are met.

## 2. Criteria

- 2.1. Number of Customers Out – DME Communication notifications are based on the size of the outage (the number of customers without power) and/or the customers involved in the outage (critical loads, etc.). Listed below are the guidelines for execution of the DME Outage Communication Plan. Steps in this process may be adapted if they create a safety hazard to people or property.

- 2.1.1. DME Guidelines – The following guidelines will be used by DME System Operators to determine when escalations in communication should occur.

- 2.1.1.1. Under 25 Customers - The System Operator will confirm the Outage on the OMS System. The System Operator will notify the Utility Dispatcher. The Utility Dispatcher will send a notification on the Text Power App. A call to the Supervisor is not necessary at this point.
- 2.1.1.2. 25 to 50 Customers - The System Operator will confirm the Outage on the OMS System. The System Operator will notify the Utility Dispatcher. The Utility Dispatcher will send a notification on the Text Power and Twitter Apps. A call to the Supervisor is not necessary at this point.
- 2.1.1.3. 50 to 100 Customers - The System Operator will confirm the Outage on the OMS System. The System Operator will notify the Utility Dispatcher. The Utility Dispatcher will send a notification on the Text Power and Twitter Apps. The immediate Supervisor will be notified within 10 minutes.
- 2.1.1.4. > 100 Customers - The System Operator will confirm the Outage on the OMS System. The System Operator will notify the Utility Dispatcher. The Utility Dispatcher will send a notification on the Text Power and Twitter Apps. The immediate Supervisor will be notified within 10 minutes. The System Operations Manager will be notified within 15 minutes.
- 2.1.1.5. Discretionary - Any outage affecting any number of customers that is determined by the System Operator to be serious enough to warrant communication to management may be reported. The System Operator will

confirm the Outage on the OMS System. The System Operator will notify the Utility Dispatcher who will send a notification on the Text Power and Twitter Apps, as necessary. The immediate Supervisor will be notified within 10 minutes. The System Operations Manager will be notified as necessary.

2.1.2. PUCT Guidelines - Follow the PUCT approved criteria and definitions in Attachment C. If any outage satisfies criteria stated by PUCT Guidelines, then it will be reported. The System Operator will confirm the Outage on the OMS System. The System Operator will notify the Utility Dispatcher. The immediate Supervisor will be notified within 10 minutes. The System Operations Manager will be notified as necessary. The PUCT will be notified as necessary by System Operations Supervisory Staff.

2.2. Critical Loads – [REDACTED]

[REDACTED]

[REDACTED]

2.2.2. PUCT - PUC Subst. R 25.52 – Electric Substantive Rules - Chapter 25 - 25.52 - Reliability and Continuity of Service (texas.gov)

2.3. Required Information - When outages are reported, the following information will be provided by the System Operator in all communications. Additional information may be included as necessary.

[REDACTED]

[REDACTED]

[REDACTED]

2.4. Contact Information – Redacted

[Redacted]

[Redacted]

[Redacted] [Redacted]

[Redacted]

[Redacted] [Redacted]

[Redacted]

[Redacted]

2.4.3. PUCT - The PUCT email used to report outages or major events based on guidelines listed in the PUCT Electric Substantive Rules 25.52 ([Electric Substantive Rules - Chapter 25 - 25.52 - Reliability and Continuity of Service \(texas.gov\)](#)) is [outages@puc.texas.gov](mailto:outages@puc.texas.gov)

### 3. Procedure

3.1. Initial Outage Notification – All outages will be analyzed as soon as possible by the System Operator. Once the System Operator determines that the outage is valid, the Outage Communication Plan is implemented in parallel with the management of the Outage. The criteria for Initial Outage Notifications are located in section 2.3.1 of this document.

Redacted [Redacted]

[Redacted] [Redacted]

[Redacted]

[Redacted] [Redacted]

[Redacted]


[Redacted] [Redacted]

[Redacted]

3.2. Update Notification – When updates are provided to the System Operator by Field Personnel, or other personnel involved, the System Operator has the option to communicate those options to all parties involved. The criteria for Updates are located in section 2.3.2 of this document.

Redacted [Redacted]

[Redacted] [Redacted]

|   |   |  |
|---|---|--|
|  | DME RELIABILITY PROCEDURES MANUAL                         |  |
|   | Outage Communication Plan<br>Effective Date: January 2022 | Version Number 01.01<br>Version Date: March 2022 |

- 3.3. Final Notification – When power is restored, and the Field Crews have completed all work, they will report all necessary information to the System Operator. This information will be verified as correct and accurate. The criteria for Final Notifications are located in section 2.3.3 of this document.

Redacted [REDACTED]

[REDACTED]

[REDACTED]

- 3.4. PUCT Notification – If at any point during this process any of the PUCT criteria are met, a member of the System Operations Supervisory Staff will send an email to the PUCT contact email address (Section 2.4.3 of this document). The email will state which PUCT criteria is met, and the necessary details related to the affected area. The DME-Outage Notification Group will be Cc on this email as well.

#### 4. **Major Events**

- 4.1. Strategy – Major Events are interruptions that result from a catastrophic event that exceeds the design limits of the electric power system, such as an earthquake or an extreme storm. These events can affect the entire ERCOT grid or smaller portions of it. A Major Event may not directly damage the DME system, but DME may still need to take steps to respond to a Major Event. These actions include, but are not limited to, Load Shedding, Blackstart Restoration, etc. Major Events may cause or be the result of emergency situations.

4.1.1. Communicating with the Public – DME System Operations staff will notify the DME Business Services department so that they can post messages on the DME social media platforms. When time permits, messages may be shared using the IVR and TextPower applications.

4.1.2. Communicating with the Media – The DME Business Services department will share information with the City of Denton Public Information Office (PIO). The PIO will release statements to the media.

4.1.3. Communicating with Customers – DME System Operations staff will notify the DME Business Services department so that they can post messages on the DME social media platforms. When time permits, messages may be shared using the IVR and TextPower applications.

|   |   |  |
|---|---|--|
|  | DME RELIABILITY PROCEDURES MANUAL                         |  |
|   | Outage Communication Plan<br>Effective Date: January 2022 | Version Number 01.01<br>Version Date: March 2022 |

4.1.4. Communicating with Local and State Governmental Entities, Officials, and Emergency Operations Centers – DME staff will participate in TDEM and Denton County scheduled meetings, as directed.

4.1.5. Communication with the Reliability Coordinator – DME System Operators will be in regular communication with ERCOT using any available communication system appropriate for the situation. This is outlined in the DME Data and Voice Communications Process and the DME Emergency Operations Plan.

4.2. Plan Changes During Emergency Situations – During an emergency situation, or a Major Event, a large volume of outages may require changes to this plan to better accommodate effective communications. Any Criteria from Section 2 of this plan may be removed or adapted in an emergency situation, or a Major Event. Any Procedure steps in Section 3 of this plan may be removed or adapted in an emergency situation, or a Major Event. Updated outage information will be communicated as necessary to relevant personnel in an emergency situation, or a Major Event.

4.3. Scheduled Updates – During an extended emergency situation, or Major Event, a conference call will be scheduled and executed at least twice a day. This call will relay information about the local impact of the emergency, the regional impact of the emergency, expected recovery times, and any other relevant information related to the emergency situation, or a Major Event. The audience of this call may include representatives for DME Executive Management, representatives for critical and key account customers, representatives from other affected City of Denton departments, or any other invited parties that would benefit from the information.

## 5. Update Plan


5.1. When to Update - The DME Outage Communication plan will be updated annually, or as required, due to any changes to the information, guidelines, or criteria included in the plan.

5.1.1. Check emergency contact information for DME on PUCT website annually. Electric Substantive Rules - Chapter 25 - 25.52 - Reliability and Electric Substantive Rules - Chapter 25 - 25.52 - Reliability and Continuity of Service (texas.gov)Continuity of Service (texas.gov).  
Update as necessary. The required Project code to make changes is 26840.

5.1.2. Update Critical Load Information annually or as necessary.

5.1.3. Update Distribution Feeder Information annually or as necessary.

5.1.4. Update Links to PUC Subst. R 25.52 annually or as necessary.

|   |   |  |
|---|---|--|
|  | DME RELIABILITY PROCEDURES MANUAL                         |  |
|   | Outage Communication Plan<br>Effective Date: January 2022 | Version Number 01.01<br>Version Date: March 2022 |

**Prepared by:**

|               |           |
|---------------|-----------|
| Jonathan Love | 7/13/2020 |
|---------------|-----------|

**Change History:**

*The change history below reflects changes to the Manual or its structure.*

| Version | Description of Change                           | Date       |
|---------|---|------------|
| V 01.00 | Initial version                                 | 7/13/2020  |
| V 01.01 | Removed Attachments; Added Emergency Situations | 12/14/2021 |
| V 01.02 | Updates related to PUC rules                    | 3/29/2022  |
|         |   |            |
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**Review Log:**

*This document shall be reviewed once each calendar year.*

| Reviewed By | Title | Date |
|-------------|-------|------|
|             |       |      |
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|             |       |      |
|             |       |      |
|             |       |      |



*Energizing tomorrow's community today!*

# ***2022 Load Shed Plan***

***Effective Date:3/8/2022***

***Version 3.1***

***Divisions of Electric***

***Operations, Substations, System Operations, Construction, &  
Engineering***



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Attachment J - Document Control

## **I. Introduction**

In the event of a major system disturbance of the electrical system within ERCOT, it is necessary to have procedures in place to cope with events and restore the system to a normal state as quickly as possible. This plan is designed to provide guidance and reference material should there be a need for Emergency Load Shed.

## **II. Purpose**

The purpose of this plan is to provide a detailed list of feeders and directions for shedding load if ERCOT issues a load shed directive to Denton Municipal Electric or load shed is necessary to maintain a reliable bulk electric system. Once a directive has been received or decision has been made to shed load, the procedures of this plan should be followed to the extent possible. Each event poses different problems and will warrant different responses. This is a general guide for coping with load shed and System Operators may need to deviate from these procedures to produce the desired results. System Operators have the authority and responsibility to implement these approved procedures and to deviate from these procedures if necessary, without approval.

## **III. Strategies**

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**Attachment A - ERCOT Load Shed Table**

Redacted

**Attachment B – Emergency Load Shedding Feeders (Next Page)**

# Redacted

**Attachment C - Automatic Under-Frequency Load Shed (UFLS) Feeders**

# Redacted



# Redacted

The Critical Load Customers are defined by the PUCT- Chapter 25 as:

**Critical Load Public Safety Customer** – A customer for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

**Critical Load Industrial Customer** – An industrial customer for whom an interruption or suspension of electrical service will create a dangerous or life-threatening condition on the retail customer’s premises, is a “critical load industrial customer.” (DME does not recognize any Critical Load Industrial Customers in its service area at this time)

# Redacted



Redacted

Distribution Feeder Information

# Redacted

# Redacted

# Redacted

# Redacted



**Attachment F- DME Critical Load Information (Next 4 Pages)**

# Redacted



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# Redacted





**Attachment G – Distribution loads and Feeder Summary**

Redacted

**Attachment H – Distribution Load Shed Spreadsheet**

# Redacted



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# Redacted

**Attachment I – City of Denton (DME) Contacts**

City of Denton (DME) Contacts:

|            |            |
|------------|------------|
| Redacted   | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |

## Attachment J – Document Control

### Document Control

#### Prepared by:

|   |          |
|---|----------|
| Jerry Looper, System Operations Manager | Dec 2018 |
|---|----------|

#### Change History:

*The change history below reflects changes to the Manual or its structure.*

| Version | Description of Change   | Date      |
|---------|---|-----------|
| V 01.00 | Initial version   | 8/10/2012 |
| V 01.01 | Replaced load shed table with 2013 (No change)  | 9/2/2013  |
| V01.02  | Replaced load shed table with 2014 and added new or changed feeders   | 12/2/14   |
| V01-03  | Replaced load shed table with 2015 and added new and changes feeders.   | 12/10/15  |
| V01-04  | Replaced load shed table with 2016 and added new and changes feeders.   | 1/13/17   |
| V01-05  | Replaced load shed table with 2016and added new and changes feeders.  | 11/16/17  |
| V01-06  | Replaced load shed table with 2108 and added new and changes feeders.   | 12/5/18   |
| V01-07  | Replaced load shed table with 2109 and added new and changes feeders.   |           |
| V02     | Added Denton North T2 feeders from permanent map configuration changes and added Critical Loads (Water Production and Carriage House) | 3/4/2021  |
| V02.1   | Added Critical Load – Lake Dallas Natural Gas Storage and Compression facility  | 4/28/2021 |
| V02.2   | Changed Load Shed Obligation for ERCOT Load Shed Table – Addition of City of Lubbock on 6/1/21  | 5/18/2021 |
| V02.3   | Added Critical Load – City of Denton Animal Shelter   | 7/23/2021 |
| V02.4   | Added Critical Loads – Brookdale Denton South Assisted Living and DaVita Renal Center of North Denton                                 | 8/19/2021 |
| V02.5   | Added Critical Load – City of Denton Homeless Shelter   | 9/24/2021 |
| V03     | Complete rebuild of Load Shed Plan for 2022   | 1/1/2022  |
| V03.1   | Multiple changes to Load Shed Categories as well as critical loads  | 3/8/2022  |



**Review Log:**

*This document shall be reviewed each calendar year.*

| <b>Reviewed By</b> | <b>Title</b>                     | <b>Date</b>    |
|--------------------|----------------------------------|----------------|
| Galen Gillum       | Compliance Manager               | August 2012    |
| Jerry Looper       | System Operations Superintendent | January 2013   |
| Jerry Looper       | System Operations Superintendent | September 2013 |
| Jerry Looper       | System Operations Superintendent | December 2014  |
| Jerry Looper       | System Operations Superintendent | December 2015  |
| Jerry Looper       | System Operations Superintendent | January 2017   |
| Jerry Looper       | System Operations Superintendent | November 2017  |
| Jerry Looper       | System Operations Superintendent | December 2018  |
| Cameron Zahn       | Outage Coordinator               | January 2020   |
| Cameron Zahn       | Outage Coordinator               | January 2021   |
| Cameron Zahn       | Outage Coordinator               | January 2022   |

# Denton Municipal Electric

## PANDEMIC PREPAREDNESS PLAN

Feb 14, 2022

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9. Communications and Media Relations
10. Maintenance of Plan
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## **I. Executive Summary**

In the event of a local or widespread pandemic preparation is imperative to lessen the impact on our operations and the delivery of electric service to our customers. DME has created this Pandemic Preparedness Plan to promote an effective response throughout the event.

The guidelines outlined in this document are not exhaustive but are intended to provide a high-level overview of our response measures. We will continue to develop processes that are necessary to improve our position before, during and after an event.

The plan provides strategic direction for DME; it does not attempt to catalogue or assign all responsibilities. In case of a pandemic, it is most likely that there will not be sufficient personnel to respond to the event for a sustained period of time. It is incumbent upon DME managers, supervisors and employees to continue the delivery of electric service to our customers during a pandemic event.

## **II. Introduction and Background**

The intent of the plan is to describe a framework for DME to respond to a pandemic event by mitigating the impact to the local economy and social disruption to our customers through the delivery of electric service. This plan is intended to work in concert with other local, state and federal plans that will be implemented during a pandemic to guide various aspects of the response. Overall direction and control will reside with the DME General Manager with coordination and management expertise of Group Managers, Division Managers and supervisors.

The plan outlines the roles and responsibilities required to continue essential business functions required in the delivery of electric service. It communicates the assumptions used for deployment, planning activities required for a response and appropriate measures that will be taken during an event. This plan will be shared, read and understood prior to an event by those individuals within DME who may be involved in the response to a pandemic.

### **III. Objectives of the Plan**

1. Establish comprehensive and credible preparedness and response measures that are exercised on a regular basis.
2. Outline key assumptions for planning and response measures.
3. Coordinate and integrate preparedness and response planning efforts with local, state and federal preparedness plans and systems.
4. Educate employees about a possible pandemic and its possible impacts on DME's business operations.
5. Implement reasonable measures to mitigate the impact of a pandemic on DME and its employees.
6. Develop plans and policies for responding to a pandemic.
7. Promote employee wellness and minimize opportunities for employees to be exposed to the disease while at work.
8. Identify key spokesperson and ensure open communications.
9. Minimize electric service delivery disruptions and subsequent economic loss and societal impact to our customers.

#### **IV. Stages of a Pandemic**

The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the stages of a pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic. The phases are:

##### ***Interpandemic period***

**Phase 1:** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

**Phase 2:** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

##### ***Pandemic alert period***

**Phase 3:** Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.

**Phase 4:** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

**Phase 5:** Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

##### ***Pandemic period***

**Phase 6:** Pandemic: increased and sustained transmission in general population.

##### ***Notes***

The distinction between phases 1 and 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.

The distinction among phases 3, 4, and 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may

include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.

*Adapted from information provided by the Centers for Disease Control*



## **V. Planning Expectations**

The following pandemic planning assumptions are taken from the **Electricity Sector Influenza Pandemic Planning, Preparation and Response Reference Guide**, developed by the North American Electric Reliability Council (NERC):

1. The timing of the outbreak of a pandemic is uncertain and depends on many factors.
2. Once human to human transmission begins, the disease will spread very rapidly around the world within three to eight weeks.
3. Attack rate for the general population is expected to be in the range of 25 percent and these people would be very ill for up to a week.
4. Absentee rates for employees may be in the range of 35 percent for the duration of the pandemic due to illness and other factors such as needing to take care of family members. The pandemic could last for 6 months. Absentee rates will not be uniform across an organization and will be caused by employee illness as well as family care issues, inability to get to work, etc.
5. Persons who contract the virus are not expected to contract it a second time due to a buildup of immunity. However, if the virus mutates, recurrences for the same individual would be possible.
6. Personnel will need to be managed differently to conduct essential business processes and to minimize the spread of the virus.
7. Not enough anti-viral medicines or vaccines will be available for the entire population. There may be none in the early stages and then limited quantities for select populations. Anti-viral medicines, such as Tamiflu, present a variety of difficult issues such as availability, effectiveness against specific virus strains and dosage levels for pre-infection prevention as compared to post-infection treatment.
8. A pandemic will strike in at least two waves, each lasting six to eight weeks. The first wave will peak in three to four weeks. The second wave will be three to six months after the first and will likely be stronger than the first. There may also be a third wave with characteristics similar to the second.
9. It will be important to provide accurate and timely information distribution to employees, labor organizations and government before and during the pandemic.
10. Interdependencies with other segments of the electricity sector

(Generators, transmission operators, distribution providers) and other critical infrastructures (Communications, nuclear, natural gas, petroleum, transportation, emergency services, etc) as well as contractors and suppliers will be severely tested during an influenza pandemic.

## Pandemic Phases

The five phases listed below are based on information developed by the World Health Organization (WHO). The phases do not align exactly with the WHO phases as the ones below have been adjusted for use in business continuity planning for the electricity sector. Pandemic response plans should be coordinated first with the appropriate local, state, provincial, and federal government agencies. In the absence of clear guidance, these five phases provide a useful planning framework.

| Phase                                | Consequences for Businesses  |
|--------------------------------------|--|
| <b>Phase 1</b><br>Pandemic Alert     | Governments, owners, and operators are notified a pandemic is possible and preparedness plans<br><br>Should be reviewed and updated.   |
| <b>Phase 2</b><br>Pre-Pandemic       | Localized outbreaks are occurring with human-to-human transmission. Governments and electricity sector entities begin to assign resources, prepare staffing, and implement contingency plans. Begin an information distribution program to promote appropriate responses by employees. |
| <b>Phase 3</b><br>Pandemic           | OutbreakGeneral outbreaks across borders and continents. Implement response plans.   |
| <b>Phase 4</b><br>Maximum Disruption | High absentee rates would occur (35 percent) and fatalities would begin to impact the workforce. This phase could last for several months.   |
| <b>Phase 5</b><br>Prolonged Recovery | Recovery will be slow and the underlying economy will weaken. Altered business conditions will be prevalent for large and small firms. This phase will last for at least three months and possibly up to six months.   |

## **VI. Levels of Response**

Given that the exact nature of the next pandemic cannot be determined in advance; this plan addresses the threat with three general levels of response: **Seasonal**, **Epidemic** and **Pandemic**. These levels are defined as follows:

### **Seasonal**

The normal winter-season outbreak of influenza, affecting 5-10% of the population. The strains of influenza seen during a normal season are generally the same as or similar to strains in previous seasons and there exists some pre-existing immunity to the virus. Flu shots also provide some level of protection, in that they provide a level of immunity to commonly-seen strains of the flu.

### **Epidemic**

A widespread outbreak of influenza, affecting 10-20% of the population. Like the seasonal flu, the strains of influenza seen in an epidemic are those previously seen in humans. An epidemic occurs when a group of people with little or no immunity to the strain(s) of influenza common during the season are exposed and become ill. Often seen in schools, where children, by virtue of young age, have no immunity to a common strain of flu. The rapid spread through any segments of the population can raise the risk for other segments (e.g. if a majority of children in a school come down with a particular strain of flu, then a large number of households are exposed to the flu, increasing its impact on adults).

### **Pandemic**

A worldwide outbreak of influenza, affecting +20% of the population. As defined above, a pandemic occurs when a strain of influenza, previously unknown in humans, develops the ability to infect humans and spread from person to person.

Recommended actions are given for each level of flu outbreak. The response for each successive level would include the action items for prior levels (e.g. the response for an epidemic would include all of the action items for seasonal flu, as well).

## **VII. Preparation & Response Efforts**

The following section outlines actions to be taken and responsibility for ensuring they are executed according to the severity of the event and availability of resources. All actions should be continued as the situation is scaled up unless they are made obsolete or rendered ineffective.

DME has a responsibility to our customers and the community to deliver electric service. In order to satisfy this obligation, DME heavily relies on its employees. Listed below are guidelines of expectations that everyone at DME must recognize.

1. DME is responsible to deliver electric service during a pandemic.
2. Employees are expected to report to work during a pandemic if physically able.
3. DME expects employees to prepare themselves and their families to avoid significant impacts due to the emergency.
4. Employees are expected to contact their supervisor if they are experiencing any symptoms or have someone in their immediate family that is experiencing symptoms.
5. Employees are expected to follow the directions of their supervisor, including immediately departing from their work location and contacting their physician.
6. DME expects employees to stay away from work if diagnosed with any illness related to the pandemic.
7. Employees are expected to maintain contact with their supervisor if permitted to work from home.
8. Employees are expected to report to work immediately after being free from symptoms.
9. Supervisors must report and isolate work areas that may have been contaminated and initiate cleaning measures.

## **VIII. Continuity of Essential Business Functions**

### **Business Continuity**

Managers will examine their essential business functions and develop a specific plan with processes that provides basic levels of service with the following considerations:

- 1 Are employees cross-trained in job functions related to critical business processes?
- 2 Could we continue to perform critical business processes with a 40-50% employee absentee rate?
- 3 Which employees' job functions could be performed from home?
- 4 Which of those employees are equipped to work from home (home computer, Internet access, etc.)?
- 5 If DME, by nature of its critical service provider status, were to be provided with a limited number of doses of vaccine, who would they be given to?

These plans are included in the appendices section.

## **IX. Communications and Media Relations**

This section describes the steps to be taken internally to DME in the event of a pandemic.

1. Communicate early and regularly to staff and include recommendations to minimize potential transfer of infectious agents within company facilities so that these measures can be practiced and internalized.
2. Collaborate with local public health unit on the enumeration of antiviral shot recipients for staff performing critical functions in the event of an event.
3. Provide regular communication to all staff of the latest medical advisories and recommend adherence to all actions suggested.
4. Provide regular communication to all staff on any additional pandemic specific requirements or information.

DME will designate a spokesperson as a liaison for media and other releases to ensure a timely, accurate exchange of information.

## **X. Plan Maintenance**

The DME Pandemic Preparedness Plan is a dynamic document and will be reviewed and updated on an annual basis to reflect new developments and requirements relating to a pandemic event. It may be exercised to identify operating challenges and promote effective implementation. Plan updates may also incorporate changes in response roles, essential business functions and improvements in response measures developed through ongoing planning efforts.

The original plan will be approved by the General Manager. The Group Manager of Fiscal Services will initiate the annual review and approve subsequent revisions, unless deemed significant with appropriate subject matter experts from other divisions. A significant revision is one that changes a concept of operations, results in a large shift in planning and response capabilities or results in a revision more than 30% of the plan in a single revision.

In the event DME is required to file the plan with any regulatory agency, the Energy Management Organization Manager will coordinate the filing process.



## **XI. Appendices**

## **Appendix A- Links**

### **Centers for Disease Control and Prevention**

<http://www.cdc.gov/flu/avian/index.htm>

### **PandemicFiu.gov** <http://www.pandemicflu.gov>

<http://www.pandemicflu.gov/plan/> (Planning Templates)

### **US Department of Health & Human Services**

<http://www.hhs.gov/pandemicflu/plan/> (US Response Plan)

<http://www.hhs.gov/flu/> (Information on Seasonal Flu)

### **World Health Organization**

[http://www.who.int/csr/disease/avian\\_influenza/en/index.html](http://www.who.int/csr/disease/avian_influenza/en/index.html)

### **North American Electric Reliability Council (NERC)**

<http://www.nerc.com/-filez/cipfiles.html> (Pandemic Planning Guides)

# Redacted



## **Appendix C – QSE:**

QSE will direct resources toward the monitoring of system status, communication with ERCOT or other controlling authority and development of plans to provide generation resources required sufficient to serve DME load.

Primary responsibility for determining the best practice during an event will reside with the QSE Energy Market Operations Manager. This person will direct staffing levels and work locations based on available resources.

Redacted

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## 01 – Purpose

The purpose of this Cyber Security Plan is to describe how Denton Municipal Electric (DME) governs specific areas and security controls in its cyber security landscape for all low impact Bulk Electric Systems (BES) Cyber Systems (BCS), including security awareness training, physical security controls, electronic access controls, and cyber security incident response planning (CIP-003-8 R2) .

## 02 – Scope and Applicability

This Cyber Security Plan is applicable to all low impact BCSs and its associated assets.

## 03 – Cyber Security Awareness

DME provides security awareness briefs to individuals who have authorized Electronic Security Perimeter (ESP) access, unescorted Physical Security Perimeter (PSP) access, and BES Cyber System Information (BCSI) access on a quarterly basis. This is delivered online on a quarterly basis. The topics presented in each security awareness episode varies every quarter, and communicates best practices for different areas of cyber and physical security.

[REDACTED]

## 04 – Physical Security Controls

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### 05 – Electronic Access Controls

[REDACTED]

[REDACTED]

[REDACTED]

### 06 – Cyber Security Incident Response

DME uses its DME Plan – Cyber Incident Response Plan (CIRP) to guide the activities in response to a

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### 07 – Change Log

| Date           | Description                                   | Changed by      |
|----------------|---|-----------------|
| April 15, 2019 | Initial version                               | Minh Tran       |
| June 13, 2020  | Reviewed/edited for clarity; inserted CIP tag | Cameron Molsbee |
| April 8, 2021  | Performed process review; no changes needed   | Cameron Molsbee |
|                |   |                 |
|                |   |                 |
|                |   |                 |

## 08 – Review and Approval

Review and approval of this document must be conducted every 15 calendar months.

CIP Senior Manager or Delegate Review and Approval:

|                               |                                    |                 |
|-------------------------------|------------------------------------|-----------------|
| <u><i>Cameron Molsbee</i></u> | <u>Electric Compliance Officer</u> | <u>4/8/2021</u> |
| Signature                     | Name and Title                     | Date            |





# ***2022 DME Physical Security Plan***

***Version 1***

***Divisions of Electric***

***System Operations, Substations, Operations, Construction,  
and Engineering***

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## **I. Purpose**

This plan is to provide guidance and reference material should there be a physical threat to Denton Municipal Electric. In the event of a physical security threat to DME it is necessary to have a plan in place to address the concerns that are present as quickly as possible. The purpose of this document is to identify the assets that DME is liable for, physical security components, possible threats, and a strategy to protect physical assets. This plan ensures that facilities and personnel are prepared to enable steps necessary to mitigate an emergency, threat, or vulnerability to DME's physical assets. This plan is also in place to ensure reliability of the Bulk Electric System is maintained during a physical security threat. This plan refers to other relevant plans and procedures. All personnel involved in maintaining security of DME's physical assets shall be familiar with the information outlined in this document.

## **II. Scope**

Once a disturbance is recognized, the procedures of this plan should be followed to the extent possible. This plan outlines the appropriate actions necessary to address any physical threat. The existence of this plan is to protect personnel at work, citizens on campus, and critical assets in immediate danger. Each event poses different problems and will warrant different responses. This is a general guide for coping with different situations that arise when dealing with the security of physical assets. Appropriate personnel may need to deviate from this plan in different situations to produce desired results.

## **III. Definitions**

**DME** – Denton Municipal Electric; a municipal electric utility owned and operated by the City of Denton, TX.

**BES** – Bulk Electric System

**SCADA** – Supervisory Control and Data Acquisition

**System Operations Personnel** – System Operators and Dispatchers that work in the DME System Operations control room

**DEC – Denton Energy Center**

**DME Physical Asset** – Any personnel, facilities, systems, or equipment which, if injured, damaged, destroyed, or rendered unavailable would affect the reliability or operability of DME.

#### **IV. Roles and Responsibilities**

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[Redacted content]

[Redacted content]

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## V. Physical Security Components

There are several different components that are used by DME for physical security that are listed below. These components are used to complement the Physical Security Plan as well as protect all of DME's physical assets. The components listed are used to prevent the breach of any barrier protecting a DME physical asset. This protection is to help eliminate theft, physical damage, or harm to a DME facility or any of its occupants. The physical security components include:

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## **VI. Strategies**

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## VIII. Other Applicable Elements

### • Attachment A – Bomb Threat Procedures

| BOMB THREAT PROCEDURES  | BOMB THREAT CHECKLIST  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
|---|--|--|-------------------|-----------------|---------------------------------|--|-------------------------------------|-------------------------------|---------------------------------------|---------------------------------------|---------------------------------|---|--|--------------------------------|--|-------------------------------------|-------------------------------|--------------------------------|----------------------------------|--|------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|--|---|--------------------------------|--|---------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--|---|---------------------------------|--|------------------------------------|---|--|-----------------------------------|--|--|----------------------------------|--------------------------------|--|-----------------------------------|--|--|-------------------------------|--|--|-------------------------------|--|--|--------------------------------|--|--|---------------------------------|--|--|---------------------------------|--|--|--------------------------------|--|--|--------------------------------|--|--|-------------------------------|--|--|----------------------------------|--|--|-------------------------------|--|--|----------------------------------|--|--|
| <p><i>This quick reference checklist is designed to help employees and decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.</i></p> <p>Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.</p> <p>If a bomb threat is received by phone:</p> <ol style="list-style-type: none"> <li>1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.</li> <li>2. Listen carefully. Be polite and show interest.</li> <li>3. Try to keep the caller talking to learn more information.</li> <li>4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.</li> <li>5. If your phone has a display, copy the number and/or letters on the window display.</li> <li>6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.</li> <li>7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.</li> </ol> <p>If a bomb threat is received by handwritten note:</p> <ul style="list-style-type: none"> <li>• Call _____</li> <li>• Handle note as minimally as possible.</li> </ul> <p>If a bomb threat is received by e-mail:</p> <ul style="list-style-type: none"> <li>• Call _____</li> <li>• Do not delete the message.</li> </ul> <p>Signs of a suspicious package:</p> <ul style="list-style-type: none"> <li>• No return address</li> <li>• Excessive postage</li> <li>• Stains</li> <li>• Strange odor</li> <li>• Strange sounds</li> <li>• Unexpected delivery</li> <li>• Poorly handwritten</li> <li>• Misspelled words</li> <li>• Incorrect titles</li> <li>• Foreign postage</li> <li>• Restrictive notes</li> </ul> <p><b>DO NOT:</b></p> <ul style="list-style-type: none"> <li>• Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.</li> <li>• Touch or move a suspicious package.</li> </ul> <p><b>WHO TO CONTACT (Select One)</b></p> <ul style="list-style-type: none"> <li>• 911</li> <li>• Follow your local guidelines</li> </ul> <p>For more information about this form contact the Office for Bombing Prevention at: <a href="mailto:OBP@cisa.dhs.gov">OBP@cisa.dhs.gov</a></p> | <p><b>DATE:</b> _____ <b>TIME:</b> _____</p> <p><b>TIME CALLER HUNG UP:</b> _____ <b>PHONE NUMBER WHERE CALL RECEIVED:</b> _____</p> <p><b>Ask Caller:</b></p> <ul style="list-style-type: none"> <li>• Where is the bomb located? (building, floor, room, etc.) _____</li> <li>• When will it go off? _____</li> <li>• What does it look like? _____</li> <li>• What kind of bomb is it? _____</li> <li>• What will make it explode? _____</li> <li>• Did you place the bomb? Yes No _____</li> <li>• Why? _____</li> <li>• What is your name? _____</li> </ul> <p><b>Exact Words of Threat:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Information About Caller:</b></p> <ul style="list-style-type: none"> <li>• Where is the caller located? (background/level of noise) _____</li> <li>• Estimated age: _____</li> <li>• Is voice familiar? If so, who does it sound like? _____</li> <li>• Other points: _____</li> </ul> <table border="1"> <thead> <tr> <th>Caller's Voice</th> <th>Background Sounds</th> <th>Threat Language</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Animal noises</td> <td><input type="checkbox"/> Incoherent</td> </tr> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> House noises</td> <td><input type="checkbox"/> Message read</td> </tr> <tr> <td><input type="checkbox"/> Accent</td> <td><input type="checkbox"/> Kitchen noises</td> <td><input type="checkbox"/> Taped message</td> </tr> <tr> <td><input type="checkbox"/> Angry</td> <td><input type="checkbox"/> Street noises</td> <td><input type="checkbox"/> Irrational</td> </tr> <tr> <td><input type="checkbox"/> Calm</td> <td><input type="checkbox"/> Booth</td> <td><input type="checkbox"/> Profane</td> </tr> <tr> <td><input type="checkbox"/> Clearing throat</td> <td><input type="checkbox"/> PA system</td> <td><input type="checkbox"/> Well-spoken</td> </tr> <tr> <td><input type="checkbox"/> Coughing</td> <td><input type="checkbox"/> Conversation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cracking voice</td> <td><input type="checkbox"/> Music</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Crying</td> <td><input type="checkbox"/> Motor</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Deep</td> <td><input type="checkbox"/> Clear</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Deep breathing</td> <td><input type="checkbox"/> Static</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Disguised</td> <td><input type="checkbox"/> Office machinery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Distinct</td> <td><input type="checkbox"/> Factory machinery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Excited</td> <td><input type="checkbox"/> Local</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Laughter</td> <td><input type="checkbox"/> Long distance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lisp</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Loud</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Nasal</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Ragged</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rapid</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Raspy</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Slow</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Stunned</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Soft</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Stutter</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Other Information:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | Caller's Voice                         | Background Sounds | Threat Language | <input type="checkbox"/> Female | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Male | <input type="checkbox"/> House noises | <input type="checkbox"/> Message read | <input type="checkbox"/> Accent | <input type="checkbox"/> Kitchen noises | <input type="checkbox"/> Taped message | <input type="checkbox"/> Angry | <input type="checkbox"/> Street noises | <input type="checkbox"/> Irrational | <input type="checkbox"/> Calm | <input type="checkbox"/> Booth | <input type="checkbox"/> Profane | <input type="checkbox"/> Clearing throat | <input type="checkbox"/> PA system | <input type="checkbox"/> Well-spoken | <input type="checkbox"/> Coughing | <input type="checkbox"/> Conversation |  | <input type="checkbox"/> Cracking voice | <input type="checkbox"/> Music |  | <input type="checkbox"/> Crying | <input type="checkbox"/> Motor |  | <input type="checkbox"/> Deep | <input type="checkbox"/> Clear |  | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Static |  | <input type="checkbox"/> Disguised | <input type="checkbox"/> Office machinery |  | <input type="checkbox"/> Distinct | <input type="checkbox"/> Factory machinery |  | <input type="checkbox"/> Excited | <input type="checkbox"/> Local |  | <input type="checkbox"/> Laughter | <input type="checkbox"/> Long distance |  | <input type="checkbox"/> Lisp |  |  | <input type="checkbox"/> Loud |  |  | <input type="checkbox"/> Nasal |  |  | <input type="checkbox"/> Normal |  |  | <input type="checkbox"/> Ragged |  |  | <input type="checkbox"/> Rapid |  |  | <input type="checkbox"/> Raspy |  |  | <input type="checkbox"/> Slow |  |  | <input type="checkbox"/> Stunned |  |  | <input type="checkbox"/> Soft |  |  | <input type="checkbox"/> Stutter |  |  |
| Caller's Voice  | Background Sounds  | Threat Language                        |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Female   | <input type="checkbox"/> Animal noises   | <input type="checkbox"/> Incoherent    |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Male   | <input type="checkbox"/> House noises  | <input type="checkbox"/> Message read  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Accent   | <input type="checkbox"/> Kitchen noises  | <input type="checkbox"/> Taped message |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Angry  | <input type="checkbox"/> Street noises   | <input type="checkbox"/> Irrational    |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Calm   | <input type="checkbox"/> Booth   | <input type="checkbox"/> Profane       |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Clearing throat  | <input type="checkbox"/> PA system   | <input type="checkbox"/> Well-spoken   |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Coughing   | <input type="checkbox"/> Conversation  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Cracking voice   | <input type="checkbox"/> Music   |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Crying   | <input type="checkbox"/> Motor   |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Deep   | <input type="checkbox"/> Clear   |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Deep breathing   | <input type="checkbox"/> Static  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Disguised  | <input type="checkbox"/> Office machinery  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Distinct   | <input type="checkbox"/> Factory machinery   |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Local   |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Laughter   | <input type="checkbox"/> Long distance   |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Lisp   |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Loud   |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Nasal  |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Normal   |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Ragged   |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Rapid  |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Raspy  |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Slow   |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Stunned  |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Soft   |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |
| <input type="checkbox"/> Stutter  |  |  |                   |                 |                                 |  |                                     |                               |                                       |                                       |                                 |   |  |                                |  |                                     |                               |                                |                                  |  |                                    |                                      |                                   |                                       |  |   |                                |  |                                 |                                |  |                               |                                |  |   |                                 |  |                                    |   |  |                                   |  |  |                                  |                                |  |                                   |  |  |                               |  |  |                               |  |  |                                |  |  |                                 |  |  |                                 |  |  |                                |  |  |                                |  |  |                               |  |  |                                  |  |  |                               |  |  |                                  |  |  |



V2

- **Attachment B – Active Shooter Response**

## HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

QUICKLY DETERMINE THE MOST REASONABLE WAY TO PROTECT YOUR OWN LIFE. CUSTOMERS AND CLIENTS ARE LIKELY TO FOLLOW THE LEAD OF EMPLOYEES AND MANAGERS DURING AN ACTIVE SHOOTER SITUATION.

### 1. EVACUATE

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

### 2. HIDE OUT

- Hide in an area out of the active shooter's view.
- Block entry to your hiding place and lock the doors

### 3. TAKE ACTION

- As a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the active shooter
- Act with physical aggression and throw items at the active shooter

**CALL 911 WHEN IT IS  
SAFE TO DO SO**

## HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES ON THE SCENE

### 1. HOW YOU SHOULD REACT WHEN LAW ENFORCEMENT ARRIVES:

- Remain calm, and follow officers' instructions
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

### 2. INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

## RECOGNIZING SIGNS OF POTENTIAL WORKPLACE VIOLENCE

AN ACTIVE SHOOTER MAY BE A CURRENT OR FORMER EMPLOYEE. ALERT YOUR HUMAN RESOURCES DEPARTMENT IF YOU BELIEVE AN EMPLOYEE EXHIBITS POTENTIALLY VIOLENT BEHAVIOR. INDICATORS OF POTENTIALLY VIOLENT BEHAVIOR MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism, and/or vague physical complaints
- Depression/Withdrawal
- Increased severe mood swings, and noticeably unstable or emotional responses
- Increasingly talks of problems at home
- Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes


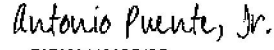
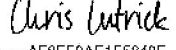



Contact your building management or human resources department for more information and training on active shooter response in your workplace.

- **Attachment C – Gate Transmitter Process**

Redacted



|   |   |             |
|---|---|-------------|
|  | <b>2022 DME Physical Security Plan</b>  |             |
|   | <b>Approval Signatures</b>  |             |
| <b>Approved By</b>  | <b>Title</b>  | <b>Date</b> |
|   |   |             |
| Tony Puente   | General Manager   |             |
|   | DocuSigned by:<br><br><small>E5760944C2BF4B5...</small>  | 3/9/2022    |
| Chris Lutrick   | Executive Manager of Operations   |             |
|   | DocuSigned by:<br><br><small>AF8FF9AE1F5849F...</small>  | 3/8/2022    |
| Jerry Looper  | System Operations Division Manager  |             |
|   | DocuSigned by:<br><br><small>8DA3CF308A2B4D9...</small> | 2/24/2022   |

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## 1. Introduction

This manual identifies the procedures required to ensure that geomagnetic disturbances (GMD) are reported, logged, and mitigated as necessary.

### 1.1 Purpose

To ensure that GMDs are reported, logged, and mitigated to comply with applicable requirements as stated in ERCOT Protocols, Operating Guides, or NERC Reliability Standards.

To protect the electrical infrastructure, DME requires that all personnel understand and comply with the following requirements:

- Recognition – DME has procedures for recognition of and for making their operating personnel aware of geomagnetic disturbances on its facilities through the ERCOT messages and space weather information and training. Possible interactions include voltage reduction, overheating transformer cores, transformer harmonics increase, consumption of reactive power, trip capacitor banks, and relay misoperations.
- Response – DME provides its operating personnel with GMD response procedures, including personnel to contact, actions to take to mitigate and monitor based on predetermined conditions. Some actions available to System Operators are long lead time, increase situational awareness, and safe system posturing.
- Communication – DME has procedures for the communication of information concerning GMD to appropriate parties in the region and internally.
- Reporting – DME establishes communications contacts, as applicable with ERCOT and TRE and develops reporting procedures as appropriate to their actions taken to mitigate the situation and process to terminate the GMD plan or process.
- Training – DME System Operators will receive GMD training as necessary to maintain a competent level of GMD recognition and mitigation.

### 1.2 Related Documents

NERC Reliability Standards

- EOP-010-1 – Geomagnetic Disturbance Operations

Applicable ERCOT Protocols & Operating Guides



### 1.3 Process Diagram



- **Pink** shapes are data storage
- **Green** shapes are process initiators
- Each shape in the DME lanes represents a procedure documented below



2. Procedures

2.1 GMD incident is reported (Operations)

Step# Procedural Steps

Redacted

|  |   |   |
|--|---|---|
|  | DME RELIABILITY PROCESS MANUAL                                      |   |
|  | Geomagnetic Disturbance Process<br>Effective Date: November 1, 2014 | Version Number 1.00<br>Version Date: Jan 2020 |

### 3. Document Control

#### Prepared by:

|              |         |
|--------------|---------|
| Jerry Looper | 9/19/14 |
|--------------|---------|

#### Change History:

*The change history below reflects changes to the Manual or its structure.*

| Version | Description of Change                          | Date     |
|---------|--|----------|
| V 01.00 | Initial version                                | 11/10/14 |
|         | Updated section 2.1 with DWM and DEC           | Feb 2018 |
|         | Updated "Event Log" with "System Operator Log" | Jan 2020 |

#### Review Log:

*This document shall be reviewed no greater than every 15 calendar months or as needed.*

| Reviewed By  | Title              | Date     |
|--------------|--------------------|----------|
| Smith Day    | Compliance Manager | Nov 2014 |
| Cameron Zahn | Outage Coordinator | Jan 2021 |
| Cameron Zahn | Outage Coordinator | Jan 2022 |