

DATE: 08/16/00
TIME: 07:13:36

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

50-483

PAGE: 41
ARDC8801

TRANSMITTAL NUMBER: 448974
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20000816

RETURN ACKNOWLEDGED TRANSMITTAL AND
SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:
ADMINISTRATION RECORDS
AMEREN/UE
CALLAWAY PLANT
P.O. BOX 620
FULTON, MO 65251

TRAN	DOC		RET		ALT	ALT		
CODE	TYPE	DOCUMENT NUMBER	REV	REV	MED	COPY	MED COPY	AFFECTED DOCUMENT
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A	PROC	00-0400	021		C	1		EIP-ZZ-C0010

ACKNOWLEDGED BY:

DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM

A190.0001/A190.0035

(Instructions for Completion Following)

TCN NO. 00-400

1. **PROCEDURE NUMBER** EIP-ZZ-C0010 **REVISION NO.** 021
PROCEDURE TITLE EMERGENCY OPERATIONS FACILITY OPERATIONS

1.1 One Time TCN? YES ☐ NO ☒ Effective from _____ to _____

1.2 Does this TCN supersede a previous TCN? If "yes," number of TCN to be superseded
YES ☐ NO ☒

1.3 Mark one: ☒ REFERENCE USE PROCEDURE ☐ *****

1.4 Is this the seventh (7th) TCN against this revision? YES ☐ NO ☒
* CONTINUOUS USE PROCEDURE *

(If "Yes", generate an SOS Suggestion to notify the responsible department that a procedure revision is necessary.)

SOS No. _____

NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision

1.5 YES ☐ NO ☒ Notification of procedure owner required?

2. **CHANGE SUMMARY**

2.1 PAGE NUMBERS AFFECTED BY CHANGE ATTACHMENT 7, PAGE 3 of 4

2.2 **CHANGE SUMMARY:**

This change is to correct the Off Site Liaison Coordinator's phone number in the Backup EOF (SEMA Emergency Operations Center).

ORIGINAL
for the NRC

3. **THIS TEMPORARY CHANGE REPRESENTS:**

3.1 YES ☐ NO ☒ A proposed change to the facility as described in the FSAR?

If 3.1 is checked "No", select one of the below bases to substantiate the determination:

☒ **Basis 1:** The procedure being revised does not alter the design, function or method of performing the function of a system, structure or component as described in the FSAR.

☐ **Basis 2:** This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN MUST exist prior to issuing this procedure. FSAR CN# _____. (Note this procedure revision may not be issued until an approved FSAR CN exists.)

☐ **Basis 3:** Other (annotate basis in Change Summary, section 2.0 above)

3.2 YES ☐ NO ☒ A change to procedures as described in the FSAR?

If 3.2 is checked "No", select one of the below bases to substantiate the determination:

☒ **Basis 1:** Procedure or procedural activity is **not** listed, described or contained in the FSAR.

☐ **Basis 2:** Revision is associated with a procedure or procedural activity **listed** in the FSAR but not outlined, summarized or completely described.

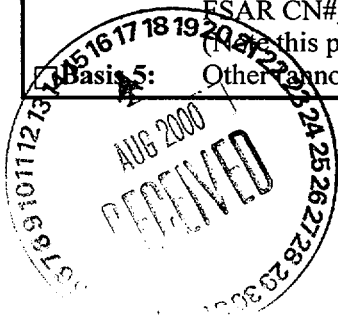
☐ **Basis 3:** The FSAR description of the procedure is **not** being modified by the revision of the procedure.

☐ **Basis 4:** This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN MUST exist prior to issuing this procedure.

FSAR CN# _____

☐ **Basis 5:** (Note this procedure revision may not be issued until an approved FSAR CN exists.)

☐ **Basis 5:** Other (annotate basis in Revision Summary, section 2.0 above)



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(Instructions for Completion Following)

PROCEDURE NUMBER EIP-ZZ-C0010

TCN NO.

00-400

REVISION NO.

021

3.3 YES ☐ NO ☒ A test or experiment not described in the FSAR or Technical Specifications?

If 3.3 is checked "No", select one of the below bases to substantiate the determination:

- ☒ Basis 1: The procedure being revised does not involve a test or experiment.
- ☐ Basis 2: The procedure being revised involves a test or experiment described in the FSAR or Technical Specifications.
- ☐ Basis 3: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN MUST exist prior to issuing this procedure.
FSAR CN# _____.
(Note this procedure revision may not be issued until an approved FSAR CN exists.)
- ☐ Basis 4: Other (annotate basis in Revision Summary, section 2.0 above)

- 3.4 YES ☐ NO ☒ A change to the Technical Specifications?
- 3.5 YES ☐ NO ☒ A change affecting the environment or the NPDES Permit?
- 3.6 YES ☐ NO ☒ A change to the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
- 3.7 YES ☐ NO ☒ A change which affects the RERP?
- 3.8 YES ☐ NO ☒ A change which affects the Security Plan?
- 3.9 YES ☐ NO ☒ A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?
- 3.10 YES ☐ NO ☒ A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?
- 3.11 YES ☐ NO ☒ A new or change to a computerized Checkoff List?
- 3.12 YES ☐ NO ☒ A change to the Technical Specifications or Bases? (A "Yes" answer is a change of intent.)
- 3.13 YES ☐ NO ☒ A change to hidden text commitments? (Review a hidden text copy of the procedure to ensure you are aware of the impact the change may have on commitments.)

Two of the members of plant staff whom Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

4.	WRITTEN BY	S. J. Crawford	<i>[Signature]</i>	R/C Supervisor	8/15/00
			Signature	Title	Date
5.	PREPARED BY	S. J. Crawford	<i>[Signature]</i>	R/C Supervisor	8/15/00
			Signature	Title	Date
6.	QUALIFIED REVIEWER	<i>[Signature]</i>	<i>[Signature]</i>	Prot. Services Eval.	8/15/00
			Signature	Title	Date

For EOP TCNs, the Qualified Reviewer **SHOULD** be the EOP Coordinator **UNLESS** that person is the Preparer or Preliminary Approver

The TCN Qualified Reviewer **SHALL** be different from the Preparer and the Preliminary Approver.

7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102))

7.1	SS/OS/SRO	<i>[Signature]</i>	<i>[Signature]</i>	8/15/00
		Signature	Title	Date

TCNs that **WILL** affect work in progress associated with plant equipment **MUST** be approved by the on-shift SS/OS before receiving final approval.

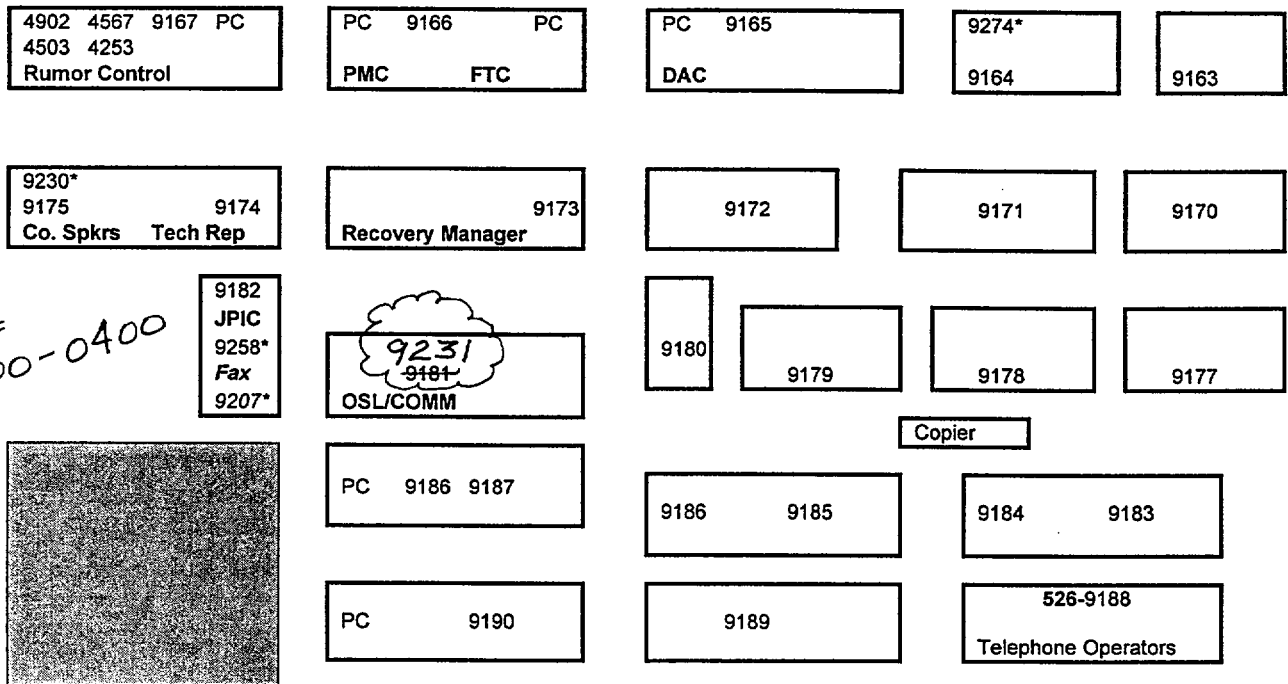
The Preliminary Approver **SHALL** hold a SRO license.

8. FINAL APPROVAL (No greater than 14 days past issue date SOS 98-102)

8.1	APPROVAL AUTHORITY	_____ Signature	_____ Title	_____ Date
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BACK-UP EOF CHECKLIST

BEOF LAYOUT



All 9XXX phone numbers are 526-9XXX

All 4XXX phone numbers are 634-4XXX

* Indicates analog phone line

Field Monitoring Team Cellular Phones

Chem Vehicle (573) 220-0173

HPTS Vehicle (573) 220-0628

I&C Vehicle (573) 220-2507

Radio for FMT communications is located in the SEMA Radio Room