

DATE: 01/24/02  
TIME: 08:43:03

AMEREN/UE  
DOCUMENT CONTROL SYSTEM  
DOCUMENT TRANSMITTAL

50-483

PAGE: 48  
ARDC8801

TRANSMITTAL NUMBER: 480652  
TO CONTROL NUMBER: 338U  
TITLE: OTHER  
DEPT: NUCLEAR REGULATORY COMM.  
LOCATION: USNRC - WASH DC  
TRANSMITTAL DATE: 20020124

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:  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
A	PROC	02-0035		025		C	1			EIP-ZZ-C0010

ACKNOWLEDGED BY:

DATE:

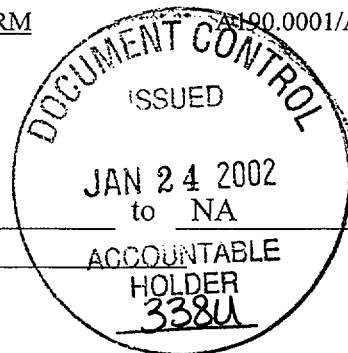
A045

## TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion Following)

A190.0001/A190.0035

TCN NO. 02-0035



Check the appropriate box below:

- ☒ New TCN  
☐ New One-time TCN  
☐ New Superseding TCN  
☐ Extending an existing one-time TCN (use original TCN No.)  
☐ Deleted TCN (use original TCN No.)  
☐ Rejected TCN (use original TCN No.)

Dates: Effective from NA

TCN No. to be superseded NA

1. PROCEDURE NUMBER EIP-ZZ-C0010 REVISION NO. 025

PROCEDURE TITLE Emergency Operations Facility Operations

1.1 Mark one: ☒ REFERENCE USE PROCEDURE☐ \*\*\*\*\*

1.2 Is this the seventh (7th) TCN against this revision?

\* CONTINUOUS USE PROCEDURE \*

YES ☐ NO ☒

\* This procedure must be performed \*

(If "Yes", generate a CARS action notice to notify the responsible department that a procedure revision is necessary.)

\* exactly as written with each step \*

CARS No. NA

\* being read by the user prior to the \*

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

\* performance of that step. \*

\* \*\*\*\*\*

1.3 YES ☐ NO ☒ Is someone else the owner of this procedure? TCN 01-0380

## 2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachment 6, Page 2 of 8

2.2 CHANGE SUMMARY:

Change in cell phone provider, changed the cell phone numbers for the Rad Chem Helpers and Hazmat position.

## 3. THIS TEMPORARY CHANGE REPRESENTS:

3.1.a ☐ YES ☒ NO A change to a plant procedure that contains information described in the FSAR (as updated) such as how structures, systems, and components are operated and controlled (including assumed operator actions and response times)

- If 3.1.a is checked "Yes", perform a 50.59 Screen (CA2511 from APA-ZZ-00143). Check the "No" box in 3.1.b if the 50.59 Screen (CA2511) shows a 50.59 Evaluation (CA2512) is not required. The completed 2511 is attached.

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

☒ Basis 1: The procedure is listed on attachment 5.☐ Basis 2: An Applicability Determination (CA2510 from APA-ZZ-00143) has been completed and the determination verifies that a 50.59 Screen (CA2511) IS NOT required. The completed CA2510 is attached.☐ Basis 3: Other (annotate basis in Change Summary, section 2.2 above)3.1.b ☒ NO A change to plant procedures that requires 50.59 Evaluation.  
A TCN is only allowed if 3.1.b is checked "No".

(Instructions for Completion Following)

PROCEDURE NUMBER EIP-ZZ-C0010

TCN NO. 02-0035

REVISION NO. 025

**3.2** ☒ NO **A change to FSAR commitments?**

A TCN is only allowed if 3.2 is checked "No".

Select one of the below bases to substantiate the "NO" determination:

☒ **Basis 1:** FSAR commitments are **not** being modified by the revision of the procedure.☐ **Basis 2:** Other (annotate basis in Change Summary, Section 2.2 above)3.3 ☒ NO A change to the Technical Specifications?3.4 ☒ NO A change affecting the environment or the NPDES Permit?3.5 ☐ YES ☒ NO A change to the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?3.6 ☐ YES ☒ NO A change which affects the RERP?3.7 ☐ YES ☒ NO A change which affects the Security Plan?3.8 ☐ YES ☒ NO A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?3.9 ☐ YES ☒ NO A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?3.10 ☐ YES ☒ NO A new or change to a computerized Checkoff List?3.11 ☒ NO A change to the Technical Specifications or Bases? (A "Yes" answer is a change of intent.)3.12 ☐ 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.)3.13 ☒ YES ☒ NO A change to a Callaway form? (Yes requires completion of a "Request for Forms" (CA0500) in accordance with APA-ZZ-00203.)

Two of the members of plant staff ~~whom~~ who (TCN 01-0380) Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

4.	WRITTEN BY	<u>[Signature]</u>	<u>R/C Supervisor EP</u>	<u>1-22-02</u>
		Signature	Title	Date
5.	PREPARED BY	<u>[Signature]</u>	<u>R/C Supervisor EP</u>	<u>1-22-02</u>
		Signature	Title	Date
6.	QUALIFIED REVIEWER	<u>[Signature]</u>	<u>R/C Sup. EP</u>	<u>1-22-02</u>
		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 CARS 199800102)) TCN 01-0380**

7.1	SS/OS/SRO	<u>[Signature]</u>	<u>SS</u>	<u>1/22/02</u>
		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 CARS 199800102)**

8.1	APPROVAL AUTHORITY	_____	_____	_____
		Signature	Title	Date

**DOSE ASSESSMENT COORDINATOR CHECKLIST**

<input type="checkbox"/> *2.	<p>Upon determination that the emergency involves an actual or potential release of radioactive material, perform dose projections in accordance with <b>EIP-ZZ-01211</b>, Management Action Guides For Nuclear Emergencies (MAGNEM). (<b>COMN 42538</b>) PRINT and SAVE all dose calculations.</p> <p><i>NOTE: Request Rapid Plume Assessment Tech. (if dispatched) to obtain closed window RO-2 reading at or near Exclusion Area Boundary (EAB). This is to initially quantify the release.</i></p> <p>Rad Chem Helper Cell Phone <del>573-590-1045</del> 573-220-4233 TCN 02-0035</p> <p>Hazmat Cell Phone <del>573-590-1040</del> 573-220-4232 TCN 02-0035</p>
<input type="checkbox"/> *3.	The DAC will be responsible for briefing individuals leaving the EOF once a radiological brief is required.
<input type="checkbox"/> *4.	Notify the Health Physics Coordinator (HPC) when thyroid dose exceeds 25 REM. Recommend KI for Plant Personnel.
<input type="checkbox"/> *5.	Wind shifts and changes in meteorological conditions should be announced to the RM, FMTs, and/or PMC and noted on maps. Notification of Offsite Agencies MUST be initiated within approximately 15 minutes of changes to Protective Action Recommendations. When available, coordinate recommendations with the Missouri Department of Health (DOH).
<input type="checkbox"/> **6.	<p>Obtain weather forecast initially and approximately every 4 hours. Brief the PMC and/or the RM of any anticipated changes in the weather conditions and their effects on PARs.</p> <p>(St. Louis Flight Briefing Service 1-800-992-7433 or use the Internet)</p>
<input type="checkbox"/> *7.	<p>Monitor Radiation Monitor Trends for Group 1 and 2 EALs in accordance with <b>EIP-ZZ-00101</b>. Notify the RM and/or PMC of any setpoints that have been exceeded or are being approached.</p> <p><i>NOTE: Refer to <b>KOA-ZZ-00125</b> during degraded NB01/NB02 conditions to determine validity of plant computer points.</i></p>
<input type="checkbox"/> *8.	<p>When the field monitoring teams are available, brief and dispatch as per <b>EIP-ZZ-00211</b>, Field Monitoring Direction and Assessment.</p> <p><i>NOTE: If release is in progress or imminent, brief the FMTs on the radio.</i></p>
<input type="checkbox"/> *9.	Evaluate input from the FMT's and monitor Protective Action Recommendations based on radiological conditions per <b>EIP-ZZ-00212</b> , Protective Action Recommendations. When available, coordinate recommendations with the Missouri Department of Health (DOH).
<input type="checkbox"/> *10.	Request update of release duration from the PMC/PAC or the TAC if the PMC/PAC is not available.
<input type="checkbox"/> *11.	<p>Provide the Protective Measures Coordinator with the radiological based Protective Action Recommendations.</p> <p><i>NOTE: If the Protective Measures Coordinator is not staffed, provide the Recovery Manager with the above information.</i></p>
<input type="checkbox"/> *12.	Initiate Free Format Logs as needed.
<input type="checkbox"/> **13.	<p>Establish Establish Radiological Habitability Controls in the EOF.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Close both vestibule doors, ensure stanchions are pulled across hallway.</li> <li><input type="checkbox"/> Response Response check the Portal Monitor (page 5 of 8, this attachment or <b>HTP-ZZ-04135</b>)</li> <li><input type="checkbox"/> AMS AMS 3 energized and source checked (page 6 of 8, this attachment or <b>HTP-ZZ-04137</b>)</li> <li><input type="checkbox"/> Control dosimetry set</li> <li><input type="checkbox"/> Have Logistics Support post signs on doors to facility.</li> </ul>
<input type="checkbox"/> **14.	Set up a frisking station using a model 177 ratemeter, (per page 4 of 8, this attachment or <b>HTP-ZZ-04101</b> ).
<input type="checkbox"/> **15.	Issue TLDs to those plant personnel in the EOF that do not have TLDs (Use Page 8 of 8, this attachment for issue).