

To : DOCUMENT CONTROL DESK
Facility : MP Department : 806
Address : NUC REGULATORY COMMISSION (0140)
DOCUMENT CONTROL DESK
WASHINGTON, DC 20555

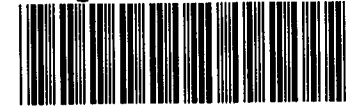
From : NDS CONT DOCUMENTS
Date/Time : 12/14/01 16:19

Trans No. : 000023902 Transmittal Group Id: 01348KA-11
Total Items: 00001

PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	EP	EPDI 03 DECREASE IN EFFECTIVENESS 10CFR50.54 Q DETERMINATION		004 01			P	01

Marked (*) documents require your acknowledgement.

Acknowledgement Date : _____ Signature: _____

Please check the appropriate response and return form to sender.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

All documents received.

Documents noted above not received (identify those not received).

I no longer require distribution of these documents.

Date: _____ Signature: _____

4001

8/22/01
Approval Date

8/23/01
Effective Date

Document Action Request

SPG#

Initiated By: K. Burgess Date 12/18/01 Department: EPSD Ext.: 2490

Document No.: EPDI 03 Rev. No.: 004 Minor Rev.: 00 01

Title: Decrease in Effectiveness 10CFR50.54(q) Determination

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)

Cancel. Replaced by MP-26-EPA-FAP02

Continued ☐

Select one (See MP-05-DC-SAP01 sect 2.3 to determine type of change)

☐ Intent Change (SQR Independent, RCD, Env Screen Required)
Other reviews may be required. See MP-05-DC-FAP 01.1 att 3

☐ Edit Corr.:

☐ Non-Intent Change
(Only SQR Independent Review and Env. screen Required)

Editorial Correction Approval

Plant Mgmt Staff Member - Approval

TPC Interim Approval

(1) Plant Mgmt Staff Member Print/Sign/Date

(2) SM/SRO/CFH Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: ☒ Perform Now ☐ Perform Later

Activity: ☐ Revision ☒ Minor Revision ☐ Cleanup Rev ☐ Biennial Review ☒ Cancellation ☒ Supercedure
See DC-GDX01 for guidance

☐ TPC ☐ OTC ☐ Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			H Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	<u>K Burgess</u>	<u>K Burgess</u>	<u>12/13/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPSD</u>	
Environmental <input checked="" type="checkbox"/>	<u>K Burgess</u>	<u>K Burgess</u>	<u>12/13/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPSD</u>	
Licensing Basis <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Independent <input checked="" type="checkbox"/>	<u>T. Gilbert</u>	<u>T. Gilbert</u>	<u>12/13/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPSD</u>	

An NRRL Update Required ☒ YES

1. ☒ SQR Program Final Review and Approval

Approval ☒ Disapproval ☐

[Signature] 12/13/01
SQR Qualified Independent Reviewer / Date
[Signature] 12/13/01
Process Owner
Responsible Individual
12/13/01
Approval Date

2. ☐ SORC ☒ RI/PO Final Review and Approval

Process Owner / Responsible Individual Sign
Meeting No.: _____

SORC Approval Signature

Approval Date

Effective Date: 12/18/01