

Thursday, February 21, 2002

Document Update Notification

COPYHOLDER NO: 103

TO: NRC - WASHINGTON

ADDRESS: OS-DOC CNTRL DESK MAIL STOP OP1-
17 WASHINGTON DC 20555-DC

DOCUMENT NO: OP-1903.033

TITLE: PROTECTIVE ACTION GUIDELINES FOR
RESCUE/REPAIR & DAMAGE CONTROL
TEAMS

REVISION NO: 018-01-0

CHANGE NO: PC-01

SUBJECT: PERMANENT CHANGE (PC)



← If this box is checked, please sign, date, and return within 5 days.



ANO-1 Docket 50-313



ANO-2 Docket 50-368

Signature

Date

SIGNATURE CONFIRMS UPDATE HAS BEEN MADE

RETURN TO:

ATTN: DOCUMENT CONTROL
ARKANSAS NUCLEAR ONE
1448 SR 333
RUSSELLVILLE, AR 72801

A001

ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE

TITLE: PROTECTIVE ACTION GUIDELINES FOR
RESCUE/REPAIR AND DAMAGE CONTROL
TEAMS

DOCUMENT NO.
1903.033

CHANGE NO.
018-01-0

WORK PLAN EXP. DATE
N/A

TC EXP. DATE
N/A

SAFETY-RELATED
☒ YES ☐ NO

IPTE
☐ YES ☒ NO

TEMP ALT
☐ YES ☒ NO

SET # 103

When you see these **TRAPS**

Time Pressure
Distraction/Interruption
Multiple Tasks
Overconfidence
Vague or Interpretive Guidance
First Shift/Last Shift
Peer Pressure
Change/Off Normal
Physical Environment
Mental Stress (Home or Work)

Get these **TOOLS**

Effective Communication
Questioning Attitude
Placekeeping
Self Check
Peer Check
Knowledge
Procedures
Job Briefing
Coaching
Turnover

VERIFIED BY

DATE

TIME

FORM TITLE:

VERIFICATION COVER SHEET

FORM NO.
1000.006A

CHANGE NO.
050-00-0

Page 1

TITLE: PROTECTIVE ACTION GUIDELINES FOR RESCUE/REPAIR AND DAMAGE CONTROL TEAMS		DOCUMENT NO. 1903.033	CHANGE NO. 018-01-0
AFFECTED UNIT: <input checked="" type="checkbox"/> UNIT 1 <input checked="" type="checkbox"/> UNIT 2		<input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/> ELECTRONIC DOCUMENT <input type="checkbox"/> WORK PLAN, EXP. DATE N/A	SAFETY-RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF CHANGE: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> PC <input type="checkbox"/> TC <input type="checkbox"/> DELETION <input type="checkbox"/> REVISION <input type="checkbox"/> EZ EXP. DATE: N/A			
DOES THIS DOCUMENT:			
1. Supersede or replace another procedure? (If YES, complete 1000.006B for deleted procedure.) (0CAN058107)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2. Alter or delete an existing regulatory commitment? (If YES, coordinate with Licensing before implementing.) (0CNA128509)(0CAN049803)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. Require a 50.59 review per LI-101? (See also 1000.006, Attachment 15) (If 50.59 evaluation, OSRC review required.)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. Cause the MTCL to be untrue? (See Step 8.5 for details.) (If YES, complete 1000.009A) (1CAN108904, 0CAN099001, 0CNA128509, 0CAN049803)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
5. Create an Intent Change? (If YES, Standard Approval Process required.)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. Implement or change IPTE requirements? (If YES, complete 1000.143A. OSRC review required.)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
7. Implement or change a Temporary Alteration? (If YES, then OSRC review required.)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Was the Master Electronic File used as the source document?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INTERIM APPROVAL PROCESS		STANDARD APPROVAL PROCESS	
ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: _____ Print and Sign name: _____ PHONE #: _____		ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: 1/30/02 Print and Sign name: Robert L. Fowler PHONE #: 4993	
SUPERVISOR APPROVAL: *N A DATE: _____		INDEPENDENT REVIEWER: _____ DATE: 2/4/02	
SRO UNIT ONE : ** DATE: _____		ENGINEERING: N/A DATE: _____	
SRO UNIT TWO: ** DATE: _____		QUALITY: N/A DATE: _____	
Interim approval allowed for non-intent changes requiring no 50.59 evaluation that are stopping work in progress. Standard Approval required for intent changes or changes requiring a 50.59 evaluation. *If change not required to support work in progress, Department Head must sign. **If both units are affected by change, both SRO signatures are required. (SRO signature required for safety related procedures only.)		UNIT SURVEILLANCE COORDINATOR (0CNA049803): DATE: _____ SECTION LEADER: R. Aull DATE: 2-15-02 QUALITY ASSURANCE: N/A DATE: _____ OTHER SECTION LEADERS: N/A DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____	
OSRC CHAIRMAN/TECHNICAL REVIEWER: (0CNA049312) DATE: _____ FINAL APPROVAL: Duane White Date: 2/5/02 Sherrill R. Cotton Date: 2/20/02		OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____	
*REQUIRED EFFECTIVE DATE: _____			
FORM TITLE: PROCEDURE/WORK PLAN APPROVAL REQUEST		FORM NO. 1000.006B	CHANGE NO. 051-00-0

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

**TITLE: PROTECTIVE ACTION GUIDELINES FOR
RESCUE/REPAIR AND DAMAGE CONTROL
TEAMS**

DOCUMENT NO.
1903.033

CHANGE NO.
018-01-0

☒ **PROCEDURE**

☐ **WORK PLAN, EXP. DATE** N/A

PAGE 1 **OF** 1

☐ **ELECTRONIC DOCUMENT**

TYPE OF CHANGE:

☐ **NEW**

☒ **PC**

☐ **TC**

☐ **DELETION**

☐ **REVISION**

☐ **EZ**

EXP. DATE: N/A

AFFECTED SECTION:
(Include step # if
applicable)

DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe
reason for the change.)

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Deleted reference to form 1903.033G, "Standard Operator Briefing".

6.2.3.H

Deleted step requiring operations personnel to be briefed using 1903.033G.

7.2.6

Deleted reference to 1903.033G.

1903.033G

Deleted entire form, since on-watch operators will no longer be required to report to the OSC on
declaration of an emergency. They will be dispatched using the normal re-entry briefing
process if they must enter areas greater than 1 R/hr.

FORM TITLE:

DESCRIPTION OF CHANGE

FORM NO.
1000.006C

CHANGE NO.
050-00-0

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1.0 PURPOSE

The purpose of this procedure is to provide protective action guidance for personnel performing rescue/repair and damage control procedures in hazardous areas at ANO.

2.0 SCOPE

This procedure is applicable to emergency situations involving Unit One and/or Unit Two.

3.0 REFERENCES

3.1 REFERENCES USED IN PROCEDURE PREPARATION:

- 3.1.1 Emergency Plan
- 3.1.2 Procedure 1012.019, "Radiological Work Permits"
- 3.1.3 NCRP Report No. 39, "Basic Radiation Protection Criteria", Paragraph 258
- 3.1.4 EPA-520/1-75-001, "Manual of Protective Action Guides and Protective Actions for Nuclear Incidents"
- 3.1.5 Conversation memorandum dated 1/21/86 on the subject of Re-entry Guidelines...memorandum recorded by Steve Gallagher.

3.2 REFERENCES USED IN CONJUNCTION WITH THIS PROCEDURE:

- 3.2.1 Procedure 1903.035, "Administration of Potassium Iodide"
- 3.2.2 Procedure 1903.066, "Emergency Response Facility-Operational Support Center (OSC)"
- 3.2.3 Procedure 1905.001, "Emergency Radiological Controls"
- 3.2.4 Procedure 1903.023, "Personnel Emergency"
- 3.2.5 Procedure 1053.005, "Confined Space Entry Program"
- 3.2.6 ANO Station Policy (SP-R), "Heat Stress"

3.3 RELATED ANO PROCEDURES:

None

3.4 REGULATORY CORRESPONDENCE CONTAINING NRC COMMITMENTS WHICH ARE IMPLEMENTED IN THIS PROCEDURE: **[BOLD]** DENOTES COMMITMENTS

- 3.4.1 0CAN119804 (P-16218), 1903.033B, "OSC Team Briefing"
- 3.4.2 0CAN119804 (P-16219), Attachment 2
- 3.4.3 LIC 94-226 (P-14029) Note 6.2

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4.0 DEFINITIONS

- 4.1 Emergency Direction and Control - Overall direction of facility response which must include the non-delegable responsibilities for the decision to notify and to recommend protective actions to Arkansas Department of Health personnel and other authorities responsible for offsite emergency measures. With activation of the EOF, the EOF Director typically assumes the responsibility for Emergency Direction and Control. The management of on-site facility activities to mitigate accident consequences remains with the TSC Director in the Technical Support Center. The Shift Manager retains responsibility for the Control Room and plant systems operation.
- 4.2 Emergency Response Organization (ERO) - The organization which is composed of the Initial Response Staff (IRS), the EOF staff, the TSC staff, the OSC staff, and the Emergency Team members. It has the capability to provide manpower and other resources necessary for immediate and long-term response to an emergency situation.

5.0 RESPONSIBILITY AND AUTHORITY

- 5.1 The Shift Manager, TSC Director or Emergency Operations Facility Director is responsible for approving personnel exposures exceeding the limits of 10 CFR 20 under the conditions specified in this procedure. After activation of the TSC, the TSC Director will typically assume the responsibility for approving in-plant personnel exposures exceeding 10 CFR 20 limits.
- 5.2 The Technical Support Center (TSC) Director is responsible for the overall development and implementation of rescue/repair and damage control plans. He shall direct the Maintenance Manager to develop those plans as appropriate and shall direct the OSC Director to implement the formulated plans.
- 5.3 The Maintenance Manager is responsible for the development of repair and damage control plans under the direction of the TSC Director. He shall provide the OSC Director with recommendations developed by the TSC staff. He shall also report all results to the TSC Director.
- 5.4 The Operational Support Center (OSC) Director is responsible for implementation of rescue/repair and damage control plans. He shall ensure that appropriate rescue/repair and damage control teams are selected, briefed upon the specific objectives of the mission, and that the progress of the teams is tracked. He shall report all results to the TSC Director.
- 5.5 The Radiation Protection and Radwaste Manager is responsible for providing oversight to all of the Health Physics activities and for ensuring that the TSC Director is informed of current radiological conditions.
- 5.6 The Health Physics Supervisor is responsible for providing Health Physics coverage for rescue/repair and damage control operations. He is responsible for directing onsite monitoring and decontamination and shall also provide radiological protection information for rescue/repair team briefings. He will report all results to the OSC Director.

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- 5.7 The Maintenance Superintendent is responsible for the selection of appropriate personnel for rescue/repair and damage control teams. He will conduct briefings based upon the specific objectives of the mission and will track the progress of the teams. He shall report all results to the OSC Director.
- 5.8 The Shift Manager is responsible for development and implementation of rescue/repair and damage control operations until activation of the OSC has been accomplished.
- 5.9 The Onsite Radiological Monitoring Section of the Emergency Radiation Team is responsible for providing radiological monitoring during the initial and subsequent entries of specialized rescue/repair and damage control teams until radiation areas have been properly marked.
- 5.10 The Appointed Team Leader is responsible for the accountability of personnel involved in rescue/repair and damage control operations.

6.0 INSTRUCTIONS

6.1 GUIDELINES

- 6.1.1 When making plans to re-enter the plant following a radiological incident, the Shift Manager or Operational Support Center Director shall form specialized teams composed of individuals best suited to evaluate unknown conditions that may be encountered.
- 6.1.2 The appointed team leader and Health Physics Supervisor shall make every effort to minimize re-entry personnel exposure.
- 6.1.3 For Emergency Classifications of **ALERT** and above, ANO administrative limits are no longer in effect. Emergency dose limits are automatically raised to those in 10CFR20.
- Authorization may be granted to exceed 10CFR20 dose limits. Authority for granting extensions above these limits is delegated to the Shift Manager until the ERO is activated.
- After the TSC and EOF are activated, authority for granting extensions above 10CFR20 limits is delegated to the TSC Director for on-site emergency responders, and the EOF Director for off-site emergency responders.
- Refer to the chart on the next page for guidance on dose limits for workers performing emergency services.

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Dose limit* (rem TEDE)	Activity	Condition
5	All	
10	Protecting valuable property	Lower dose not practicable
25	Life saving or protection of large populations	Lower dose not practicable
>25	Life saving or protection of large populations	Only on a voluntary basis to persons fully aware of the risks involved (refer to Attachment 1 of this procedure for health risks).

- * Workers performing services during emergencies should limit dose to the lens of the eye to three times the listed value and doses to any other organ (including skin and body extremities) to ten times the listed value.

6.1.4 Rescue/repair and damage control personnel shall perform their duties in the most safe and efficient manner possible. Once their operations have been completed, they shall follow self-monitoring and personnel decontamination procedures as specified by the Health Physics Supervisor.

6.2 ACTIONS

NOTE

[During a "Personnel Emergency" the Emergency Medical Team may enter Radiologically Controlled Areas without SRDs or Alarming Dosimeters as long as an HP Technician is providing radiological instructions and is monitoring dose rates and time in the area. Prompt medical attention shall take precedence over HP procedures for a seriously injured individual.]

- 6.2.1 Personnel selected for the rescue/repair and damage control teams should report to the OSC (unless otherwise instructed) for their briefing.
- 6.2.2 The rescue/repair and damage control team leader shall function under the direction of the Shift Manager/OSC Director.
- 6.2.3 Immediate Actions
- A. IF exposure to significant radioiodine concentrations is possible,
THEN refer to procedure 1903.035, "Administration of Potassium Iodide" for guidance.
 - B. Rescue/repair and damage control teams shall be briefed using Form 1903.033B, "OSC Team Briefing Form". This form serves as an emergency RWP and Work Order. Instructions on conducting re-entry team briefings are contained in Attachment 3.

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- C. Rescue/repair and damage control teams shall be accompanied by a member of the Emergency Radiation Team during initial entry and subsequent re-entries into plant areas until radiation areas have been marked.
- D. If the situation requires re-entry for the purpose of search and rescue, personnel from the Emergency Medical Team and Emergency Radiation Team shall be assigned to the rescue team.
- E. The Shift Manager or OSC Director shall ensure that briefings are conducted, per Section 6.2.3.B or 6.2.3.F as appropriate, and authorization for exceeding 10CFR20 exposure limits is granted and documented on Form 1903.033A.
- F. In the event that the time required for a formal briefing jeopardizes plant equipment or personnel safety, the briefing may be accomplished as the entry is being made subject to the following:
 - 1. The specific exposure limit being authorized is specified.
 - 2. Expected dose rates and stay times are specified.
 - 3. The Shift Manager, TSC Director, or EOF Director has given verbal approval for the activity and authorized exposures above 10CFR20 limits.
 - 4. Form 1903.033A and B may be completed as a follow-up to the emergency response activities.
- G. For reentry team electronic dosimeter settings, refer to Attachment 2 of this procedure.

6.2.4 Follow-up Actions of the Rescue/Repair and Damage Control Team

- A. Report and function as directed by the Shift Manager or OSC Director.
- B. Debrief in accordance with Form 1903.033E, "OSC Team Debriefing".

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7.0 ATTACHMENTS AND FORMS

7.1 ATTACHMENTS

- 7.1.1 Attachment 1 - "Risks Associated with Large Doses of Radiation"
- 7.1.2 Attachment 2 - "Emergency Reentry Team Alarming Dosimeter Setting Evaluation"
- 7.1.3 Attachment 3 - "Instructions for Conducting Re-entry Team Briefings"

7.2 FORMS

- 7.2.1 Form 1903.033A - "Authorization Form For Increasing Exposures Above 10CFR20 Limits"
- 7.2.2 Form 1903.033B - "OSC Team Briefing Form"
- 7.2.3 Form 1903.033D - "OSC Team Observation Report"
- 7.2.4 Form 1903.033E - "OSC Team Debriefing"
- 7.2.5 Form 1903.033F - "OSC Team Tracking"

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ATTACHMENT 1

Risks Associated with Large Doses of Radiation

Health effects associated with whole-body absorbed doses received within a few hours ^a :

Whole Body Absorbed dose (rad)	Early ^b Fatalities (percent)	Whole Body Absorbed Dose (rad)	Prodromal ^c Effects (percent affected)
140	5	50	2
200	15	100	15
300	50	150	50
400	85	200	85
460	95	250	98

^a Risks will be lower for protracted exposure periods.

^b Supportive medical treatment may increase the dose at which these frequencies occur by approximately 50 percent.

^c Forewarning symptoms of more serious health effects associated with large doses of radiation.

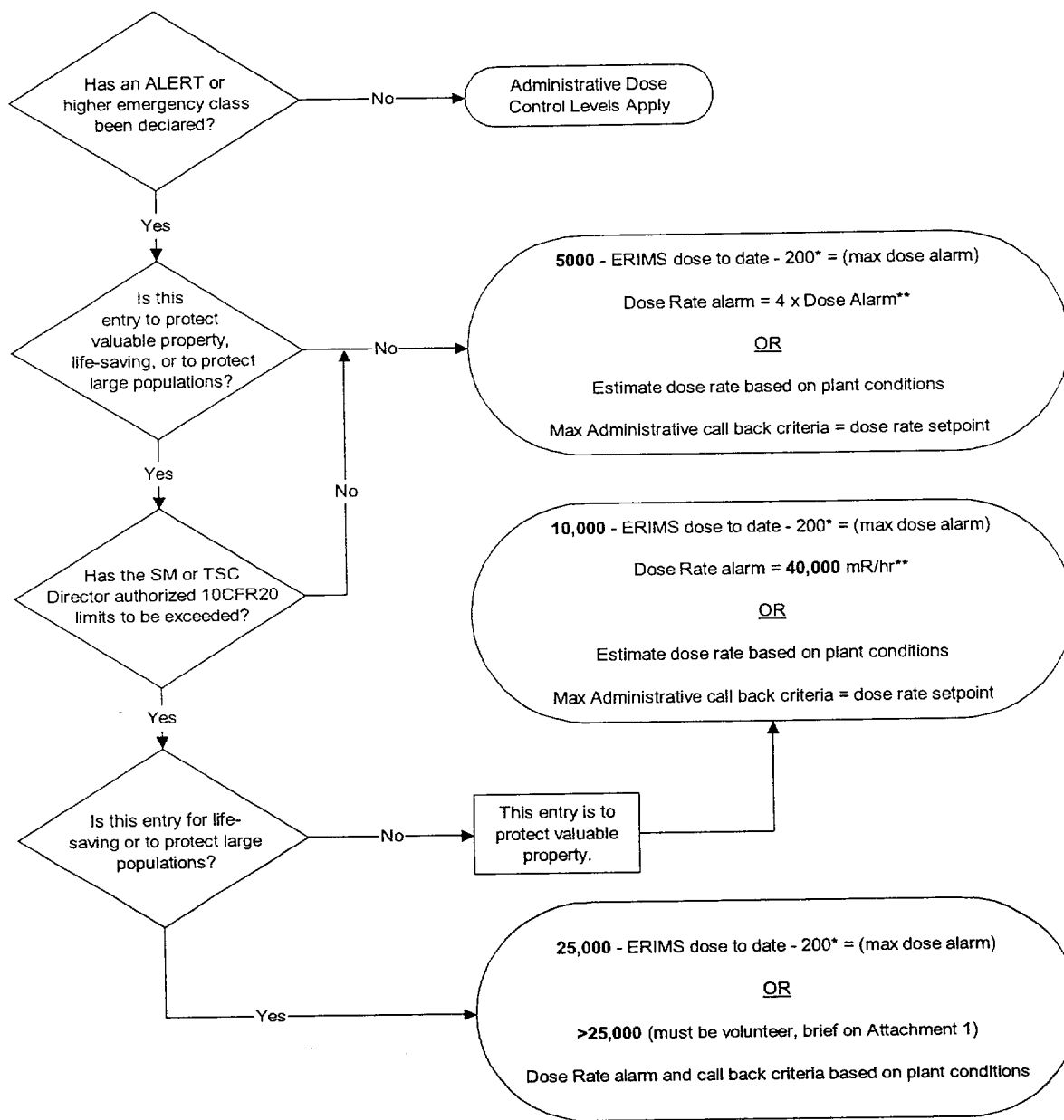
Approximate cancer risk to average individuals from 25 rem effective dose equivalent delivered promptly:

Age at exposure (years)	Approximate risk of premature death (death per 1,000 persons exposed)	Average years of life lost if premature death occurs (years)
20 to 30	9.1	24
30 to 40	7.2	19
40 to 50	5.3	15
50 to 60	3.5	11

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Attachment 2

[Emergency Reentry Team Alarming Dosimeter Setting Evaluation]



* 200 mRem is based on allowing re-entry team exit dose (2 minutes, 6 Rem/hr average dose rate).

** Maximum dose rates based on an estimated 15 minute job duration.

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Attachment 3

Instructions for Conducting Re-entry Team Briefings

The Technical Support Center (TSC) will prioritize jobs necessary to place the plant in a safe, stable condition and stop any releases of radioactive material to the environment. The TSC will then direct the Operational Support Center (OSC) to perform those jobs.

The following instructions describe the basic steps necessary to form, brief, and dispatch re-entry teams into the plant:

1. The OSC Director receives direction to perform a re-entry. This direction will come from the TSC Director or the Maintenance Manager in the TSC.
2. The OSC Director should obtain Form 1903.033B, "OSC Team Briefing".
3. The OSC Director should enter the date on 1903.033B.
4. The OSC Director should enter the team number. The next team number should be obtained from the OSC Team Tracking Board Communicator. Team numbers are used only one time.
5. The OSC Director should enter the priority that is assigned by the TSC.
6. The OSC Director should enter the task to be performed in the Mission block.
7. The OSC Director should forward the 1903.033B form to the Maintenance Superintendent.
8. The Maintenance Superintendent will assign team members with assistance from the HP Supervisor and the appropriate Craft Supervisor.
9. The Maintenance Superintendent should forward the form to the HP Supervisor. The Maintenance Superintendent should then have the re-entry team assembled.
10. The HP Supervisor should determine the appropriate radiological protection requirements and indicate them on the form.
11. The HP Supervisor or Craft Supervisor who will be conducting the briefing should take the form to the OSC Team Tracking Board Communicator. The Team Tracking Board Communicator should enter the names of team members, the priority, the team number, the mission, and the dose limit on the Team Tracking Board.
12. If not already assembled, the HP Supervisor and Craft Supervisor who will be conducting the briefing should assemble the re-entry team and brief them on the requirements of their task.
13. Upon completion of the briefing, the team should report to the HP Control Point so that electronic dosimeters can be set to the appropriate setpoints.
14. Prior to leaving the OSC, the team should report to the OSC Team Tracking Board Communicator so that the dispatch time can be entered on the Team Tracking Board.

I. A Rescue/Repair and Damage Control Team has been formed. A reentry must be made for: (check one)

- ☐ 1. Protecting valuable property (lower dose not practicable). Planned dose shall not exceed 10 rem TEDE.
- ☐ 2. Lifesaving or protection of large populations (lower dose not practicable). Planned dose shall not exceed 25 rem TEDE.
- ☐ 3. >25 rem TEDE:
- a. Lifesaving or protection of large populations.
- b. Only on a voluntary basis to persons fully aware of the risks involved.

II. The individuals listed below have been briefed on the requirements of the task and the guidelines in section 6.1.3. They have been authorized to exceed the dose limits of 10CFR20 if necessary to accomplish this task within the guidelines listed in Section 6.1.3.

NAME (PRINTED)	SIGNATURE **	BADGE NUMBER

III. AUTHORIZATION*

SM/TSC Director/EOF Director _____ (signed) _____ (date)

* May be given verbally via telephone, radio, or other means.

** Signifies person has been briefed concerning guidelines for exceeding 10CFR20 dose limits (1903.033A).

cc: Personnel File
Personal Dosimetry Record

FORM TITLE:

AUTHORIZATION FORM FOR INCREASING EXPOSURES ABOVE 10CFR20 LIMITS

FORM NO.

1903.033A

REV.

018-01-0

OSC TEAM BRIEFING FORM

DATE:

TEAM NUMBER:

PRIORITY:

Completed by OSC Director

MISSION:

Completed by Maintenance Superintendent

TEAM MEMBERS:

NAME

BADGE

AVAILABLE DOSE

TEAM LEADER

Completed by HP Supervisor

RADIOLOGICAL REQUIREMENTS:

PROTECTIVE CLOTHING:

Estimated Work Area Contamination

Level:

☐
☐
☐
☐

NONE

SINGLES

DOUBLES

OTHER

RESPIRATORY PROTECTION:

Estimated Work Area DACs:

☐
☐
☐
☐
☐

NONE

SCBA

IODINE CANISTER

POTASSIUM IODIDE

OTHER

DOSIMETRY

Estimated Work Area Dose

Rate:

Call-Back Dose Rate:

☐

ELECTRONIC DOSIMETRY

Dose Alarm:

mR

Dose Rate Alarm:

mR/hr

☐

SELF-READING DOSIMETRY

Range:

☐

OTHER

GENERAL BRIEFING ITEMS:

YES

☐
☐
☐

NO

☐
☐
☐

Release in progress?

Failed fuel present?

RCS leakage present?

ROUTING INSTRUCTIONS:

☐

Normal Access Route

☐

Access via route described below:

BRIEFING COMPLETED BY:

CRAFT

HP

TEAM DISPATCHED:

DATE:

TIME:

Return this form to the Team Tracking Board Communicator

FORM TITLE:

[OSC TEAM BRIEFING]

FORM NO.

1903.033B

REV.

018-01-0

Team Designator: _____ OSC Phone Numbers: Maint. Supt. 6615 OSC Director: 6612
 HP Supv. 6614 Radio Area 6619

When reporting from the scene to the OSC, answers to the following general questions should be provided:

Where? What? Why? How Much? What Effect on Plant (if known)?

=====

Conditions at the Scene:

Extent of Repair Necessary: Major/Minor/Difficult to tell. Estimated Repair Time: _____

Spills or Leaks Occurring: Yes/No Type: Air/Steam/Liquid/Hazardous Chemicals

Electrical Hazards: Yes/No Lighting Problems: Yes/No

Description: (suggestions for descriptive terms are given below) _____

=====

Radiological Conditions:

Radiological levels in the area around equipment: _____

Radiological problems getting to\from equipment: _____

Other radiological problems: _____

=====

Suggestions for descriptive terms include:

LOCATION - Where in the plant and where in the system?

For Mechanical Systems:

LEAK - Visible? How much? (Drips, Streams, Plume)
 Source? (Pipe, Weld, Flange, Fitting, Union, Packing Gland, Valve Body, Body to Bonnet, Gasket,
 Mechanical Seal, Relief Valve)

PROBLEM - Sheared, Cracked? (circumferential, longitudinal) Length of Crack or Break

OTHER - Overheating, Corrosion, Vibration, Chatter, Other damage in the area?

For Electrical Systems:

CONDITION - Burned, Melted, Vaporized, Arcing, Corroded, Open Circuited, Shorted, Grounded?

INSULATION - Burned, Bare, Overheated, Cracked?

CABLING - Kinked, Shorted, Burned, Frayed?

CONTACTS - Burned, Pitted, Corroded, Loose Connections

OTHER - Won't close/open. Damage to Equipment in area?

****NOTE:** if this form is contaminated, discard after transmitting information to the OSC or Control Room.

FORM TITLE:	OSC TEAM OBSERVATION REPORT	FORM NO. 1903.033D	REV. 018-01-0
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Team Designator: _____

Task Completed: _____ Yes _____ No

Team Leader: _____

Time of Return to OSC: _____ Date: _____ Total Time in Plant: _____

Highest Individual Exposure Received: _____ Name of Individual: _____

Mission Objective: _____

Status: _____

Observations/Problems: _____

Unexpected Radiation Levels Encountered: _____

Follow-up Actions Needed: _____

Ensure plant area map board is updated with current dose rate.

Team Debriefed by: _____ Date/Time: _____

Ensure debriefing is logged on the OSC Team Tracking board.

OSC Director: _____

<p>FORM TITLE:</p> <p style="text-align: center;">OSC TEAM DEBRIEFING</p>	<p>FORM NO.</p> <p style="text-align: center;">1903.033E</p>	<p>REV.</p> <p style="text-align: center;">018-01-0</p>
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[illegible]

FORM TITLE:	FORM NO.	REV.
OSC TEAM TRACKING	1903.033F	018-01-0