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Total Items: 00002

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Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	EP	EPDI 05 EMERGENCY PREPAREDNESS CYCLICAL TASK		002 02			P	01
* 0002	MP	PROC	EP	EPDI 18 ADMINISTRATION OF NRC PERFORMANCE INDICATORS		000 03			P	01

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A045

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request					SPG# 020205-155024	
Initiated By: <u>Linda DeLuca</u> Date <u>2/5/02</u> Department: <u>EPD</u> Ext.: <u>2097</u>						
Document No.: <u>EPDI 05</u> Rev. No.: <u>002</u> Minor <u>0102</u>						
Title: <u>Emergency Preparedness Cyclical Tasks</u>						
For New Documents only → <input type="checkbox"/> QA RI Title Manager, EPD						
Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)						
Continued <input type="checkbox"/>						
Select one if performing a change (See MP-05-DC-SAP01 sect 2.3 to determine type of change)						
<input checked="" type="checkbox"/> Intent Change (Tech IR, SQR Independent, RCD, Env Screen Required) <small>Other reviews may be required. See MP-05-DC-FAP 01.1 att 3</small>			<input type="checkbox"/> Edit Corr.:		<input type="checkbox"/> Non-Intent Change <small>(Only Tech IR, SQR IR and Env. signature Required)</small>	
Editorial Correction Approval			TPC Interim Approval			
_____ Plant Mgmt Staff Member - Approval			_____ (1) Plant Mgmt Staff Member Print/Sign/Date			
			_____ (2) SM/SRO/CFH Print/Sign/Date			
Procedure Request/Feedback Disposition						
Priority: <input checked="" type="checkbox"/> Perform Now <input type="checkbox"/> Perform Later						
Activity: <input type="checkbox"/> Revision <input type="checkbox"/> Minor Revision <input type="checkbox"/> Cleanup Rev <input type="checkbox"/> Biennial Review <input checked="" type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Supercedure <small>See DC-GDL01 for guidance</small>						
<input type="checkbox"/> TPC <input type="checkbox"/> OTC <input type="checkbox"/> Place in VOID						
Reviews continued <input type="checkbox"/>		Print		Sign		Date
Licensing Basis <input type="checkbox"/>						
Tech Independent <input type="checkbox"/>						
An NRRL Update Required <input type="checkbox"/> YES						
1. <input type="checkbox"/> SQR Program Final Review and Approval				2 Final Review and Approval		
Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>				<input type="checkbox"/> SORC <input type="checkbox"/> RI/DH (Ref Mans, GDLs, Handbooks)		
SQR Qualified Independent Reviewer / Date <u>Paul Blais</u> Dept Head / Responsible Individual <u>2/20/02</u> Approval Date				DH / RI Sign Meeting No _____ SORC Signature _____ DH / RI Signature _____ Approval Date _____		
Effective Date: <u>2/25/02</u>						

8/22/01
Approval Date

8/23/01
Effective Date

Document Action Request

SPG#

020205-155024

Initiated By: Linda DeLuca Date 2/5/02 Department: EPD Ext.: 2097

Document No.: EPDI 05 Rev. No.: 002 Minor Rev.: 02

Title: Emergency Preparedness Cyclical Tasks

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

Superceded by MP-26-MMM

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-GDL01 for guidance

☐ TPC ☐ OTC ☐ Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			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"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	Kathleen Burgess	Kathleen Burgess	2/5/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPD	
Licensing Basis <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Independent <input checked="" type="checkbox"/>	Kathleen Burgess	Kathleen Burgess	2/5/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPD	

An NRRL Update Required ☒ YES

1. ☒ SQR Program Final Review and Approval

Approval ☒ Disapproval ☐

Kathleen Burgess 2/5/02
SQR Qualified Independent Reviewer / Date

Process Owner _____
Responsible Individual _____

Approval Date

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

Process Owner / Responsible Individual Sign
Meeting No.: _____

SORC Approval Signature

Approval Date

Effective Date: 2/25/02

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020206-122700

Initiated By: Thomas Rigney Date: 2/5/02 Department: EPD Ext.: 6586
Document No.: EPDI-18 Rev. No.: 000 Minor 02 03 ^{KB} 2/22/02
Title: Administration of NRC Performance Indicators

For New Documents only → ☐ QA RI Title Manager, EPD

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

Superseded by MP-26-MMM

Continued ☐

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

☒ Intent Change (Tech IR, 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 Tech IR, SQR IR and Env. signature Required)

Editorial Correction Approval

TPC Interim Approval

Plant Mgmt Staff Member - 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 ☒ Supersede

See DC-GDL01 for guidance

☐ TPC ☐ OTC ☐ Place in VOID

Reviews continued <input checked="" type="checkbox"/>	Print	Sign	Date	SQR Qualified			✓ If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Independent <input checked="" type="checkbox"/>	Kathleen Burgess	Kathleen Burgess	2/5/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPD	
RCD <input checked="" type="checkbox"/>	Kathleen Burgess	Kathleen Burgess	2/5/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPD	
Licensing Basis <input type="checkbox"/>							
Tech Independent <input type="checkbox"/>							

An NRRL Update Required ☒ YES

1. ☒ SQR Program Final Review and Approval

Approval ☒ Disapproval ☐

Kathleen Burgess 2/20/02
SQR Qualified Independent Reviewer / Date

Gail A. Luby 2/21/02
Dept Head / Responsible Individual

2/21/02
Approval Date

2 Final Review and Approval

☐ SORC

☐ RI/DH (Ref Mans, GDLs, Handbooks)

DH / RI Sign

Meeting No

SORC Signature

DH / RI Signature

Approval Date

Effective Date: 2/26/02