

MANUAL HARD COPY DISTRIBUTION DOCUMENT TRANSMITTAL 2003-29498

USER INFORMATION:

Name: ~~GERLACH*ROSE M~~ EMPL#: 28401 CA#: 0363
Address: NUCSA2
Phone#: 254-3194

TRANSMITTAL INFORMATION:

TO: ~~GERLACH*ROSE M~~ 06/24/2003
LOCATION: DOCUMENT CONTROL DESK
FROM: NUCLEAR RECORDS DOCUMENT CONTROL CENTER (NUCSA-2)
THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:

354 - 354 - MEDIA OPERATIONS CENTER (MOC) COMMUNICATOR

REMOVE MANUAL TABLE OF CONTENTS DATE: 04/16/2003

ADD MANUAL TABLE OF CONTENTS DATE: 06/23/2003

CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-354
REMOVE: PCAF 2003-1456 REV: N/A

~~ADD: PCAF 2000-4989 REV: N/A~~

ADD: PCAF 2003-1456 REV: N/A

ADD: PCAF 2003-1456 REV: N/A

REPLACE: REV:4

REPLACE: REV:4

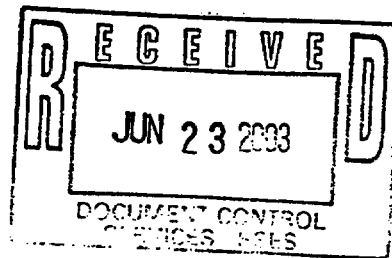
~~REMOVE: PCAF 2000-4989 REV: N/A~~

UPDATES FOR HARD COPY MANUALS WILL BE DISTRIBUTED WITHIN 5 DAYS IN ACCORDANCE WITH DEPARTMENT PROCEDURES. PLEASE MAKE ALL CHANGES AND ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX UPON RECEIPT OF HARD COPY. FOR ELECTRONIC MANUAL USERS, ELECTRONICALLY REVIEW THE APPROPRIATE DOCUMENTS AND ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX.

ADUS

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1456</u>	2. PAGE 1 OF <u>3</u>	3. PROC. NO. <u>EP-PS-354</u> REV. <u>4</u>
4. FORMS REVISED - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u>		
5. PROCEDURE TITLE MOC Communicator Emergency Plan Position Specific Instruction		
6. REQUESTED CHANGE PERIODIC REVIEW <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES INCORPORATE PCAFS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES # <u> </u> # <u> </u> # <u> </u> # <u> </u> REVISION <input type="checkbox"/> PCAF <input checked="" type="checkbox"/> DELETION <input type="checkbox"/> (CHECK ONE ONLY)		
7. SUMMARY OF / REASON FOR CHANGE Periodic review Completed-no changes to body of procedure Revised cover sheet to make procedure review requirement every two years		
Continued <input type="checkbox"/>		
8. DETERMINE COMMITTEE REVIEW REQUIREMENTS (Refer to Section 6.1.4) PORC REVIEW REQ'D? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		9. PORC MTG# <u> </u>
BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM		
17. <u>T.C. Dalpiaz</u> / <u>3227</u> / <u>06/01/2003</u> PREPARER (Print or Type) ETN DATE	18. COMMUNICATION OF CHANGE REQUIRED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (TYPE) <u> </u>	
19. <u>J. Scapelliti per telecon</u> <u>by T.C. Dalpiaz</u> RESPONSIBLE SUPERVISOR DATE		SIGNATURE ATTESTS THAT RESPONSIBLE SUPERVISOR HAS CONDUCTED QADR AND TECHNICAL REVIEW UNLESS OTHERWISE DOCUMENTED IN BLOCK 16 OR ATTACHED REVIEW FORMS. CROSS DISCIPLINE REVIEW (IF REQUIRED) HAS BEEN COMPLETED BY SIGNATURE IN BLOCK 16 OR ATTACHED REVIEW FORMS.
20. <u>Jeffrey Husewood</u> UFUM APPROVAL <u>6/20/03</u> DATE		
21. RESPONSIBLE APPROVER <u>N/A</u> INITIALS DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1456 | 2. PAGE 2 OF 3 | 3. PROC. NO. EP-PS-354 REV. 4

11. This question documents the outcome of the 50.59 and 72.48 Review required by NDAP-QA-0726. Either 11a, b, c or d must be checked "YES" and the appropriate form attached or referenced.
- a. This change is an Administrative Correction for which 50.59 and 72.48 are not applicable. ☐ YES ☒ N/A
- b. This change is a change to any surveillance, maintenance or administrative procedure for which 50.59 and 72.48 are not applicable. ☒ YES ☐ N/A
- c. This change is bounded by a 50.59/72.48 Screen/Evaluation, therefore, no new 50.59/72.48 Evaluation is required. ☐ YES ☒ N/A
Screen/Evaluation No. _____
- d. 50.59 and/or 72.48 are applicable to this change and a 50.59/72.48 Screen/Evaluation is attached. ☐ YES ☒ N/A
12. This change is consistent with the FSAR or an FSAR change is required. ☒ YES
Change Request No. _____
13. Should this change be reviewed for potential effects on Training Needs or Material? ☐ YES ☒ NO
If YES, enter an Action Item @ NIMS/Action/Gen Work Mech/PICN _____
14. Is a Surveillance Procedure Review Checklist required per NDAP-QA-0722? ☐ YES ☒ NO
15. Is a Special, Infrequent or Complex Test/Evolution Analysis Form required per NDAP-QA-0320? (SICT/E form does not need to be attached.) ☐ YES ☒ NO

16. Reviews may be documented below or by attaching Document Review Forms NDAP-QA-0101-1.

REVIEW	REVIEWED BY WITH NO COMMENTS	DATE
QADR	_____	_____
TECHNICAL REVIEW	_____	_____
REACTOR ENGINEERING/NUCLEAR FUELS *	_____	_____
IST **	_____	_____
OPERATIONS	_____	_____
NUCLEAR SYSTEMS ENGINEERING	_____	_____
NUCLEAR MODIFICATIONS	_____	_____
MAINTENANCE	_____	_____
HEALTH PHYSICS	_____	_____
NUCLEAR TECHNOLOGY	_____	_____
CHEMISTRY	_____	_____
OTHER <u>10 CFR 50.54Q</u>	<u>TP Halpin</u>	<u>6/26/03</u>

* Required for changes that affect, or have potential for affecting core reactivity, nuclear fuel, core power level indication or impact the thermal power heat balance. ⁽⁵⁸⁾

** Required for changes to Section XI Inservice Test Acceptance Criteria.

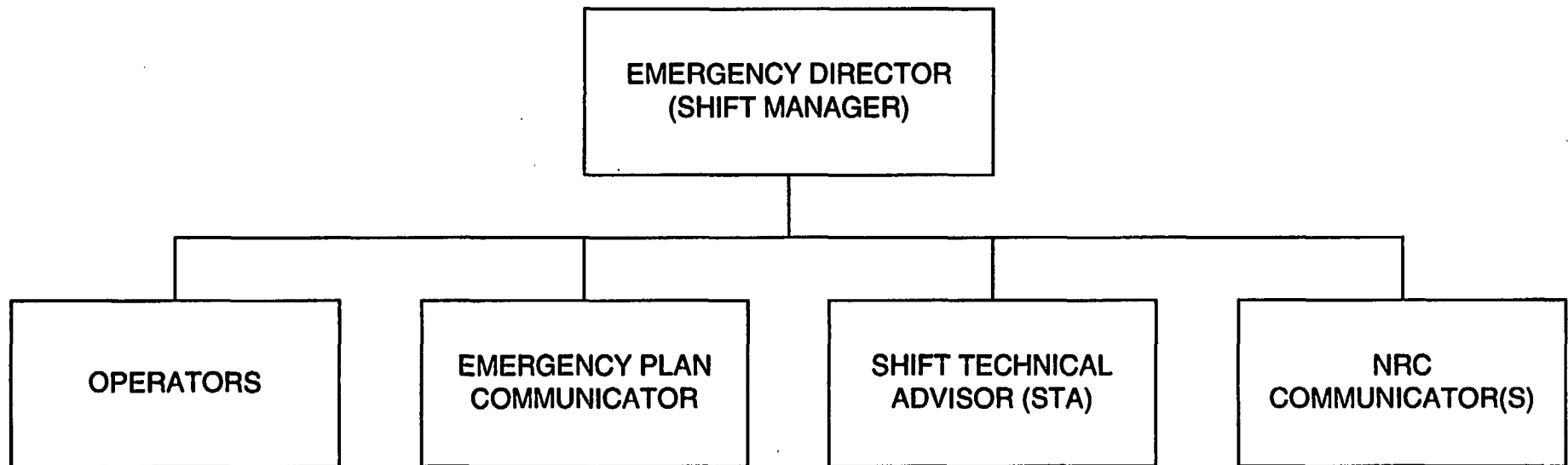
PCAF # 2003-456

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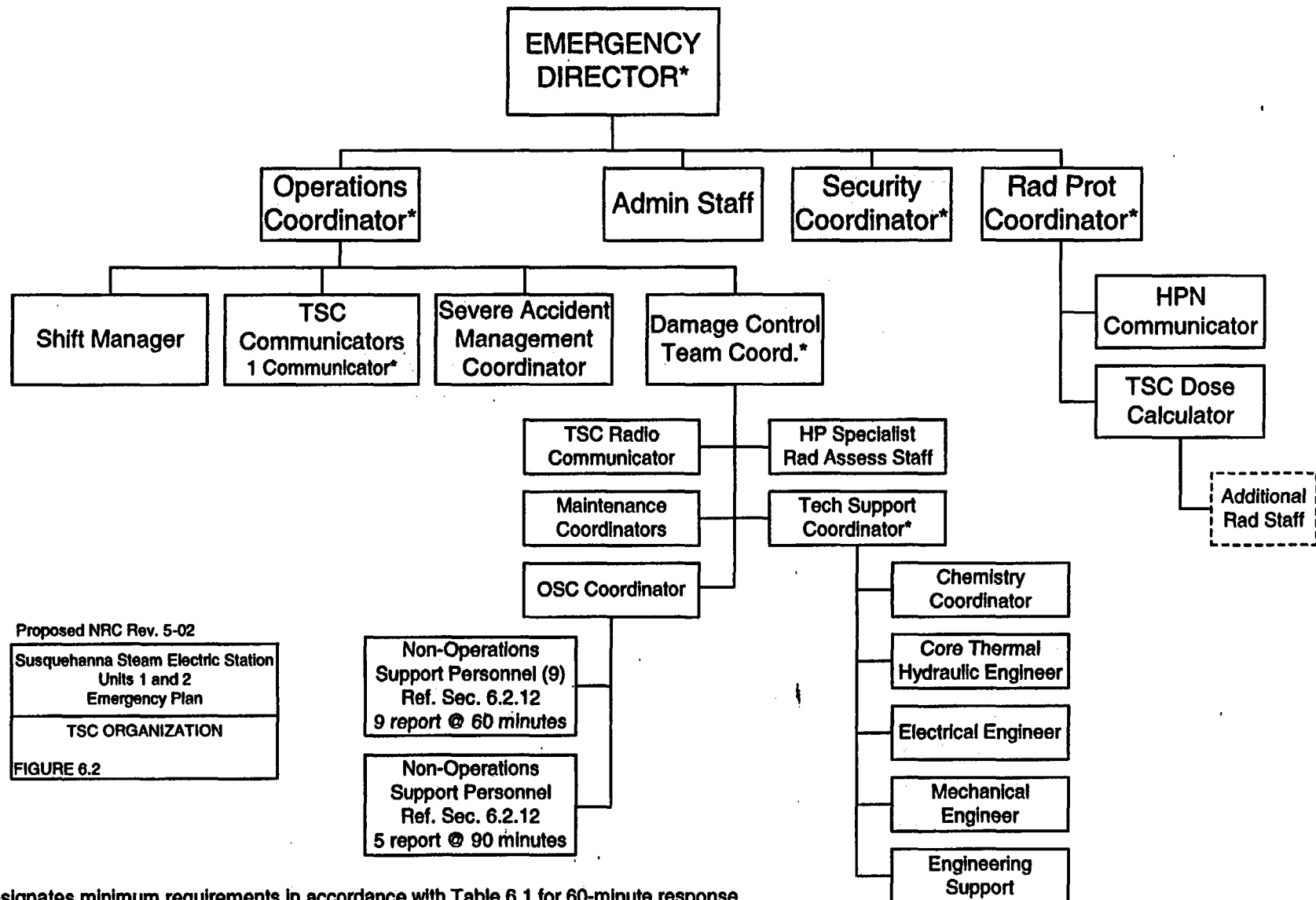
PROCEDURE COVER SHEET

PPL SUSQUEHANNA, LLC		NUCLEAR DEPARTMENT PROCEDURE	
MOC Communicator: Emergency Plan Position Specific Instruction			EP-PS-354 Revision 4 Page 1 of 3
QUALITY CLASSIFICATION: <input type="checkbox"/> QA Program <input checked="" type="checkbox"/> Non-QA Program		APPROVAL CLASSIFICATION: <input type="checkbox"/> Plant <input type="checkbox"/> Non-Plant <input checked="" type="checkbox"/> Instruction	
EFFECTIVE DATE: <u>7-01-1996</u> PERIODIC REVIEW FREQUENCY: <u>Two Years</u> PERIODIC REVIEW DUE DATE: <u>6-30-2005</u>			
RECOMMENDED REVIEWS: ALL			
Procedure Owner: <u>Nuclear Emergency Planning</u> Responsible Supervisor: <u>Primary Liaison Supervisor</u> Responsible FUM: <u>Supv-Nuclear Emergency Planning</u> Responsible Approver: <u>General manager-Plant Support</u>			

EMERGENCY ORGANIZATION CONTROL ROOM



TSC ORGANIZATION

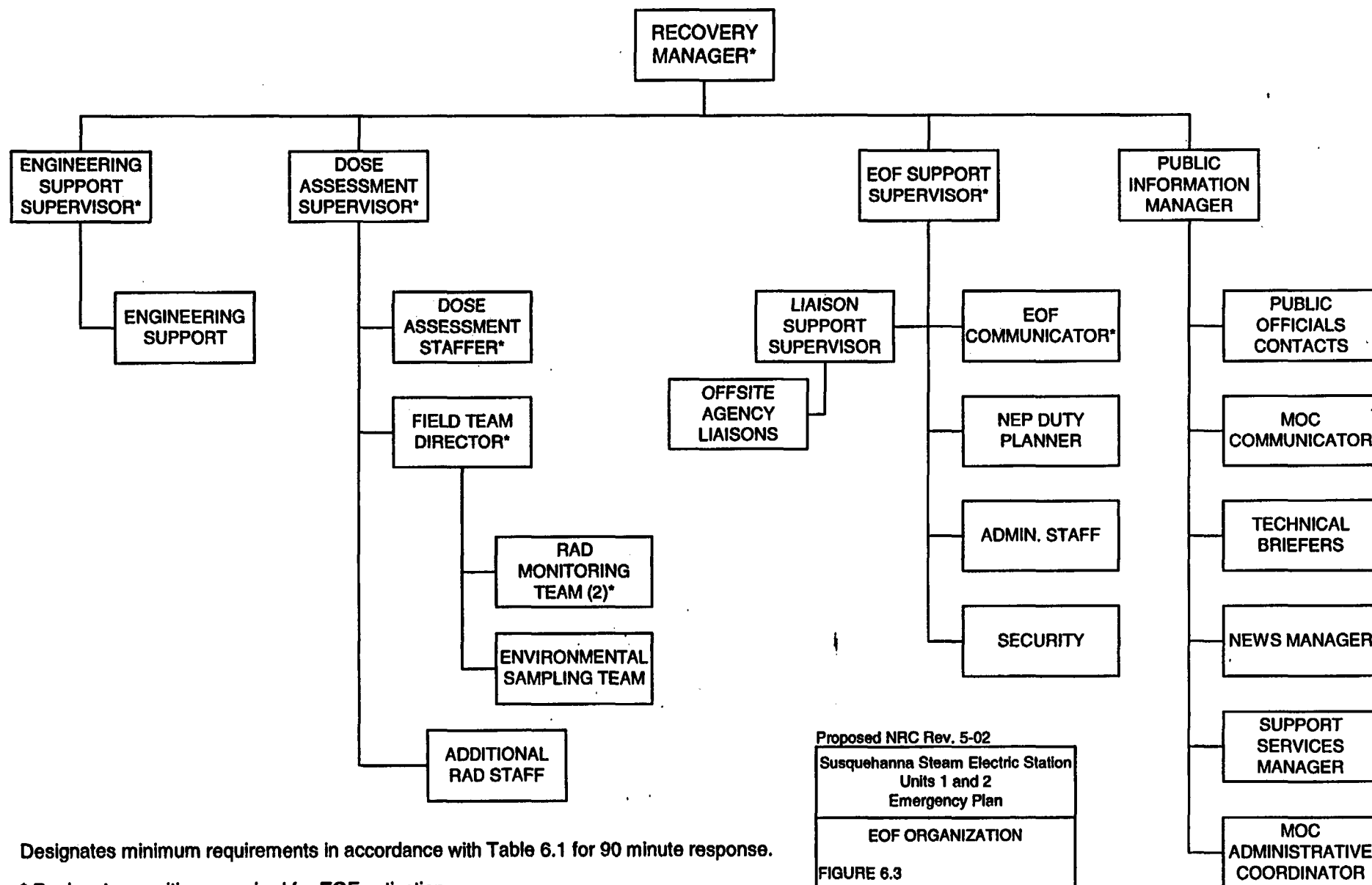


Designates minimum requirements in accordance with Table 6.1 for 60-minute response.

----- Individuals may be located in the OSC, TSC, or Field.

* Designates positions required for TSC activation.

EOF ORGANIZATION



Designates minimum requirements in accordance with Table 6.1 for 90 minute response.

* Designates positions required for EOF activation.

Control # _____

EMERGENCY NOTIFICATION REPORT

☐ THIS IS A DRILL ☐ THIS IS NOT A DRILL

1. This is: _____ at Susquehanna Steam Electric Station.
(Communicator's Name)

My telephone number is: _____ The time is _____
(Callback telephone number) (Time notification initiated)

2. **EMERGENCY CLASSIFICATION:**

- ☐ UNUSUAL EVENT ☐ SITE AREA EMERGENCY
☐ ALERT ☐ GENERAL EMERGENCY
☐ The event has been terminated.

UNIT: ☐ ONE
☐ TWO
☐ ONE & TWO

TIME: _____
(Time classification/
termination declared)

DATE: _____
(Date classification/
termination declared)

THIS REPRESENTS A/VAN:

- ☐ INITIAL DECLARATION
☐ ESCALATION
☐ NO CHANGE

} IN CLASSIFICATION STATUS

3. **BRIEF NON-TECHNICAL
DESCRIPTION OF THE EVENT:**

- For initial declaration, static update, or escalation, provide current EAL number only.
- For status reports, significant events, or when directed by the ED, RM, or EOFSS, provide a brief description.
- For termination, write emergency has been terminated.

4. THERE IS: ☐ No
☐ AN AIRBORNE
☐ A LIQUID } NON-ROUTINE RADIOLOGICAL RELEASE IN PROGRESS

5. **WHEN GENERAL EMERGENCY IS THE INITIAL EVENT, PROVIDE PROTECTIVE
ACTION RECOMMENDATIONS BELOW:** (Control Room Use only, TSC and EOF mark N/A.)

6. WIND DIRECTION IS FROM: _____ WIND SPEED IS: _____ mph.
(Data from 10 meter meteorological tower, available on PICSY.)

☐ THIS IS A DRILL ☐ THIS IS NOT A DRILL

APPROVED: _____ Time: _____ Date: _____
(ED, RM, or EOFSS) (Time form approved) (Date form approved)

Affected Unit _____

Control No. _____

PROTECTIVE ACTION RECOMMENDATION FORM
SUSQUEHANNA STEAM ELECTRIC STATION

☐ This is a Drill ☐ This is **NOT** a Drill Preparer: _____

The EMERGENCY CLASSIFICATION is:

☐ Unusual Event ☐ Alert ☐ Site Area Emergency ☐ General Emergency

Basis: EAL # _____

This represents:

☐ Initial Classification ☐ Escalation ☐ Reduction ☐ No Change in the Classification Status

Emergency Action(s) implemented onsite:

☐ None ☐ Evacuation of non-essential personnel
☐ Local Area Evacuation ☐ KI to onsite personnel
☐ Site Accountability ☐ Other _____

Bases: _____

The PROTECTIVE ACTION RECOMMENDATION is:

<input type="checkbox"/> No Protective Action Recommendation Required	
<input type="checkbox"/> Evacuate 0-2 miles and Shelter 2-10 miles	<input type="checkbox"/> Relocation
<input type="checkbox"/> Evacuate 0-10 miles	<input type="checkbox"/> Control of Access
	<input type="checkbox"/> Contamination Controls/Decon
<input type="checkbox"/> Divert Danville Drinking Water*	<input type="checkbox"/> Other

*Expected arrival of release at Danville: _____

This represents: ☐ Initial ☐ Change ☐ No Change in the Protective Action Recommendation

The BASIS for the Protective Action Recommendation is:

Plant Status

Status of Radioactive Release: Event-related release in progress? ☐ Yes ☐ No

Total Site Release Rate	Airborne	Liquid
< Tech Requirements Limit	<input type="checkbox"/>	<input type="checkbox"/>
≥ Tech Requirements Limit	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: TRM Limits ($\mu\text{Ci}/\text{min}$): Noble Gas $1.00\text{E}+6$; Iodine $1.04\text{E}+2$; Particulate $7.72\text{E}+2$
(Airborne releases)

Based on: ☐ Effluent Monitors ☐ Field Measurements ☐ Engineering Judgement

Data measured in the field confirm release rate estimations: ☐ Yes ☐ No

Weather Conditions: Wind Speed _____ Wind Direction _____

Dose Projections: ☐ TEDE > 1 rem or thyroid CDE > 5 rem at 2 miles
☐ TEDE > 1 rem or thyroid CDE > 5 rem at EPB
☐ TEDE ≤ 1 rem and thyroid CDE ≤ 5 rem at EPB

Other:

Approval: _____ **Date/Time:** _____

Emergency Director or Recovery Manager approval required if change in Classification or Protective Action Recommendation.
RPC or DASU approval if no change in the Classification or Protective Action Recommendation.

Transmittal: ☐ Verbal ☐ Electronic ☐ Both

Communicated To:

_____ NAME	_____ AGENCY	_____ DATE/TIME
---------------	-----------------	--------------------

BOMB FACTS CHECKLIST

INSTRUCTIONS: Be calm. Listen. Do not interrupt the caller.

THREAT RECEIVER: _____ **TIME:** _____ **DATE:** _____

ORIGIN OF CALL: Local: _____ Long Distance: _____ On-Site: _____

IDENTIFYING DATA: Male: _____ Female: _____ Adult: _____ Juvenile: _____ Age: _____

Keep caller talking. If caller seems agreeable to further conversation, ask questions like:

When will it go off? Certain Hour: _____ Time Remaining: _____

Where is it located? Building: _____ Areas: _____

What does it look like? _____ Where are you now? _____

How do you know so much about the bomb? _____

What is your name and address? _____

Inform the caller that detonation could cause death or injury. _____

Did the caller appear familiar with site or building by his description of bomb location? _____

Write out the exact language of the threat: _____

(CONTINUED ON NEXT PAGE)



BOMB FACTS CHECKLIST (CONTINUED)

BACKGROUND DATA ☒

Voice Characteristics:

<input type="checkbox"/> LOUD	<input type="checkbox"/> SOFT
<input type="checkbox"/> HIGH PITCH	<input type="checkbox"/> DEEP
<input type="checkbox"/> RASPY	<input type="checkbox"/> PLEASANT
<input type="checkbox"/> INTOXICATED	

Specify:

<input type="checkbox"/> FAST	<input type="checkbox"/> SLOW
<input type="checkbox"/> DISTANT	<input type="checkbox"/> DISTORTED
<input type="checkbox"/> STUTTER	<input type="checkbox"/> NASAL
<input type="checkbox"/> SLURRED	<input type="checkbox"/> LISP

Language:

<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD
<input type="checkbox"/> FAIR	<input type="checkbox"/> FOUL

Accent:

<input type="checkbox"/> LOCAL	<input type="checkbox"/> NOT LOCAL (region)
<input type="checkbox"/> FOREIGN	<input type="checkbox"/> RACE

Manner:

<input type="checkbox"/> CALM	<input type="checkbox"/> ANGRY
<input type="checkbox"/> RATIONAL	<input type="checkbox"/> IRRATIONAL
<input type="checkbox"/> COHERENT	<input type="checkbox"/> INCOHERENT
<input type="checkbox"/> DELIBERATE	<input type="checkbox"/> EMOTIONAL
<input type="checkbox"/> RIGHTEOUS	<input type="checkbox"/> LAUGHING

Background Noises:

<input type="checkbox"/> FACTORY NOISES	
<input type="checkbox"/> BEDLAM	<input type="checkbox"/> TRAINS
<input type="checkbox"/> MUSIC	<input type="checkbox"/> ANIMALS
<input type="checkbox"/> QUIET	<input type="checkbox"/> OFFICE MACHINES
<input type="checkbox"/> MIXED	<input type="checkbox"/> VOICES
<input type="checkbox"/> AIRPLANES	<input type="checkbox"/> STREET TRAFFIC
<input type="checkbox"/> HOUSE NOISES	<input type="checkbox"/> PARTY ATMOSPHERE

NOTIFY SECURITY