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TO: ~~GERLACH ROSE M~~ 06/24/2003

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THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:

129 - 129 - DATA TECHNICIAN(S): EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 01/15/2001

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

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-129

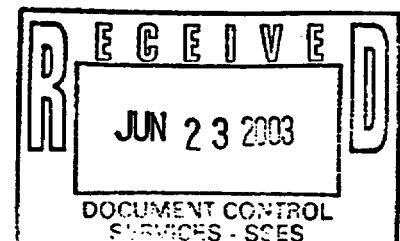
ADD: PCAF 2003-1458 REV: N/A

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.

A045

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1458</u>	2. PAGE 1 OF <u>3</u>	3. PROC. NO. <u>EP-PS-129</u> REV. <u>8</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 TSC Data technician 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 <div style="text-align: right;">Continued <input type="checkbox"/></div>		
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 ETN DATE (Print or Type)		18. COMMUNICATION OF CHANGE REQUIRED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (TYPE) <u> </u>
19. <u>[Signature]</u> RESPONSIBLE SUPERVISOR <u>6/18/03</u> 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>[Signature]</u> FUM APPROVAL <u>6/18/03</u> DATE		
21. RESPONSIBLE APPROVER <u>[Signature]</u> INITIALS <u>6/19/03</u> DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-145B</u>	2. PAGE 2 OF <u>3</u>	3. PROC. NO. <u>EP-PS-129</u> REV. <u>8</u>
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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.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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. Screen/Evaluation No. _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N/A
d. 50.59 and/or 72.48 are applicable to this change and a 50.59/72.48 Screen/Evaluation is attached.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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>		

* 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.

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PROCEDURE COVER SHEET

PPL SUSQUEHANNA, LLC		NUCLEAR DEPARTMENT PROCEDURE		
TSC Data technician: Emergency Plan Position Specific Instruction				EP-PS-129 Revision 8 Page 1 of 7
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>1-15-2001</u>				
PERIODIC REVIEW FREQUENCY: <u>Two Year</u>				
PERIODIC REVIEW DUE DATE: <u>6-23-2005</u>				
RECOMMENDED REVIEWS: All				
Procedure Owner: <u>Nuclear Emergency Planning</u>				
Responsible Supervisor: <u>Manager Station Engineering</u>				
Responsible FUM: <u>Supervisor Nuclear Emergency Planning</u>				
Responsible Approver: <u>V.P. Nuclear operations</u>				