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

130 - 130 - HP II DOSE CALCULATOR: EMERGENCY PLAN- POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 06/26/2003

ADD MANUAL TABLE OF CONTENTS DATE: 07/02/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-130

ADD: PCAF 2003-1483 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>2003-1483</u>	2. PAGE 1 OF <u>70</u>	3. PROC. NO. <u>EP-PS-130</u> / REV. <u>17</u>
4. FORMS REVISED - <u>1</u> R <u>3</u> , - <u>2</u> R <u>15</u> , - <u>5</u> R <u>9</u> , - <u>6</u> R <u>18</u> , - <u>15</u> R <u>40</u> R		
5. PROCEDURE TITLE <u>Deleted Deleted Deleted Deleted Deleted</u> HP II Dose Calculator: Emergency Plan Position Specific Instruction		
6. REQUESTED CHANGE PERIODIC REVIEW <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES INCORPORATE PCAFS <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES # _____ # _____ # _____ # _____ REVISION <input type="checkbox"/> PCAF <input checked="" type="checkbox"/> DELETION <input type="checkbox"/> (CHECK ONE ONLY)		
7. SUMMARY OF / REASON FOR CHANGE Deleted Numeric Tabs <u>1,2,5,6,15</u> This is an administrative PCAF. Revision 17 of EP-PS-130 deleted the listed Tabs. This PCAF is to replace the existing information with a page that indicates the Tab was removed. The 50.54Q evaluation for the removal of the Tab was approved as part of Rev 17 of the procedure.		
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>NG</u>
BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM		
17. <u>T.C. Dalpiaz</u> / <u>3227</u> / <u>07/01/2003</u> PREPARER ETN DATE (Print or Type)		18. COMMUNICATION OF CHANGE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (TYPE) <u>E Mail Notification</u>
19. <u>Jeffrey H. Hunswood</u> RESPONSIBLE SUPERVISOR <u>7/1/03</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>Jeffrey H. Hunswood</u> FUM APPROVAL <u>7/1/03</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. 2003-1483 | 2. PAGE 2 OF 26 | 3. PROC. NO. EP-PS-130 REV. 17

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>M. D. Lopez</u>	<u>2/1/03</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.

praf 2003-1483
pg 3 of 6

TAB 1
EP-PS-130-1

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ref 2003-1483
pg 4 of 6

TAB 5
EP-PS-130-5

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pcaf 2003-1483
p 95 of 6

TAB 6
EP-PS-130-6

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pr of 2003-1483
pr 6016

TAB 15
EP-PS-130-15

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