

**MANUAL HARD COPY DISTRIBUTION
DOCUMENT TRANSMITTAL 2003-39391**

USER INFORMATION:

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TRANSMITTAL INFORMATION:

TO: GERLACH*ROSE M 08/28/2003

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:

207 - 207 - SITE SUPPORT MANAGER: EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 07/30/2003

ADD MANUAL TABLE OF CONTENTS DATE: 08/27/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-207

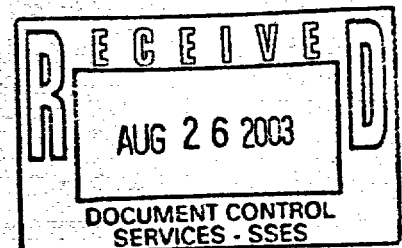
ADD: PCAF 2003-1617 REV: N/A

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.

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PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1617</u>	2. PAGE 1 OF <u>9</u>	3. PROC. NO. <u>EP-PS-207</u> REV. <u>11</u>
4. FORMS REVISED - <u>B R 9</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 EOF.Support Supervisor:Emergency Plan Position Specific Instruction		
6. REQUESTED CHANGE PERIODIC REVIEW <input checked="" type="checkbox"/> NO <input 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 Added clarification to section B-distribution of the ENR form to specify the distribution by copy rather than by color. This is an administrative change in that it provides clarification of existing information.		
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>08/26/2003</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>TP Dalpiaz Jr JNG</u> <u>8/26/03</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>TP Dalpiaz Jr JNG</u> <u>8/26/03</u> FUM APPROVAL /DATE		
21. RESPONSIBLE APPROVER <u>N/A</u> INITIALS DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



PROCEDURE CHANGE PROCESS FORM

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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. ☐ 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>MD Valpy</u>	<u>8/26/03</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.

EOF SUPPORT SUPERVISOR:

Emergency Plan-Position Specific Procedure

WHEN: Emergency Operations Facility (EOF) is activated.
HOW NOTIFIED: Paged, phoned as a backup
REPORT TO: Recovery Manager
WHERE TO REPORT: Emergency Operations Facility

OVERALL DUTY:

To manage external communications from the EOF and provide ongoing support to management including a check and balance on EAL and PAR decisions.

MAJOR TASKS:

TAB:

REVISION:

Responsibilities upon activation of the EOF.	TAB A	7
Manage external communications from the EOF.	TAB B	8-9
Keep EOF personnel updated on status of the emergency.	TAB C	6
Approve forms and news releases if delegated by the Recovery Manager.	TAB D	2
Periodically determine status of communications function.	TAB E	4
Provide ongoing support to management including a check and balance on EAL and PAR decisions.	TAB F	2
Plan for shift turnover.	TAB G	3
When emergency is terminated, close out the Site Support Staff functions at the EOF.	TAB H	2

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MAJOR TASK:

Manage external communications from the EOF.

SPECIFIC TASKS:

HOW:

1. Ensure the tasks required for the "Emergency Notification Report" are properly performed.

NOTE:

Blank ENR Forms are available at the EOF Communicator's work area.

- 1a. Write the Control number in the upper right corner:
 - (1) The control number should include the EOF followed by a sequential number. (Example: EOF-1)
- 1b. Check appropriate block under title, (is or is not a drill).
- 1c. Fill in your name, call back telephone number and the military time.
- 1d. Check the emergency classification.
- 1e. Write in unit involved, the time and date current classification was declared.
- 1f. Check if Initial, Escalation or No Change in classification status.
- 1g. Under "BRIEF NON-TECHNICAL DESCRIPTION OF THE EVENT", write:
 - (1) EAL number only for a change in classification.

NOTE:

Use the EAL number obtained from the "Emergency Action Level Offsite Reference Manual."

SPECIFIC TASKS:

HOW:

HELP

**"Emergency Action Level Offsite
Reference Manual"**

(2) **"No Change"** for Static Update.

(3) **"Information provided by the
Recovery Manager"** for
Significant Event(s).

1h. Check one of the **"NON-ROUTINE
RADIOLOGICAL RELEASE IN
PROGRESS"** information blocks.

NOTE:

Verify release data with the Dose
Assessment Supervisor or Staffer.
**Do not provide a Protective Action
Recommendation.**

1i. Fill in the average wind speed and
direction using data obtained from the
ten meter primary meteorological tower.

NOTE:

Primary meteorological tower data
available on PICSY, (E-Plan Menu,
Met Vent Display).

1j. Check appropriate block for **"This is or
is not a drill."**

2. Edit the Emergency Notification
Report.

2a. Ensure the form is clear and easy to
understand.

2b. Avoid use of abbreviations and
acronyms.

2c. Ensure the Protective Action
Recommendation **is not** included on the
form.

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SPECIFIC TASKS:

HOW:

3. Obtain approval of the Emergency Notification Report.

- 3a. Review the completed form with the Recovery Manager.
- 3b. Assure agreement on technical content.
- 3c. Obtain signature approval, filling in the time and date of his approval.

NOTE:

The Recovery Manager can delegate ENR approval responsibility to another qualified RM located in the facility. He can also delegate approval responsibility of the ENR to the EOF Support Supervisor except for a change in classification.

4. Ensure the "Emergency Notification Report" is distributed.

- 4a. Use the following schedule for distribution of the "Emergency Notification Report."

* **UPGRADE/DOWNGRADE:**

Complete and transmit the ENR within fifteen minutes of classification or reclassification.

* **STATIC UPDATES:**

Complete and transmit the ENR every hour

NOTE:

When the initial notifications regarding classifications are completed, the static update is not required until the next hour.

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SPECIFIC TASKS:

HOW:

• **SIGNIFICANT EVENTS::**

Complete and transmit the ENR when:

- (1) Recovery Manager has assumed command and control from the Emergency Director.
- (2) Site accountability is completed.
- (3) Evacuation of non-essential personnel is initiated.
- (4) When directed by the Recovery Manager.
- (5) When the emergency event is terminated.

4b. Distribution of the three part ENR form:

NOTE: In lieu of using a three-part colored form, distribution can be made using copies of the original form

- (1) White and pink copy to the Administrative Assistant for distribution:
 - White copy sent to TSC and MOC via fax.
 - Pink copy posted outside the Site Support Office.
- (2) Yellow copy to EOF Communicator.

5. Ensure required notifications are made on time

HELP

Notification Matrix
See TAB 9

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TAB B
EP-PS-207-B
Revision 8 9
Page 5 of 6

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SPECIFIC TASKS:

HOW:

6. Complete the "PROTECTIVE ACTION DECISION DOCUMENTATION FORM" when a Protective Action Recommendation is determined by the Recovery Manager.

- 6a. Obtain the correct form from the Site Support Office, EOF Communicator's work area.

(1) Attachment A for "Airborne Release"

(2) Attachment B for "Liquid Release"

HELP

Emergency Forms
See TAB 8

- 6b. Write the time and date of the PAR decision and obtain the Recovery Manager's signature.

- 6c. Write in the time PEMA was notified and by whom.

- 6d. Write in the time the NRC was notified and by whom.

- 6e. Deliver the completed form to the EOF Communicator.

NOTE:

The EOF Communicator can be delegated to maintain this form.

7. Ensure the completed "Protective Action Recommendation Form" is distributed.

- 7a. The "Protective Action Recommendation Form" is:

(1) Generated by the Radiological Liaison.

(2) Distributed by the Administrative Assistant to the TSC and MOC via telecopy unit located in the Site Support Office.

SPECIFIC TASKS:

HOW:

- | | |
|--|---|
| 8. Check with the MOC to ensure needed information on the emergency is being obtained. | 8a. Respond to MOC questions. |
| 9. Ensure the EOF Communicator is providing the ENR and PAR forms to the NRC. | 9a. Transmitted via the Emergency Notification System (ENS), telephone. |
| 10. Support the Recovery Manager with Offsite agency interface until relieved by the Liaison Support Supervisor. | 10a. Reference EP-PS-242 Tab B and C as a guide in performing this function. |
| 11. Maintain a history of all released information. | 11a. Specifically, ensure a history log is maintained of when and to whom the "Emergency Notification Report" and "Protective Action Recommendation" forms were released. |
| 12. Support the Recovery Manager with Offsite agency interface until relieved by the Liaison Support Supervisor. | 12a. Reference EP-PS-242 Tab B and C as a guide in performing this function. |