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TRANSMITTAL INFORMATION:

TO: ~~GERLACH ROSE M~~ 09/17/2003  
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:

243 - 243 - RADIOLOGICAL LIAISON

REMOVE MANUAL TABLE OF CONTENTS DATE: 09/09/2003

ADD MANUAL TABLE OF CONTENTS DATE: 09/16/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EF-PS-243

REPLACE: REV:5

REPLACE: REV:5

REMOVE: PCAF 2003-1605 REV: N/A

ADD: PCAF 2003-1605 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.

AD45

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

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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 ☐ N/A

Weather Conditions: Wind Speed \_\_\_\_\_ Wind Direction \_\_\_\_\_

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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

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Other:

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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
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