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TO: ~~GERLACH*ROSE M~~ 10/31/2003

LOCATION: DOCUMENT CONTROL DESK

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

137 - 137 TSC NRC COMMUNICATOR

REMOVE MANUAL TABLE OF CONTENTS DATE: 10/27/2003

ADD MANUAL TABLE OF CONTENTS DATE: 10/30/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-137

ADD: PCAF 2003-1734 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>203-1734</u>		2. PAGE 1 OF <u>83</u>		3. PROC. NO. <u>EP-PS-137</u> REV. <u>0</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 NRC Communicator: Emergency Plan Position Specific Procedure					
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 Administrative change to clarify the correct Tab location in the Table of Contents for forms that are contained in the procedure. No forms are revised by this PCAF <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>N/A</u>	
BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM					
17. <u>T.C. Dalpiaz</u> / <u>3227</u> / <u>10/28/2003</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>Jeffrey H. Hisewood</u> RESPONSIBLE SUPERVISOR <u>10/28/2003</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. Hisewood</u> FUM APPROVAL <u>10/28/2003</u> DATE					
21. RESPONSIBLE APPROVER <u>N/A</u> INITIALS <u> </u> DATE <u> </u>			ENTER N/A IF FUM HAS APPROVAL AUTHORITY		

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1734 | 2. PAGE 2 OF 83 | 3. PROC. NO. EP-PS-137 REV. 0

11. This question documents the outcome of the 50.59 and 72.48 Review required by NDAP-QA-0726. Either 11a or b 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 requires a 50.59/72.48 Applicability/Screen/Evaluation. (Attach if not previously issued). ☒ YES ☐ N/A
- Reference Applicability/Screening/Evaluation No. A-01-1543
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. 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 *	_____	_____
ISI **	_____	_____
OPERATIONS	_____	_____
STATION ENGINEERING	_____	_____
EMERGENCY PLANNING	<u>TC Nulpa</u>	<u>10-28-03</u>
MAINTENANCE	_____	_____
RADIATION PROTECTION	_____	_____
NUCLEAR MODIFICATIONS	_____	_____
NUCLEAR DESIGN	_____	_____
CHEMISTRY	_____	_____
OTHER _____	_____	_____

- * 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.

SUPPORTING INFORMATION:

TAB:

Emergency Telephone Instructions	TAB 1
Emergency Organization	TAB 2
Logkeeping	TAB 3
Emergency Classifications	TAB 4
Brief Non-Technical Description of EAL	TAB 5
NRC/TSC Communicator Phone Information	TAB 6
Emergency Forms	TAB 7
o Protective Action Recommendation Form	
o Emergency Notification Report	
o <u>Emergency Notification Log sheet</u>	
o <u>Notification Matrix - TSC Communicator</u>	
Notification Matrix - TSC Communicator	TAB 8
VHF Radio Instructions for Backup Communications	TAB 8.9
<u>Blank</u>	<u>TAB 9</u>
NRC Required Information	TAB 10

PCAF

REFERENCES:

SSES Emergency Plan

NUREG-0654, Planning Standards and Evaluation Criteria

NUREG-0731, Guidelines for Utility Management Structure and Technical Resources, September 1980

NUREG-0696, Functional Criteria for Emergency Response Facilities

Distribution Department Instruction I-505, SSES Sirens: Tests, Maintenance and Repairs

IE Notice 82-15

IE Notice 85-62

IE Notice 85-80

IE Notice 86-28

IE Notice 86-97

IE Notice 87-58

Affected Unit _____

Control No. _____

**PROTECTIVE ACTION RECOMMENDATION FORM
SUSQUEHANNA STEAM ELECTRIC STATION**

☐ This is a Drill ☐ This is an Actual Event 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 and advise citizens to take KI in accordance with the State's emergency plans	<input type="checkbox"/> Divert Danville Drinking Water*
<input type="checkbox"/> Evacuate 0-10 miles and advise citizens to take KI in accordance with the State's emergency plans	<input type="checkbox"/> Relocation
	<input type="checkbox"/> Control of Access
	<input type="checkbox"/> Contamination Controls/Decon
	<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 ☐ N/A

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

Control # _____

EMERGENCY NOTIFICATION REPORT

1. Call Status: ☐ THIS IS A DRILL ☐ THIS IS AN ACTUAL EVENT

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

My telephone
number is:

(Callback telephone number)

Notification time is:

(Time notification
initiated)

2. **EMERGENCY CLASSIFICATION:**

☐ UNUSUAL EVENT

☐ ALERT

☐ The event has been terminated.

☐ SITE AREA EMERGENCY

☐ GENERAL EMERGENCY

UNIT: ☐ ONE

Declaration
Time:

DATE:

☐ TWO
☐ ONE & TWO

(Time classification/
termination declared)

(Date classification/
termination declared)

THIS REPRESENTS A/VAN:

☐ INITIAL DECLARATION
☐ ESCALATION
☐ NO CHANGE

} IN CLASSIFICATION STATUS

4. The Emergency Action Level (EAL) Number is: _____

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

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

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

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

7. Conclusion: ☐ THIS IS A DRILL ☐ THIS IS AN ACTUAL EVENT

APPROVED: _____
(ED, RM, or EOFSS)

Time: _____
(Time form approved)

Date: _____
(Date form approved)

EMERGENCY NOTIFICATION LOG SHEET

EMERGENCY CLASSIFICATION

☐ UNUSUAL EVENT
☐ ALERT
☐ SITE AREA EMERGENCY
☐ GENERAL EMERGENCY

☐ STATIC UPDATE

☐ TIME OF DECLARATION

☐ TIME OF TERMINATION

TIME ACCOUNTABILITY
INITIATED/COMPLETED /

TIME SITE EVACUATION
INITIATED/COMPLETED /

EMERGENCY NOTIFICATION
REPORT (ENR) CONTROL NO.

PROTECTIVE ACTION RECOMMENDATION
FORM (PAR) CONTROL NO.

AGENCY	NAME OF CONTACT	TIME TRANSMITTED	ENR FORM TRANSMITTED	PAR FORM TRANSMITTED
PEMA				N/A
LCEMA				N/A
CCDES				N/A
MOC				N/A
NRC				
PIM				
DEP/BRP				

ADDITIONAL INFORMATION

**NOTIFICATION MATRIX
TECHNICAL SUPPORT CENTER COMMUNICATOR**

AGENCY/CONTACT	PHONE NUMBER	UPGRADE or DOWNGRADE	STATIC UPDATE	SIGNIFICANT EVENT	HAZARDOUS MATERIAL	PROTECTIVE ACTION RECOMMENDATION FORM	TERMINATION
PEMA (4960/4961) LCEMA (4906/4907) CCDPS (4955/4956) MOC (4903/4902)	191	X Within 15 minutes	X Every hour	X	X	NA	X
Nuclear Regulatory Commission	ENS or 1-301-816-5100	X Within 1 hour	X	X	X	X	X
Transmission Control Center	8-1-484-634-4090	X After NRC notification	NA				X
Institute of Nuclear Power (INPO)	8-1-800-321-0614	X Within 2 hours					X
American Nuclear Insurers	8-1-860-561-3433	X Within 2 hours					X
PA Rural Electric Assn.	8-1-717-233-5704	X Within 2 hours					X

Note: Additional telephone numbers are located in the Emergency Telephone Directory available at each workstation.