

MANUAL HARD COPY DISTRIBUTION
DOCUMENT TRANSMITTAL 2003-51512

USER INFORMATION:

Name: ~~GERLACH*ROSE M~~ EMPL#: 28401 CA#: 0363
Address: ~~NUC 354~~
Phone#: ~~354-319~~

TRANSMITTAL INFORMATION:

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

354 - 354 - MEDIA OPERATIONS CENTER (MOC) COMMUNICATOR

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

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

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-354

REPLACE: REV:4

REPLACE: REV:4

REMOVE: PCAF 2003-1547 REV: N/A

ADD: PCAF 2003-1547 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

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
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BOMB FACTS CHECKLIST

INSTRUCTIONS: Be calm. Listen. Do not interrupt the caller.

THREAT RECEIVER: _____ TIME: _____ DATE: _____

ORIGIN OF CALL: Local: _____ Long Distance: _____ On-Site: _____

IDENTIFYING DATA: Male: _____ Female: _____ Adult: _____ Juvenile: _____ Age: _____

Keep caller talking. If caller seems agreeable to further conversation, ask questions like:

When will it go off? Certain Hour: _____ Time Remaining: _____

Where is it located? Building: _____ Areas: _____

What does it look like? _____ Where are you now? _____

How do you know so much about the bomb? _____

What is your name and address? _____

Inform the caller that detonation could cause death or injury. _____

Did the caller appear familiar with site or building by his description of bomb location? _____

Write out the exact language of the threat: _____

(CONTINUED ON NEXT PAGE)



BOMB FACTS CHECKLIST (CONTINUED)

BACKGROUND DATA ☒

Voice Characteristics:

<input type="checkbox"/> LOUD	<input type="checkbox"/> SOFT
<input type="checkbox"/> HIGH PITCH	<input type="checkbox"/> DEEP
<input type="checkbox"/> RASPY	<input type="checkbox"/> PLEASANT
<input type="checkbox"/> INTOXICATED	

Specify:

<input type="checkbox"/> FAST	<input type="checkbox"/> SLOW
<input type="checkbox"/> DISTANT	<input type="checkbox"/> DISTORTED
<input type="checkbox"/> STUTTER	<input type="checkbox"/> NASAL
<input type="checkbox"/> SLURRED	<input type="checkbox"/> LISP

Language:

<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD
<input type="checkbox"/> FAIR	<input type="checkbox"/> FOUL

Accent:

<input type="checkbox"/> LOCAL	<input type="checkbox"/> NOT LOCAL (region)
<input type="checkbox"/> FOREIGN	<input type="checkbox"/> RACE

Manner:

<input type="checkbox"/> CALM	<input type="checkbox"/> ANGRY
<input type="checkbox"/> RATIONAL	<input type="checkbox"/> IRRATIONAL
<input type="checkbox"/> COHERENT	<input type="checkbox"/> INCOHERENT
<input type="checkbox"/> DELIBERATE	<input type="checkbox"/> EMOTIONAL
<input type="checkbox"/> RIGHTEOUS	<input type="checkbox"/> LAUGHING

Background Noises:

<input type="checkbox"/> FACTORY NOISES	
<input type="checkbox"/> BEDLAM	<input type="checkbox"/> TRAINS
<input type="checkbox"/> MUSIC	<input type="checkbox"/> ANIMALS
<input type="checkbox"/> QUIET	<input type="checkbox"/> OFFICE MACHINES
<input type="checkbox"/> MIXED	<input type="checkbox"/> VOICES
<input type="checkbox"/> AIRPLANES	<input type="checkbox"/> STREET TRAFFIC
<input type="checkbox"/> HOUSE NOISES	<input type="checkbox"/> PARTY ATMOSPHERE

NOTIFY SECURITY

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

☐ TWO

☐ ONE & TWO

Declaration
Time: _____

(Time classification/
termination declared)

DATE: _____

(Date classification/
termination declared)

THIS REPRESENTS A/AN:

☐ 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)