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TO: [redacted] 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:

110 - 110 - MAINTENANCE/I&C COORDINATOR: EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

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-110
REPLACE: REV:5

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REMOVE: PCAF 2003-1602 REV: N/A

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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

Tab 8
EP-PS-110-8

INDIA TEAM DISPATCH FORM

INDIA TEAM NO. _____ (Assigned by Radio Person)

Dispatch Time: _____ Hr. Return Time: _____ Hr.

		Name (print)	SRD READING		DOSE AVAIL
1)	Team Leader:	_____	_____	mR	_____
	Members:	_____	_____	mR	_____
		_____	_____	mR	_____
		_____	_____	mR	_____
		_____	_____	mR	_____

NOTE: INDIA Team Members are to sign in on RWP# YYYY-8000.

2) Job Location: Unit # _____ (0,1,2) Bldg. _____ Elev(s)_____ Ft.

Job Site: _____
(e.g. HPCI Room, RHR Pump Room, ESW Pump House, etc)

3) Job Description (Brief): _____

4) Radiological Review: _____

5) Job Progress/Debriefer _____

Form Completed by: _____
(I&C/Maint. Coord. Initial)

EMERGENCY EXPOSURE EXTENSION REQUEST

DATE _____ / _____ / _____ TIME _____ TEAM _____

TYPE OF DOSE EXTENSION (✓):

☐ Extend to 25 Rem ☐ Extend to _____ Rem

Approved by/date (RPC/DASU): _____ / _____

Approved by/date (ED/RM): _____ / _____

Name	Soc Sec #	Signature	Current year, dose, mrem	Lifetime dose, mrem	E-plan Function

Signature of volunteer denotes an understanding and an awareness of the risks involved, including the numerical levels of dose at which acute effects of radiation will be incurred and numerical estimates of the risk of delayed effects.

ALARA REVIEW

Check ✓

A. PERSON-REM ESTIMATION

____ 1. Assess the number of workers required.
2. Evaluate the use of fewer workers.
3. Investigate experience of workers selected.
4. Assure all workers have essential, productive tasks.
5. Assure workers have available exposure.
6. Evaluate criteria for emergency exposure.

B. PLANNING

____ 1. Preplanning meeting with supervisors and/or workers required.
2. Access to and exit from work are planned.
3. Evaluate staging/setup in accessible low dose rate area.
4. Prefabrication considered.
5. Evaluate use of remote handling devises or other special tools.
6. Cold equipment "mockups", rehearsals, or other practical exercise.

C. EXPOSURE REDUCTION CONTROLS

____ 1. Evaluate need for timekeeping.
2. Consider use of water bucket shielding for carrying hot parts.
3. Consider use of shielded drums or lead "pigs" for carrying hot parts.
4. Consider use of temporary shielding such as lead wool blankets, lead sheets, or lead bricks.
5. Consider use of shadow shields utilizing a portable curtain shield.
6. System or equipment to be filled with water.
7. System or equipment to be drained and flushed.
8. Assess exposure reduction by permitting decay of radiation sources during reactor shutdown or system isolation.
9. Assess the need of communication devices such as head sets, TV cameras, others.
10. Assess practicality of removing component from radiation area.
11. Evaluate use of photographs of "as installed equipment" to aid in worker briefings.

D. AIRBORNE/CONTAMINATION CONTROL

____ 1. Assess need for respiratory protection usage against effectiveness of engineering controls.
2. Assess individual's history of internal DAC-Hr exposure to airborne contamination.
3. Assess necessity of area decon before commencement of work.
4. Containment structure (tent) required.
5. Portable ventilation system required.
6. Assess need for flooding or draining rooms.
7. Assess hot particle or fuel fragment migration.

Performed by _____

Provided below are the instructions on how to retrieve an individual's occupational exposure information.

1. Log into NIMS, go to RPDPERX screen.
2. Query the individual.
3. Click on DOSE SUMMARIES button.
4. The screen in Figure 1 will appear.
5. The individual's YEAR-TO-DATE (YTD) dose will be provided as 'NRC PERIOD EXPOSURE' for the current calendar year.

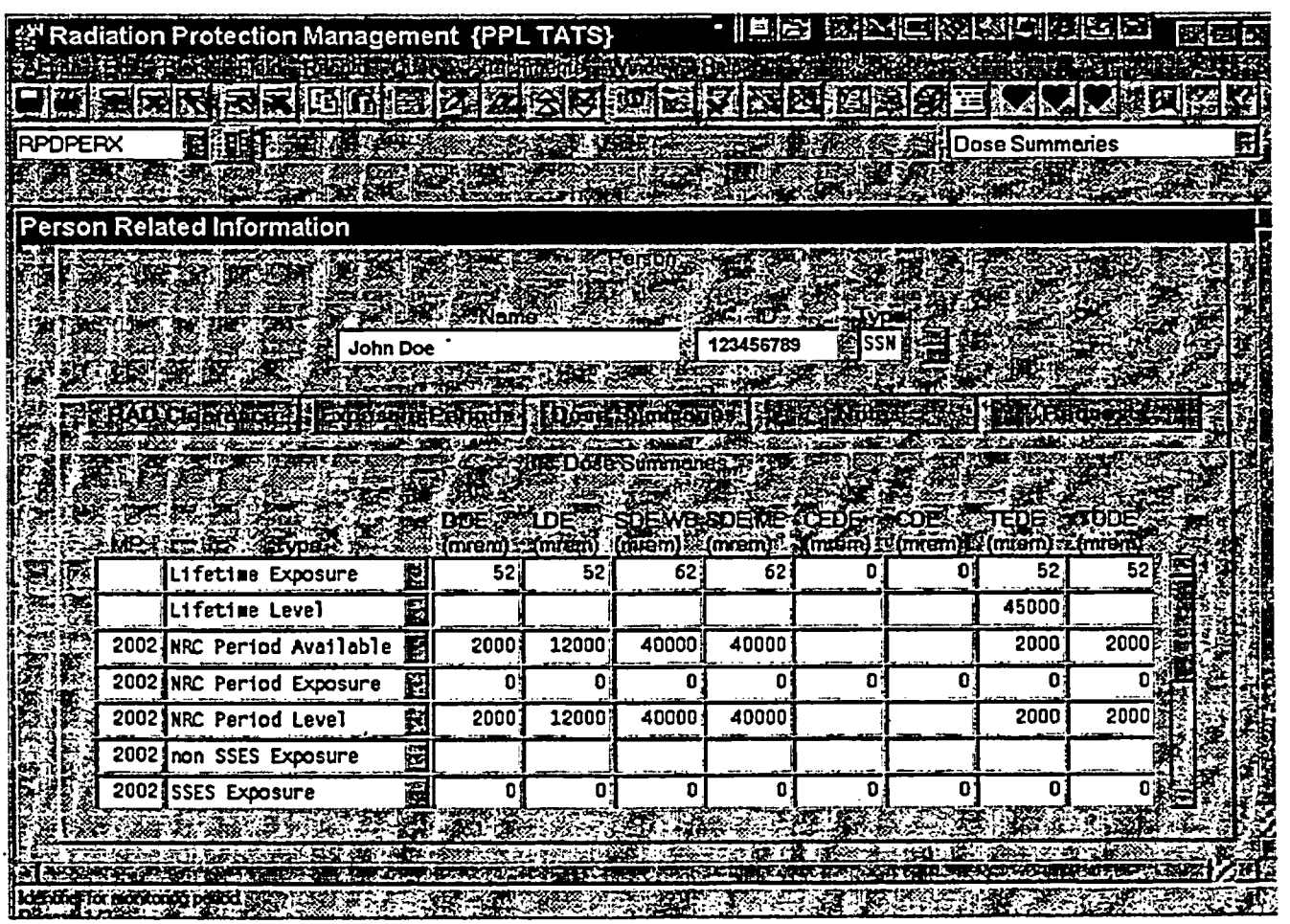

Figure 1

POTASSIUM IODIDE (KI) TRACKING FORM

(Recommended dose: 1 tablet/day = 130 mg)

KI ISSUED TO: (NAME)	SOCIAL SECURITY #	EST. DATE/TIME OF EXPOSURE		START		KI INTAKE STOP		DOSAGE (Tablets)
		DATE	TIME	DATE	TIME	DATE	TIME	

Approved by: _____ **Date** _____

Emergency Director - or - Recovery Manager