

MANUAL HARD COPY DISTRIBUTION

DOCUMENT TRANSMITTAL 2003-58837

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USER INFORMATION:

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TRANSMITTAL INFORMATION:

TO: ~~GERLACH\*ROSE M~~ 12/12/2003  
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:

127 - 127 - TECHNICAL SUPPORT CENTER (TSC)  
COMMUNICATOR: EMERGENCY PLAN-POSITION SPECIFIC  
PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 11/12/2003

ADD MANUAL TABLE OF CONTENTS DATE: 12/11/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-127

REPLACE: REV:16

REPLACE: REV:16

REMOVE: PCAF 2003-1482 REV: N/A

REMOVE: PCAF 2003-1553 REV: N/A

REMOVE: PCAF 2003-1641 REV: N/A

ADD: PCAF 2003-1482 REV: N/A

ADD: PCAF 2003-1553 REV: N/A

ADD: PCAF 2003-1641 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,

A045

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)

3. **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/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)

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"/> Relocation
	<input type="checkbox"/> Control of Access
<input type="checkbox"/> Evacuate 0-10 miles and advise citizens to take KI in accordance with the State's emergency plans	<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