

# "TEMPORARY CHANGE"

## Three Mile Island Nuclear Station Temporary Change Notice (TCN)

NOTE: Instructions and guidelines in AP1001A must be followed when completing this form.

12. TCN No. 0-53-0007 (From TCN Log Index)

13. Implementation Date 1-26-83

SS/SF Signature [Signature]

1. Procedure 1004.B 5 Callout of Onsite and Offsite Duty Roster Personnel  
No Present Rev. No. Title

2. Change (include page numbers, paragraph numbers, and exact wording of change. (Attach additional sheets if necessary and provide the generic nature of the change on this sheet.)

Refer to the attached page.

3. Reason for Change: To insure the Unit 2 Admin Building and Training Center personnel are informed of the callout of the offsite duty roster until the respective internal page systems are completely operational.

4. Duration of TCN - No longer than ninety days from implementation date of TCN or as in (a) or (b) below whichever occurs first.

(a) TCN will be cancelled by a procedure revision issued as a result of a Procedure Change ☐  
Request to be submitted by -NA- (Submit PCR as soon as possible)  
Individual Submitting TCN

(b) TCN is not valid after Page systems are connected to whelm siren system ☒  
(Fill in circumstances which will result in TCN being cancelled)

5. Is procedure "Important to Safety"? ..... yes ☒ no ☐

If "Yes" a safety evaluation is required (side 2).

6. Is procedure "Environmental Impact Related"? ..... yes ☐ no ☒

If "Yes" an environmental impact evaluation is required (side 2).

7. Does the change effect the intent of the original procedure? ..... yes ☐ no ☒

NOTE: If answers to #5, 6 and 7 are "no" the change may be approved by the Shift Supervisor.

NOTE: If answer to #7 is "yes" the change must be reviewed and approved in accordance with Table 2 prior to implementation.

NOTE: If answer to #7 is "no" and answers to #5 or 6 are "yes" change may be either (a) two member reviewed or (b) reviewed and approved in accordance with table 2.

### Review Signatures:

8. Change Recommended By: Joe A. Brady Date 30 Dec 1982

9. \* Procedure Owner Concurrence X [Signature] Date 1/3/83  
\* Responsible Technical Reviewer, Responsible Office Department Head, or his Designee may concur if Procedure Owner is unavailable  
\* May be by Telecon

10. Tech. Functions Rep. Notified (if reqd.) -NA- Date \_\_\_\_\_

### 11. Approval(s):

(a) Two Members of the GPUN Mng. Staff Route

1. \_\_\_\_\_  
Signature Date

2. \_\_\_\_\_  
Signature Date

Within fourteen (14) days: (Approval per AP 1001A must occur)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

(b) Normal Route (Per AP1001A):

(PRG) [Signature] 1/17/83  
Signature Date

[Signature] 1-17-83  
Signature Date

(c) SS Approval Only: (This approval only used if answers to questions #5, 6 and 7 are all "No".)

NA  
SS Signature Date

14. TCN is Cancelled \_\_\_\_\_

Shift Supervisor & Shift Foreman

Date

# "EVALUATION"

Side 2

## Three Mile Island Nuclear Station Safety/Environmental Impact Evaluation

TCN No. ☐ - ☐ - ☐

1. Procedure 1004.8 Callout of Onsite and Offsite duty Roster Personnel  
No. Title

### 2. Safety Evaluation

Does the attached procedure change:

- (a) increase the probability of occurrence or the consequences of an accident or malfunction or equipment important to safety? yes ☐ no ☒
- (b) create the possibility for an accident or malfunction of a different type than any evaluated previously in the safety analysis report? yes ☐ no ☒
- (c) reduce the margin of safety as defined in the basis for any technical specification? yes ☐ no ☒

Details of Evaluation (Explain why answers to above questions are "no". Attach additional pages if required.)

*This change does not affect any equipment or operating procedures, therefore it does not impact upon Nuclear Safety*

Evaluation By J. A. Brady Date 30 Dec 1982

\*If any of these questions are answered "YES" the change must be reviewed and approved by the NRC prior to implementation.

### 3. Environmental Impact Evaluation

Does the attached procedure change:

- (a) possibly involve a significant environmental impact? yes ☐ no ☐  
(if 3(a) is "yes", answer questions (b) and (c) and fill in "Details of Evaluation" below. If no, state why by filling in the "Details of Evaluation" below.)
- (b) have a significant adverse effect on the environment? yes ☐ no ☐
- (c) involve a significant environmental matter or question not previously reviewed and evaluated by the N.R.C. yes ☐ no ☐

Details of Evaluation (Attach additional pages if required)

Evaluation By \_\_\_\_\_ Date \_\_\_\_\_

\*If any of these questions are answered "YES" the change must be reviewed and approved by the NRC prior to implementation.

#### 4. (1) Normal Approval(s) (Per AP 1001A)

(PRG) M. A. Nelson 1/17/83  
Signature Date  
Raymond G. Toole 1-17-83  
Signature Date  
1/24/83

#### 4. (2) if "Two (2) members of the GPUN management staff route:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Within fourteen (14) Days Approval per AP 1001A

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

ITEM: TCN to 1004.8

allot of Onsite & Offsite Duty Roster Personnel

DATE: 1/5/83

TO: M. J. Ross

The attached item is assigned to you for Cross-Disciplinary Technical Review/  
Staff Review/Independent Safety Review. Please review this item and return  
with comments or sign off as satisfactory below, by 1/13/83.

M. A. Nelson  
M. A. Nelson  
PRG Chairman, TMI-1

☒ Satisfactory

☐ Comments Attached

Signature

M. J. Ross

Date

1/13/83

The following is to be inserted before paragraph 4.3.1 page 7.0

NOTE: Prior to commencing the actual callout of the offsite

duty roster personnel, inform the Unit of Administration Building,

Green Admin. Building and Training Center personnel that the onsite and offsite emergency organizations are to be activated.

This can be accomplished by calling the following:

Unit of Admin. Building

J. Barton's Office -

J. DeVine's Office -

Green Admin Building

L. King's Office

Training Center

E. Brown's Office -

or

Dr. Knief's Office -