

PROCEDURE REQUEST FORM

FNP-0-AP-1

1. Procedure Number FNP-0-EP-4 Revision Number 10
 Procedure Title Chemistry and Health Physics Support to the Emergency Plan

- ☒ Safety Related ☐ Non-Safety Related
☐ New Procedure Request
☐ Procedure Revision, New Revision Number _____
 Change of Intent
☒ Temporary Procedure Change, Effective until next permanent change, TCN 10A
☐ Temporary Procedure Change, Req'd. by Plant Conditions, TCN _____
☐ Temporary Procedure Change, One Time Use

DOCUMENT CONTROL
 CONTROLLED COPY
 DO NOT REPRODUCE
 COPY NO. 043

2. Change Summary

2.1 Procedure Page Numbers Affected by Change

pages 5A to be inserted between pages 5 & 6

2.2 Description of Changes

added duties of the RMT assigned to the assembly areas & the hospital

2.3 Reason for Change

To correct mistaken deleted material.

3. Prepared By [Signature], Chief Technician, 2-8-83
 Signature Title Date
 4. Reviewed By William H. [Signature], Environmental & Emergency Sector, 2-8-83
 Signature Title supervisor Date
 5. Cross-Disciplinary/PORC Review

Group	Signature	Title	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Temporary Change Approval (Signature/Date)

- ☒ Member Group Staff
☐ Shift Foreman
☒ Senior Reactor Operator
☐ Plant Manager

[Signature] / 2-8-83
[Signature] / 2-8-83

7. Final Approval (Signature/Date, required within 60 days of temporary approval)

- ☐ Group Supervisor
☐ Plant Superintendent
☐ MSAER
☐ Vice President - Nuclear Generation
☒ Plant Manager

[Signature] / 2-8-83
[Signature] / 2-8-83

FARLEY NUCLEAR PLANT
NUCLEAR SAFETY EVALUATION CHECK LIST

- (1) UNIT Shovel
 (2) CHECK LIST APPLICABLE TO: FNP-0-ETP-4 Revision TCN 10A
 (3) SAFETY EVALUATION - PART A

The procedure, procedure change or modification to which this evaluation is applicable represents:

- (3.1) Yes No ✓ A change to the plant as described in the FSAR?
 (3.2) Yes No ✓ A change to procedures as described in the FSAR?
 (3.3) Yes No ✓ A test or experiment not described in the FSAR?
 (3.4) Yes No ✓ A change to the Technical Specifications?

If the answer to any of the above questions is "Yes," complete Item (4) and attach a 10CFR50.59 evaluation. If the answer to all of the above is "No," omit Item (4) and Item (9).

(4) SAFETY EVALUATION - PART B

- (4.1) Yes No Will the probability of an accident previously evaluated in the FSAR be increased?
 (4.2) Yes No Will the consequences of an accident previously evaluated in the FSAR be increased?
 (4.3) Yes No May the possibility of an accident which is different than any already evaluated in the FSAR be created?
 (4.4) Yes No Will the probability of a malfunction of equipment important to safety previously evaluated in the FSAR be increased?
 (4.5) Yes No Will the consequences of a malfunction of equipment important to safety different than any already evaluated in the FSAR be increased?
 (4.6) Yes No May the possibility of a malfunction of equipment important to safety different than any already evaluated in the FSAR be created?
 (4.7) Yes No Will the margin of safety as defined in the basis to any Technical Specification be reduced?

If the answer to any of the above questions is "Yes," an unreviewed safety question is involved. Explain the basis for each answer provided in Section 4.

- (5) REMARKS: (Attach additional pages if necessary) _____

- (6) PREPARED BY: Edmund Bear DATE 2-8-83
 (7) REVIEWED BY: William H. Lipentoy DATE 2-8-83
 (8) PORC REVIEW: _____ DATE _____
 (9) NORB REVIEW: _____ DATE _____

Distribution

Original: Document Control File A21 6226

- 4.2.3 Comply with EIP-13 if supporting the Fire brigade
- 4.2.4 Comply with EIP-14 if a member of a re-entry team
- 4.2.5 Don necessary protective clothing and emergency equipment and perform radiological surveys as directed.
- 4.2.6 Document all survey data
- 4.2.7 Post and establish controlled Access Areas as appropriate
- 4.2.8 Report findings to the Technical Support Center (TSC).
- 4.3 A Radiation Monitoring Team assigned to monitor in the environment (onsite and offsite) shall:
 - 4.3.1 Obtain the RMT kit from the CSC building. Check operability of all equipment. Don necessary protective clothing and emergency equipment.
 - 4.3.2 Pick up a transceiver, if necessary, located in the Primary Access Point (PAP) Building and proceed to the Environmental Vehicle or other available plant vehicle.
 - 4.3.3 Perform a direct radiation, air particulate, and radioiodine surveys in areas designated by the emergency Director or Health Physics Manager. Refer to Figures 1 & 2 for designated monitoring points.
 - 4.3.4 Replace any TLD located in the area and post additional TLD's as directed.
 - 4.3.5 Document survey data.
 - 4.3.6 Relay data to the TSC via radio. Report locations per the instructions on Figure 2.
- 4.4. A Radiation Monitoring Team assigned to monitor at the Southeast Alabama Medical Center shall:
 - 4.4.1 Maintain a log of all personnel who enter the Radiation Casualty Receiving Area or who are in the vicinity of the casualty.

PROCEDURE REQUEST FORM

FNF-0-AP-1

1. Procedure Number FIP-9 Revision Number 11
 Procedure Title RADIATION EXPOSURE ESTIMATION AND CLASSIFICATION OF
EMERGENCIES

☒ Safety Related ☐ Non-Safety Related

☐ New Procedure Request

☐ Procedure Revision, New Revision Number _____

Change of Intent

☒ Temporary Procedure Change, Effective until next permanent change, TCN 11A

☐ Temporary Procedure Change, Req'd. by Plant Conditions, TCN _____

☐ Temporary Procedure Change, One Time Use

DOCUMENT CONTROL
 CONTROLLED COPY
 DO NOT REPRODUCE
 COPY NO. 043

2. Change Summary

2.1 Procedure Page Numbers Affected by Change
PAGE 3 4.1.2

2.2 Description of Changes
SEE ATTACHED PAGE

2.3 Reason for Change
CORRECT ERRONEOUS INFORMATION

3. Prepared By [Signature], C/HP TECHNICIAN, 02-08-83
 Signature Title Date

4. Reviewed By [Signature], C/HP Foreman, 02-08-83
 Signature Title Date

5. Cross-Disciplinary/PORC Review

Group	Signature	Title	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Temporary Change Approval (Signature/Date)

- ☒ Member Group Staff
☐ Shift Foreman
☒ Senior Reactor Operator
☐ Plant Manager

[Signature] / 2/8/83
[Signature] / 2-8-83

7. Final Approval (Signature/Date, required within 60 days of temporary approval)

- ☐ Group Supervisor
☐ Plant Superintendent
☐ MSAER
☐ Vice President - Nuclear Generation
☒ Plant Manager

N.A. [Signature] / 2-8-83

FARLEY NUCLEAR PLANT
NUCLEAR SAFETY EVALUATION CHECK LIST

- (1) UNIT 1 & 2
 (2) CHECK LIST APPLICABLE TO: EIP-9 Revision 11 TCN 11A
 (3) SAFETY EVALUATION - PART A

The procedure, procedure change or modification to which this evaluation is applicable represents:

- (3.1) Yes ☐ No ☒ A change to the plant as described in the FSAR?
 (3.2) Yes ☐ No ☒ A change to procedures as described in the FSAR?
 (3.3) Yes ☐ No ☒ A test or experiment not described in the FSAR?
 (3.4) Yes ☐ No ☒ A change to the Technical Specifications?

If the answer to any of the above questions is "Yes," complete Item (4) and attach a 10CFR50.59 evaluation. If the answer to all of the above is "No," omit Item (4) and Item (9).

(4) SAFETY EVALUATION - PART B

- (4.1) Yes ☐ No ☐ Will the probability of an accident previously evaluated in the FSAR be increased?
 (4.2) Yes ☐ No ☐ Will the consequences of an accident previously evaluated in the FSAR be increased?
 (4.3) Yes ☐ No ☐ May the possibility of an accident which is different than any already evaluated in the FSAR be created?
 (4.4) Yes ☐ No ☐ Will the probability of a malfunction of equipment important to safety previously evaluated in the FSAR be increased?
 (4.5) Yes ☐ No ☐ Will the consequences of a malfunction of equipment important to safety different than any already evaluated in the FSAR be increased?
 (4.6) Yes ☐ No ☐ May the possibility of a malfunction of equipment important to safety different than any already evaluated in the FSAR be created?
 (4.7) Yes ☐ No ☐ Will the margin of safety as defined in the basis to any Technical Specification be reduced?

If the answer to any of the above questions is "Yes," an unreviewed safety question is involved. Explain the basis for each answer provided in Section 4.

- (5) REMARKS: (Attach additional pages if necessary) _____

- (6) PREPARED BY: J. Jua DATE 02-08-43
 (7) REVIEWED BY: J. Jua DATE 2-8-83
 (8) PORC REVIEW: _____ DATE _____
 (9) NORB REVIEW: _____ DATE _____

Distribution

Original: Document Control File A21 6226

4.1.2 The ADMS will generate whole body and thyroid doses at the site boundary and plume centroid positions for the ground level plume and the elevated plume. Note that these two plumes may not overlap. For the purpose of emergency classification the ground level and elevated plume at the site boundary should be considered. While other values may be useful for dose assessment in the surrounding countryside, the ground level plume at the site boundary serves as the reference for classification.

4.1.3 Determine classification level and protective action recommendation from paragraph 4.3

4.2 Manual Dose Assessment

4.2.1 Obtain meteorological information on wind speed, wind direction, and atmospheric stability (ΔT) from plant meteorological instruments using Tab 1.

4.2.2 If at least one value for wind speed, one value for wind direction, and one value for atmospheric stability are not available from 4.2.1 above, obtain this information from the following offsite sources in the order listed until all information needed is obtained:

4.2.2.1 Dothan Flight Service

4.2.2.2 National Weather Bureau-Montgomery

4.2.2.3 National Weather Bureau -Birmingham

4.2.2.4 Great Southern Paper Company (windspeed and wind direction only).

NOTE: Refer to Tab 2 for specific instructions.

4.2.3 Once the atmospheric stability class has been determined per 4.2.1 or 4.2.2, determine dose rates, projected doses, projected plume boundaries, and projected