

Arkansas Nuclear One - Administrative Services
Document Control
Thursday, April 18, 1996

Document Update Notification

COPYHOLDER NO: **103**

TO: **NRC - WASHINGTON**

ADDRESS: **NRC**

DOCUMENT NO: **OP-1903.054**

TITLE: **REQUEST ADD PERSONNEL**

REVISION NO: **06**

CHANGE NO: **AP-06**

SUBJECT: **DELETION**

☐ *If this box is checked, please sign, date, and return transmittal in envelope provided.*

☐ *ANO-1 Docket 50-313*

☐ *ANO-2 Docket 50-368*

Signature

Date

AD459/

ENTERGY OPERATIONS INCORPORATED ARKANSAS NUCLEAR ONE

TITLE: ADDITIONAL PERSONNEL			PROC/WORKPLAN NO. 1903.054		REV. 6							
AFFECTED UNIT <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		PROCEDURE <input checked="" type="checkbox"/>		WORKPLAN <input type="checkbox"/>		WP EXP. DATE _____						
SAFETY-RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												
<p>REASON FOR DELETION:</p> <p>All pertinent information, instructions and requirements from this procedure will be incorporated into Procedure 1903.053, "Logistical Support".</p>												
ORIGINATOR: <i>Jerri Hare</i>			DATE: <i>3/12/96</i>		<p>DOES THIS DOCUMENT:</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Appear on MTCL? (If Yes, Surv. Coord. must sign)</td> <td style="width: 20%; text-align: center;">Yes No</td> </tr> <tr> <td>Implement a Regulatory Commitment? (If Yes, coordinate with Licensing before deletion)</td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>Implement any corrective actions?</td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> </table>		Appear on MTCL? (If Yes, Surv. Coord. must sign)	Yes No	Implement a Regulatory Commitment? (If Yes, coordinate with Licensing before deletion)	<input type="checkbox"/> <input checked="" type="checkbox"/>	Implement any corrective actions?	<input type="checkbox"/> <input checked="" type="checkbox"/>
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Implement any corrective actions?	<input type="checkbox"/> <input checked="" type="checkbox"/>											
UNIT SURVEILLANCE COORDINATOR: (REQUIRED ONLY IF MTCL AFFECTED) <i>NA</i>			DATE:									
QUALITY: (REQUIRED ONLY FOR STATION ADMIN) <i>NA</i>			DATE:		<p>OTHER SECTION LEADER(S): (Required only if responsibilities assigned outside department)</p> <p style="text-align: center;"><i>NA</i></p> <p>DATE: _____</p>							
SECTION LEADER: (PROVIDES INDEPENDENT REVIEW) <i>WR Merlam</i>			DATE: <i>4-1-96</i>									
FINAL APPROVAL: <i>Robert Byrd for Sherie Collier</i>			DATE: <i>4-17-96</i>									
PSC CHAIRMAN: <i>[Signature]</i>			DATE: <i>4/9/96</i>		<p>FORM NO. REV.</p> <p>1000.006H 44</p>							
FORM TITLE: PROCEDURE/WORK PLAN DELETION												