

NRC FORM 361A  
(MM-YYYY)U.S. NUCLEAR REGULATORY COMMISSION  
OPERATIONS CENTER

APPROVED BY OMB: NO. 3150-0238

EXPIRES: (MM/DD/YYYY)



# FUEL CYCLE AND MATERIALS EVENT NOTIFICATION WORKSHEET

Estimated burden per response to comply with this voluntary collection request: 30 minutes. The information provided will be used for evaluation of licensee event description, facility status and for input to the public website. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0238), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

EN # \_\_\_\_\_

NRC OPERATIONS TELEPHONE NUMBERS: PRIMARY - 301-816-5100 or 800-532-3469\*, BACKUPS - [1st] 301-951-0550 or 800-449-3694\*, [2nd] 301-415-0550 and [3rd] 301-415-0553. \*Licensees who maintain their own ETS are provided these telephone numbers. FAX - 301-816-5151, EMAIL - [hoo.hoc@nrc.gov](mailto:hoo.hoc@nrc.gov)

Notification Time	Facility or Organization	License #	Name of Caller/Title	Call Back #
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Event Time & Zone	Event Date	Location of Event (Include County and State)	Portion of Plant Affected (If applicable)
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EVENT CLASSIFICATIONS	EVENT TYPES	INCIDENT REPORTS (30.50, 40.60, 70.50)	
<input type="checkbox"/> GENERAL EMERGENCY*	<input type="checkbox"/> FUEL CYCLE	<input type="checkbox"/> 20.2201 LOSS / THEFT	<input type="checkbox"/> (a) PROTECTIVE ACTION PREVENTED
<input type="checkbox"/> SITE AREA EMERGENCY	<input type="checkbox"/> MEDICAL / ACADEMIC	<input type="checkbox"/> 20.2202 ACTUAL / THREATENED OVEREXPOSURE	<input type="checkbox"/> (b)(1) UNPLANNED CONTAMINATION
<input type="checkbox"/> ALERT	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> 20.2202 ACTUAL / THREATENED RELEASE	<input type="checkbox"/> (b)(2) SAFETY EQUIPMENT FAILURE
<input type="checkbox"/> NOTIFICATION OF UNUSUAL EVENT*	<input type="checkbox"/> WASTE MANAGEMENT	<input type="checkbox"/> 21.21 DEFECT / NONCOMPLIANCE	<input type="checkbox"/> (b)(3) MEDICAL TREATMENT WITH CONTAMINATION
<input type="checkbox"/> INCIDENT REPORT	<input type="checkbox"/> INDUSTRIAL / COMMERCIAL	<input type="checkbox"/> 26.791 FITNESS FOR DUTY	<input type="checkbox"/> (b)(4) FIRE / EXPLOSION
<input type="checkbox"/> TRANSPORTATION EVENT	<input type="checkbox"/> FOREIGN EVENT	<input type="checkbox"/> 35.3045 MEDICAL EVENT	<input type="checkbox"/> 70.52 CRITICALITY / SNM LOST
<input type="checkbox"/> INFORMATION ONLY	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> 35.320 14(a) ELUATE OVER CONCENTRATION LIMIT	<input type="checkbox"/> 70.52 ACTUAL / ATTEMPTED THEFT
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> 36.83 IRRADIATOR EVENT	<input type="checkbox"/> APPENDIX A, 1-Hour
		<input type="checkbox"/> 39.77 RUPTURED OR IRRETRIEVABLE WELL LOGGING SOURCE	<input type="checkbox"/> APPENDIX A, 24-Hour
		<input type="checkbox"/> 40.26 TAILINGS / WASTE DAM FAILURE	<input type="checkbox"/> CONCURRENT REPORT

\*ONLY UNDER OLD 1981 ORDER

NOTIFICATIONS	YES	NO	WILL BE	Anything Unusual or not understood? <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> No
NRC REGION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STATE(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did all systems function as required? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain below)
LOCAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER GOVERNMENT AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Information on page 2? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Event Description (Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc.) (Continue on Page 2)

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**RADIOLOGICAL / CHEMICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS**

Isotope	Activity	Physical Form	Chemical Form		Stack	Liquid Effluent	Other (Specify)
				Monitor Reading			
				Alarm Setpoint			

<input type="checkbox"/> ONGOING RELEASE <input type="checkbox"/> TERMINATED RELEASE <input type="checkbox"/> OFFSITE RELEASE <input type="checkbox"/> ONSITE AREAS EVACUATED <input type="checkbox"/> OFFSITE PROTECTIVE ACTION RECOMMENDED	<b>PERSONNEL EXPOSURE / CONTAMINATION DATA</b>	
	Number of Personnel Exposed	Number of Personnel Contaminated
	Maximum External Dose	Maximum External Level
	Maximum Internal Dose	Maximum Internal Level
	Critical Organ (if known)	Critical Organ (if known)

Number and Types of controls necessary under normal operating conditions

Number and Types of controls which functioned properly under upset conditions

Number and Types of controls necessary to restore a safe situation

Safety Significance of Events

Safety Equipment Status

Status of Corrective Actions

**Event Description (Continued)** (Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc.)