DATE: 12/27/99 TIME: 10:08:28

AMÈREN/UE DOCUMENT CONTROL SYSTEM DOCUMENT TRANSMITTAL

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PAGE: ARDC8801

TRANSMITTAL NUMBER: 431708 TO CONTROL NUMBER: 338U TITLE: OTHER DEPT: NUCLEAR REGULATORY COMM. LOCATION: USNRC - WASH DC TRANSMITTAL DATE: 19991227	RETURN ACKNOWLEDGED TRANSMITTAL AND SUPERSEDED DOCUMENTS (IF APPLICABLE) TO: ADMINISTRATION RECORDS AMEREN/UE CALLAWAY PLANT P.O. BOX 620 FULTON, MO 65251
TRAN DOC	RET ALT ALT
CODE TYPE DOCUMENT NUMBER	REV REV MED COPY MED COPY AFFECTED DOCUMENT

U,	CODE	TYPE	DOCUMENT NUMBER	REV	REV	MED	COPY	MED	COPY	AFFECTED DOCUMENT
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2	A	PROC	99-0679	008		С	1			EIP-ZZ-00200
1	A	PROC	99-0678	017		С	1			EIP-ZZ-00211

ACKNOWLEDGED BY:

DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM (Instructions for Completion on Back)

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			·	TCN NO.	99-679					
	1.	PROCEDURE NU	MBER		EIP-ZZ-00200	 RE	VISION NO. 008			
<u> </u>		PROCEDURE TIT	LE Augme	ntation of the Emergenc	y Organization					
	1.1	One Time TCN?	YES 🗖	NO 🛛 🛛 J	Effective from	to				
	1.2	Does this TCN sup			NO 🖾 If	"yes," number of TCN to be supers	eded			
	1.3 1.4	procedure revision i	(7th) TCN aga an SOS Sugges is necessary.) S	tion to notify the respon.	E YES 🔲 NO 🔀 sible department that	 CONTINUOUS USE PF CONTINUOUS USE PF This procedure must be written with each step be user prior to the perform 	****** COCEDURE * performed exactly as * sing read by the *			
	1.5 2.	YES 🛛 NO 🗖 CHANGE SUMM		of procedure owner rec	juired?		~~~~~~~~~ ~ ~~~~~			
	2.1	PAGE NUMBERS	AFFECTED E	Y CHANGE Attac	hment 4 pages 1 and	2				
	2.2 CHANGE SUMMARY Change augmentation numbers for Rad Chem Support and I&C Technicians to mach table 5-2 in the RERP									
	attachment to be used for manual callout if the pagers do not function. See SOS 99-3682.									
	3.	THIS TEMPORAR 3.1 YES 1 3.2 YES 1 3.3 YES 1	NO X NO X NO X NO X	A proposed change t A change to procedu	o the facility as descr res as described in th not described in the l	ribed in the FSAR? e FSAR? FSAR or Technical Specifications?				
		.3 are all answered "No	", check one a	nd only one of the below	v bases to substantiate	the "No" determination				
		Basis 2: This rev	ision is associa	ted with a procedure wh	ich is listed in the FS.	es 13.5-1-13.5-6 FSAR SA) nor descr AR, but not described.				
		Basis 3: This rev modifica	ision is associa ation(s) for whi	ted with a procedure wh ch the FSAR does not co	ich is described in the ontain the requisite le	e FSAR; however, this change consist evel of detail	s of procedural			
		Basis 4: This rev	ision is associa	ted with a procedure wh	ich is described in the	e FSAR; however, this change consist	s of procedural			
		Basis 5: This rev approved	ision is associated. The FSE and	not differ from the FSA ted with a procedure cha I FSAR CN have been r AR CN number	inge for which an app	proved FSE exists, but the associated I ver to questions 3.1-3.3 above are "No	FSAR CN has not been o".			
·		Basis 6 Other (and	notate basis in 1	Revision Summary, sect						
		3.4 YES 3.5 YES 3.6 YES 3.7 YES 3.8 YES		(A "yes" answer to 3 A change affecting th A change which affe A change which affe (A "yes" answer to 3	ne Offsite Dose Calcu 1.1, 3.2, 3.3, 3.4 or 3 ne environment or the cts the RERP? cts the Security Plan? 1.6. 3.7 or 3.8 require	ulation Manual (ODCM) or Process Co 5 constitutes a Change of Intent.) 2 NPDES Permit? 5 written evaluation from Radwaste/E	nvironmental.			
	Two (2)	3.9 YES 3.10 YES 3.11 YES 3.12 YES of the members of plan	NO X NO X NO X NO X NO X	A change requiring a A change requiring re A new or change to a A change to the Impr	new/revision to a Su evision to the Accept computerized Check oved Technical Spec	artment, as appropriate, to document rveillance Task Sheet or EQ PM Task ance Criteria Instrumentation (ACI) P coff List? YES NO Checko ifications or Bases? (A "Yes" answer al of a TCN should be knowledgeable	Sheet? rogram? ff list preapproved? is a change of intent.)			
	<i>TCN.</i> 4.	WRITTEN BY	J.	MILAS :1			To whole			
	5.	PREPARED BY	4	SIGNATURE		Kad Geor Sciencia Et	DATE JJJ2/99			
	6.	QUALIFIED REVI	ewer 7	SIGNATURE		THE SIDY - RULEN	DATE 199			
	For EOI	P TCNs, the Qualified I V Qualified Reviewer S PRELIMINARY AI	Reviewer SHOU HALL be differ	SIGNATURE JLD be the EOP Coordi	nd the Preliminary Ap	THLE rerson is the Preparer or Preliminary pprover. (CTSN1913,2780) C Q	Approver			
	2324 25 2	SS/OS/SRO		SIGNATURE		TITLE	$- \frac{16126197}{DATE}$			
15	TCNs th	at What, affect <u>work in</u>	progress assoc	iated with plant equipm	en MUST be approv	ed by the <u>on-shi</u> f\$\$/OS before receivit	ng final approval.			
25	The Pre	The Programmar Sporover SHALL hold an SRO license. (CTSN 2780) FINALS PROVAL (No greater than 14 Days past issue date SOS 98-102) 10.8 1 APPROVAL AUTHORITY								
62	Dros	APERDVAL A	UTHORITY -	SIGNATURE		TITLE	DATE			
19 19 19 19 20 49 49 49 49 49 49 49 49 49 49 49 49 49	NELENVE		(DIGII	N A L		DATE			
	2 51 51 191 6	81.93 01/A190.0035	401	r the	Page 1 of 3		CA1685 10/12/98 APA-ZZ-00114			

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EIP-ZZ-00200 Rev. 008

MANUAL CALLOUT LIST

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		POSITION	Number Required	ACCEPTING INDIVIDUAL (name)
EN 5		Rad Chem Support	14-12	
CN 9-679				
		·		
		· · · · · · · · · · · · · · · · · · ·		
•				
•	 	· · · · · · · · · · · · · · · · · · ·	· ·	
- 11				
	2	Electricians	2	
	3	Protective Measures Coordinator (PMC)	1	
	4	Chemistry Coordinator	1	
	5	Operations Support Coordinator (OSC)	1	
	6	Emerg. Team Coordinator Electrical	1	
	7	Emerg. Team Coordinator Mechanical	1	
	8	Control Room (CR)/TSC Liaison	1	
	9	TSC Lead Engineer	1	
·	10	Dose Assessment Coordinator	1	
	11	Dose Assessment Staff	2	
	12	EOF Communicators	2	:
	13	Mechanics	2	
	14	I&C Engineer	1	

EIP-ZZ-00200 Rev. 008

MANUAL CALLOUT LIST

	POSITION	Number Required	ACCEPTING INDIVIDUAL (name)
15	Reactor/Nuclear Engineer	1	
16	Mechanical Engineer	1	· · · · · · · · · · · · · · · · · · ·
17	Electrical Engineer	1	
18	Plant Assessment Coordinator (PAC)	1	
19	Engineering Status Board/Logkeepers	. 3	
20	Plant Assessment Staff	1	
21	Stores Personnel	1	
22	Security Coordinator	1	
23	Administrative Coordinator	1	
24	Logistical Support Coordinator	- 1	
25	Logistical Support Staff	2	
26	Company Spokesperson	1	
27	JPIC Technical Representative	2	
28	JPIC Coordinator	1	
29	JPIC Administrator	1	
30	JPIC Editor	1	
31	JPIC Media Host	1	
32	If C Technician	1	

99-679

TEMPORARY CHANGE NOTICE REQUEST FORM (Instructions for Completion on Back)

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			TCN NO.	99-0678				
	1.	PROCEDURE NUMBER	<u></u>	EIP-ZZ-00211	REVISI	ON NO. 017		
2		PROCEDURE TITLE	Field Monitoring					
	1.1	One Time TCN? YES	D NO 🛛	Effective from	to			
	1.2	Does this TCN supersede		NO 🛛 If "yes," m	mber of TCN to be superseded			
	1.3 1.4	Mark one: X F	REFERENCE USE PROCEDUS CN against this revision?		******	******		
	1.4	(If "Yes", generate an SOS	S Suggestion to notify the respon	YES D NO 🔀	 CONTINUOUS USE PROCE This procedure must be performed. 			
		procedure revision is nece.	ssary.) SOS No.		 written with each step being ; 			
		<u>NOTE</u> : If this is the eighth	1 [8th] TCN, the procedure <u>requ</u>	<u>vires</u> formal revision.	 user prior to the performance 	-		
	1.5	YES 🔲 NO 🔀 No	tification of procedure owner re	autrod9	*******	******		
	2.	CHANGE SUMMARY	uncation of procedure owner re	quirea?				
	2.1	PAGE NUMBERS AFFE	CTED BY CHANGE Pag	e 2				
	2.2	CHANGE SUMMARY			nnel" in accordance with Rev 22	of the RERP		
				<u></u>				
	3.	THIS TEMPORARY CH	IANGE REPRESENTS:					
		3.1 YES 🔲 NO	A proposed change	to the facility as described in the				
		3.2 YES □ NO 3.3 YES □ NO		lures as described in the FSAR? It not described in the FSAR or				
	If 3.1-3		ck one and only one of the belo	w bases to substantiate the "No	" determination			
		Basis 1: This revision i	s associated with a procedure w	hich is not listed (Tables 13.5-1	-13.5-6 FSAR SA) nor described	in the FSAR.		
			s associated with a procedure w					
		Basis 3: This revision i modification(s	s associated with a procedure w) for which the FSAR does not	hich is described in the FSAR; contain the requisite level of de	however, this change consists of	procedural		
					however, this change consists of	procedural		
		modification(s) that do not differ from the FSA	AR description.	_			
		Basis 5: This revision i	s associated with a procedure ch ESE and ESAR CN have been	ange for which an approved FS	SE exists, but the associated FSA estions 3.1-3.3 above are "No".	R CN has not been		
		Note the assoc	iated FSAR CN number		cations 5.1-5.5 above are 140.			
1	Basis 6 Other (annotate basis in Revision Summary, section 2.0 above)							
		3.4 YES □ NO 3.5 YES □ NO		chnical Specifications? the Offsite Dose Calculation M	anual (ODCM) or Process Contro	Program (BCD)?		
			(A "yes" answer to	3.1, 3.2, 3.3, 3.4 or 3.5 constitu	utes a Change of Intent.)	frogram (PCP)?		
		3.6 YES NO	A change affecting	the environment or the NPDES	Permit?			
		3.7 YES □ NO 3.8 YES □ NO		ects the RERP? fects the Security Plan?				
		-	(A "yes" answer to	3.6. 3.7 or 3.8 requires written	evaluation from Radwaste/Envir	onmental,		
		3.9 YES 🗖 NO			as appropriate, to document no (the Task Sheet or EQ PM Task She			
		3.10 YES 🗖 NO	A change requiring	revision to the Acceptance Crit	teria Instrumentation (ACI) Progr	am?		
		3.11 YES □ NO 3.12 YES □ NO	A new or change to	a computerized Checkoff List?	YES 🔲 NO 🗍 Checkoff lis	t preapproved?		
	Two (2)		A change to the Imp who Prepare, Review or provid	te Hreliminary Approval of a T	s or Bases? (A "Yes" answer is a CN should be knowledgeable in the	change of intent.) he area affected by the		
	TCN.		eluin	200	N (· 150			
	4.	WRITTEN BY	CTILL AUL	Kade	Kem Supervice ET	12/22/79		
	5.	PREPARED BY	EMelanie	h Rado	an Sumin EP	12/22/99		
	6.	QUALIFIED REVIEWE	SIGNATURE	The OA STILLE	SIADOLOUSIAL HD	DATE		
	0.	QUALIFIED REVIEWE	K		SVYCIVISIU MP	DATE		
	For EO	P TCNs, the Qualified Review	ver SHOULD be the EOP Coord	dinator UNLESS that person is	, the Preparer or Preliminary App	rover		
	The TC 7.	N Qualified Reviewer SHALL	be different from the Preparer	and the Preliminary Approver.	(CTSN1913,2780)			
	,.	SS/OS/SRO	XCott W		SS	12/22/99		
	224.25	200	SICNATION	TITLE	;	D. A ME		
/	The Pre	eliminar Approver SHALL he	old an SRO license. (CTSN 27	meny MUST be approved by the	e on-shif\$\$\$/O\$ before receiving f	nal approval.		
0.1516171819202	18.	MINAL PPROVAL (No	greater than 14 Days past issue	date SOS 98-102)				
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8	Pros	699 · · · · ·	SIGNATURE	TITLE		DATE		
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2.4 FMTs track and quantify plume dose rates. In cooperation with the State Department of Health, FMTs also assist in the collection of environmental sample media. **CTSN 3396**

3. <u>PRECAUTIONS</u>

3.1 FIELD MONITORING TEAM

- 3.1.1 Primary method of communication between FMTs and the EOF is the radio on Callaway Repeater Channel 2.
- 3.1.1.1 If radio communications are lost or intermittent, use the cellular phone and operator aid provided.
- 3.1.2 Primary method of communication between FMTs and the Backup EOF should be the cellular phone.
- 3.1.2.1 If phone communications are lost or intermittent, use the radio on Callaway Repeater Channel 2.
- 3.1.3 If communications cannot be established via alternate radio channels or cellular phone, return to the appropriate facility (EOF, Backup EOF, or Callaway Plant) and contact the DAC.
- 3.1.4 Minimize the time in the plume. Perform all sample counting and calculations outside the plume location.
- 3.1.5 Ventilation from outside sources should be minimized upon entry into the plume. Place vehicle ventilation in recirculation (depress MAX button, REC will light on your display) or off (for vehicles without A/C). Ensure windows are closed.
- 3.1.6 Silver Zeolite cartridges used for Iodine sampling are a hazardous waste. Return all cartridges to Radwaste for processing in accordance with APA-ZZ-00830.
- 3.1.7 Designation of radioactive materials is not necessary while the items are under the control of a Field Monitoring Team member.

4. <u>PROCEDURE</u>

4.1 TCN 99-0678 4.1.1 4.1.2

TEAM FORMATION

The HPC designates a FMT Leader from the available Rad/Chem Technicians. Support Area Personvel.

The HPC requests a FMT Driver from the Ops Support Coordinator.