
Document Update Notification

COPYHOLDER NO: 103

TO: NRC - WASHINGTON

ADDRESS: DOC CNTRL DESK MAIL STOP OP1-17
WASHINGTON DC 20555

DOCUMENT NO: OP-1903.033

TITLE: PROTECTIVE ACTION GUIDELINES FOR
RESCUE/REPAIR & DAMAGE CONTROL
TEAMS

REVISION NO: 017-01-0

CHANGE NO: PC-01

SUBJECT: REISSUE OF PAGE 11

Please sign, date & return Transmittal
in envelope provided

ANO-1 DOCKER 50-313

ANO-2 DOCKER 50-368

SIGNATURE

DATE

AO45

OSC TEAM BRIEFING FORM

DATE: _____	TEAM NUMBER: _____	PRIORITY: _____
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Completed by OSC Director

MISSION: _____

Completed by Maintenance Superintendent

TEAM MEMBERS:	NAME	BADGE	AVAILABLE DOSE
TEAM LEADER	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Completed by HP Supervisor

RADIOLOGICAL REQUIREMENTS:

<p>PROTECTIVE CLOTHING:</p> <p>Estimated Work Area Contamination Level: _____</p> <p> <input type="checkbox"/> NONE <input type="checkbox"/> SINGLES <input type="checkbox"/> DOUBLES <input type="checkbox"/> OTHER </p>	<p>RESPIRATORY PROTECTION:</p> <p>Estimated Work Area DACs: _____</p> <p> <input type="checkbox"/> NONE <input type="checkbox"/> SCBA <input type="checkbox"/> IODINE CANISTER <input type="checkbox"/> POTASSIUM IODIDE <input type="checkbox"/> OTHER _____ </p>
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DOSIMETRY

Estimated Work Area Dose Rate: _____

Call-Back Dose Rate: _____

ELECTRONIC DOSIMETRY
 Dose Alarm: _____ mR
 Dose Rate Alarm: _____ mR/hr
 SELF-READING DOSIMETRY
 Range: _____
 OTHER

GENERAL BRIEFING ITEMS:

YES	NO	Release in progress?
<input type="checkbox"/>	<input type="checkbox"/>	Failed fuel present?
<input type="checkbox"/>	<input type="checkbox"/>	RCS leakage present?

ROUTING INSTRUCTIONS:

Normal Access Route
 Access via route described below: _____

BRIEFING COMPLETED BY: _____

CRAFT

HP

TEAM DISPATCHED: DATE: _____ TIME: _____

Return this form to the Team Tracking Board Communicator

FORM TITLE: [OSC TEAM BRIEFING]	FORM NO. 1903.033B	REV. 017-01-0
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