

DATE: 04/12/00
TIME: 08:12:00

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 34
ARDC8801

TRANSMITTAL NUMBER: 441127
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20000412

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO: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
A	PROC	00-0170		002		C	1			EIP-ZZ-A0066	
A	PROC	00-0167		032		C	1			EIP-ZZ-00201	

ACKNOWLEDGED BY:

DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion on Back)

TCN NO. 00-0170

1. PROCEDURE NUMBER EIP-ZZ-A0066 REVISION NO. 002

PROCEDURE TITLE RERP Training Program

1.1 One Time TCN? YES NO Effective from to

1.2 Does this TCN supersede a previous TCN? YES NO If "yes," number of TCN to be superseded

1.3 Mark one: REFERENCE USE PROCEDURE

1.4 Is this the seventh (7th) TCN against this revision? YES NO CONTINUOUS USE PROCEDURE This procedure must be performed exactly as written with each step being read by the user prior to the performance of that step

1.5 YES NO Notification of procedure owner required?

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachment 1, Page 3 of 3

2.2 CHANGE SUMMARY Delete T68.1080.6 and T68.1080.8 as a requirement for the Protective Measures Coordinator and the Plant Assessment Coordinator because all necessary material has been included in T68.1081.6 and T68.1081.8. Replace T68.1080.6 and T68.1080.8 with T68.1081.6 and T68.1081.8 respectively for the Plant Assessment Staff position due to the same reason as above.

3. THIS TEMPORARY CHANGE REPRESENTS:

- 3.1 YES NO A proposed change to the facility 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 or Technical Specifications?

If 3.1-3.3 are all answered "No", check one and only one of the below bases to substantiate the "No" determination

- Basis 1: This revision is associated with a procedure which is not listed (Tables 13.5-1-13.5-6 FSAR SA) nor described in the FSAR.
Basis 2: This revision is associated with a procedure which is listed in the FSAR, but not described.
Basis 3: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) for which the FSAR does not contain the requisite level of detail.
Basis 4: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) that do not differ from the FSAR description.
Basis 5: This revision is associated with a procedure change for which an approved FSE exists, but the associated FSAR CN has not been approved. The FSE and FSAR CN have been reviewed and the answer to questions 3.1-3.3 above are "No". Note the associated FSAR CN number
Basis 6 Other (annotate basis in Revision Summary, section 2.0 above)

- 3.4 YES NO A change to the Technical Specifications?
3.5 YES NO A change affecting the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
3.6 YES NO A change affecting the environment or the NPDES Permit?
3.7 YES NO A change which affects the RERP?
3.8 YES NO A change which affects the Security Plan?
3.9 YES NO A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?
3.10 YES NO A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?
3.11 YES NO A new or change to a computerized Checkoff List?
3.12 YES NO A change to the Improved Technical Specifications or Bases?

Two (2) of the members of plant staff who Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

4. WRITTEN BY [Signature] R/C Supv-EP Training 3/14/00
5. PREPARED BY [Signature] R/C Supv-EP Training 3/14/00
6. QUALIFIED REVIEWER [Signature] R/C Supv-EP 3/14/00

For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver. (CTSN 1913,2780)

7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102) [Signature] OS 3/14/00

TCNs that WILL affect work in progress associated with plant equipment MUST be approved by the on-shift SS/OS before receiving final approval. The Preliminary Approver SHALL hold an SRO license. (CTSN 2780)

8. FINAL APPROVAL (No greater than 14 Days past issue date SOS 98-102)
8.1 APPROVAL AUTHORITY [Signature] Asst Plant mgr 3-30-00



ORIGINAL for the NRC Page 1 of 3

RERP Training Requirements EOF Emergency Organization

Emergency Position	Initial	Continuing
Recovery Manager	T68.1010.6	T68.1010.8
Protective Measures Coordinator	T68.1080.6 (T68.1081.6)	T68.1080.8 (T68.1081.8)
Dose Assessment Coordinator	T68.1090.6	T68.1090.8
Dose Assessment Staff	(T68.1054.6)	(T68.1054.8)
Field Monitoring Teams	T68.1054.6	T68.1054.8
Plant Assessment Coordinator	T68.1080.6 (T68.1081.6)	T68.1080.8 (T68.1081.8)
Plant Assessment Staff	T68.1080.6 <i>T68.1081.6</i>	T68.1080.8 <i>T68.1081.8</i>
Logistical Support Coordinator	(T68.1105.6)	(T68.1105.8)
Logistical Support Staff (Material Engineer, Buyer, etc.)	(T68.RERP.6)	(T68.RERP.6)
Logistical Support Staff (Clerical Support)	(T68.RERP.6)	(T68.RERP.6)
Off-Site Liaison Coordinator	T68.1110.6	T68.1110.8
EOF Communicator	T68.1110.6	T68.1110.8

GET I Rad Worker Cat II, (T68.0410.6) and RERP Fundamentals CBT (T68.RERP.6) is required for all positions in the EOF Emergency Organization on an annual basis.

RERP Training Requirements JPIC Emergency Organization

Emergency Position	Initial	Continuing
Company Spokesperson	T68.1010.6	T68.1010.8
JPIC Technical Representative	(T68.1121.6)	(T68.1121.8)
JPIC Coordinator	T68.1121.6	T68.1121.8
JPIC Administrator	T68.1121.6	T68.1121.8
JPIC Editor	T68.1121.6	T68.1121.8
JPIC Media Host	T68.1121.6	T68.1121.8

RERP Fundamentals CBT (T68.RERP.6) is required for all positions in the JPIC Emergency Organization on an annual basis.

TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion on Back)

TCN NO. 00-0167

1. PROCEDURE NUMBER EIP-ZZ-00201 REVISION NO. 032

PROCEDURE TITLE NOTIFICATIONS

1.1 One Time TCN? YES NO Effective from _____ to _____

1.2 Does this TCN supersede a previous TCN? YES NO If "yes," number of TCN to be superseded _____

1.3 Mark one: REFERENCE USE PROCEDURE *****

1.4 Is this the seventh (7th) TCN against this revision? YES NO * CONTINUOUS USE PROCEDURE *
 (If "Yes", generate an SOS Suggestion to notify the responsible department that a * This procedure must be performed exactly as *
 procedure revision is necessary.) SOS No. * written with each step being read by the *
 NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision. * user prior to the performance of that step *

1.5 YES NO Notification of procedure owner required?

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE ATTACHMENT 4, page 2 of 2

2.2 CHANGE SUMMARY Deletes the fax number for the Control Room, since it would be evacuated in this situation.

3. THIS TEMPORARY CHANGE REPRESENTS:

- 3.1 YES NO A proposed change to the facility 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 or Technical Specifications?

If 3.1-3.3 are all answered "No", check one and only one of the below bases to substantiate the "No" determination

- Basis 1: This revision is associated with a procedure which is not listed (Tables 13.5-1-13.5-6 FSAR SA) nor described in the FSAR.
- Basis 2: This revision is associated with a procedure which is listed in the FSAR, but not described.
- Basis 3: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) for which the FSAR does not contain the requisite level of detail..
- Basis 4: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) that do not differ from the FSAR description.
- Basis 5: This revision is associated with a procedure change for which an approved FSE exists, but the associated FSAR CN has not been approved. The FSE and FSAR CN have been reviewed and the answer to questions 3.1-3.3 above are "No".
 Note the associated FSAR CN number _____
- Basis 6 Other (annotate basis in Revision Summary, section 2.0 above)

- 3.4 YES NO A change to the Technical Specifications?
- 3.5 YES NO A change affecting the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
 (A "yes" answer to 3.1, 3.2, 3.3, 3.4 or 3.5 constitutes a Change of Intent.)
- 3.6 YES NO A change affecting the environment or the NPDES Permit?
- 3.7 YES NO A change which affects the RERP?
- 3.8 YES NO A change which affects the Security Plan?
 (A "yes" answer to 3.6, 3.7 or 3.8 requires written evaluation from Radwaste/Environmental,
 Emergency Preparedness or Security Department, as appropriate, to document no Change of Intent.)
- 3.9 YES NO A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?
- 3.10 YES NO A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?
- 3.11 YES NO A new or change to a computerized Checkoff List? YES NO Checkoff list preapproved?
- 3.12 YES NO A change to the Improved Technical Specifications or Bases? (A "Yes" answer is a change of intent.)

Two (2) of the members of plant staff who Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

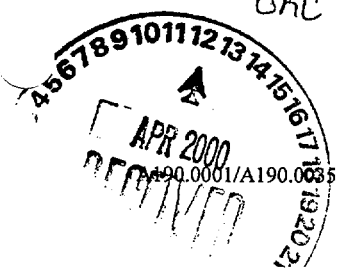
4. WRITTEN BY	<u>N/A</u>	TITLE	<u>N/A</u>	DATE	
5. PREPARED BY	<u>[Signature]</u>	TITLE	<u>R/C Supervisor</u>	DATE	<u>3-10-00</u>
6. QUALIFIED REVIEWER	<u>[Signature]</u>	TITLE	<u>R/C Supervisor</u>	DATE	<u>3/10/2000</u>

For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver. The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver. (CTSN 1913,2780)

7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102)	<u>[Signature]</u>	TITLE	<u>Shift Supv.</u>	DATE	<u>3/10/00</u>
SS/OS/SRO	<u>[Signature]</u>	TITLE		DATE	

TCNs that WILL affect work in progress associated with plant equipment MUST be approved by the on-shift SS/OS before receiving final approval. The Preliminary Approver SHALL hold an SRO license. (CTSN 2780)

8. FINAL APPROVAL (No greater than 14 Days past issue date SOS 98-102)	<u>Warren A. Witt</u>	TITLE	<u>Asst Plant mgr</u>	DATE	<u>3.30.00</u>
8.1 APPROVAL AUTHORITY	<u>WARREN A. WITT</u>	TITLE	<u>ASST PLANT</u>	DATE	<u>3.30.00</u>



ORIGINAL
for the NRC
Page 1 of 3

PRE-APPROVED NOTIFICATION FORM FOR CONTROL ROOM EVACUATION

(Fax copy to the CR (68413) & EOF at 64900)

TCN # *167* *slw*
4-12-00
φφ=617

DATA SOURCE

GENERAL INFORMATION:

1) CURRENT TIME: : 2) DATE: / / 3) LOCATION:

4) CLASSIFICATION:

5) DECLARATION TIME: : 6) DATE: / /

7) EMERGENCY ACTION LEVEL:

8) DRILL?
 Drill
 Actual event

9) CONTROL ROOM EVACUATION HAS BEEN INITIATED

10) REACTOR STATUS:

RELEASE INFORMATION:

THERE 11) 12) Manual Over-ride

RELEASE OF RADIOACTIVE MATERIAL

13) START TIME OF RELEASE: :

14) ESTIMATED DURATION: Hrs.

15) CURRENT WIND SPEED: MPH

16) FROM: Degrees 17) TO: Degrees

INITIAL PLUME ARRIVAL TIME:

18)	2 MILES	N/A : N/A
19)	5 MILES	N/A : N/A
20)	10 MILES	N/A : N/A

PROTECTIVE ACTIONS:

21) PROTECTIVE ACTIONS: YES NO

22) BASED ON:

SHELTER:

LOCATION	SECTORS	SUBAREAS
23 N/A	24 N/A	25 N/A
N/A	N/A	N/A

EVACUATE:

26 N/A	27 N/A	28 N/A
N/A	N/A	N/A

29) Other PAR's:

PROJECTED DOSES:

30) BASED ON:

DISTANCE	TEDE (REM)	THYROID (REM)
EAB	31 N/A	32 N/A
2 MILES	33 N/A	34 N/A
5 MILES	35 N/A	36 N/A
10 MILES	37 N/A	38 N/A

39) NOTE:

FILE SEND	OPEN FILE	PRINT	STATUS	TERMINATE
-----------	-----------	-------	--------	-----------

EC/RM APPROVAL: Preapproved for OTO-ZZ-00001 COMMUNICATOR _____