

DATE: 04/24/00
TIME: 07:11:13

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 48
ARDC8801

TRANSMITTAL NUMBER: 441947
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20000424

RETURN ACKNOWLEDGED TRANSMITTAL AND
SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:
ADMINISTRATION RECORDS
AMEREN/UE
CALLAWAY PLANT
P.O. BOX 620
FULTON, MO 65251

TRAN	DOC	CODE	TYPE	DOCUMENT NUMBER	REV	RET REV	MED	COPY	ALT MED	ALT COPY	AFFECTED DOCUMENT
A	PROC	00-0231			021		C	1			EIP-ZZ-C0010
A	PROC	00-0230			032		C	1			EIP-ZZ-00201

ACKNOWLEDGED BY:

DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion on Back)

IMAGED

A190.0001 / A190.0035

UTILITY

TCN NO. 00-0231

1. PROCEDURE NUMBER EIP-ZZ-C0010 REVISION NO. 021

PROCEDURE TITLE Emergency Operations Facility Operations

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 YES NO If "yes," number of TCN to be superseded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 (If "Yes", generate an SOS Suggestion to notify the responsible department that a procedure revision is necessary.) SOS No.

NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision YES NO Notification of procedure owner required?

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachment 2, page 1 of 2

2.2 CHANGE SUMMARY Instructs the user to reboot the SENTRY Computer prior to use if it is on. The SENTRY Computers are normally left on now to allow a midnight diagnostics check to automatically be performed. In order to refresh the computer a reboot is now required.

3. THIS TEMPORARY CHANGE REPRESENTS:

3.1 YES NO A proposed change to the facility as described in the FSAR? If 3.1 is checked "No", select one of the below bases to substantiate the determination: Basis 1: The procedure being revised does not alter the design, function or method of performing the function of a system, structure or component as described in the FSAR. Basis 2: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. Basis 3: Other (annotate basis in Change Summary, section 2.0 above)

3.2 YES NO A change to procedures as described in the FSAR? If 3.2 is checked "No", select one of the below bases to substantiate the determination: Basis 1: The procedure being revised does not alter the design, function or method of performing the function of a system, structure or component as described in the FSAR. Basis 2: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. Basis 3: Other (annotate basis in Change Summary, section 2.0 above)

3.3 YES NO A test or experiment not described in the FSAR or Technical Specifications? If 3.3 is checked "No", select one of the below bases to substantiate the determination: Basis 1: The procedure being revised does not involve a test or experiment. Basis 2: The procedure being revised involves a test or experiment described in the FSAR or Technical Specifications. Basis 3: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. Basis 4: 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 environment or the NPDES Permit?
3.6 YES NO A change to the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
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 Technical Specifications or Bases? (A "Yes" answer is a change of intent.)
3.13 YES NO A change to hidden text commitments? (A "Yes" answer is a change of intent.)

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

Table with 4 columns: Role (WRITTEN BY, PREPARED BY, QUALIFIED REVIEWER), Signature, Title, Date. Includes S.J. Crawford, R/C Supervisor-EP, and Date 4/19/00.

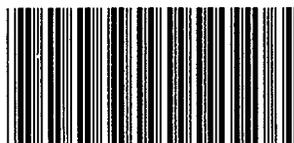
For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver. The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver.

7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102) SS OS SRO Signature Title Date 4/20/00

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.

8. FINAL APPROVAL (No greater than 14 days past issue date SOS 98-102) 8.1 APPROVAL AUTHORITY Signature Title Date

ORIGINAL for the NRC



00744493

OFF-SITE LIAISON COORDINATOR CHECKLIST

DATE: _____ TIME _____

<u>INITIATION</u>	
<input type="checkbox"/> 1.	Sign in on Facility Sign-in board. Obtain the OSL and Communicators packages and clip on the Off-Site Liaison badge.
<input type="checkbox"/> 2.	Inform Recovery Manager of your presence.
<input type="checkbox"/> 3.	Adjust Gai-tronics to an acceptable level.
<input type="checkbox"/> 4.	Ensure the EOF has power. <ul style="list-style-type: none"> <input type="checkbox"/> Normal power, (i.e. lights on, power available to computers, etc.). <input type="checkbox"/> No Power-Start the EOF diesel per OOA-UB-EPG50 or call for Equipment Operator if available.
<input type="checkbox"/> 5.	Shift/verify the PC power supplies to the UPS position. <ul style="list-style-type: none"> <input type="checkbox"/> Communicator (2) <input type="checkbox"/> Phone room (134) bridge <input type="checkbox"/> Telecommunications room (130) bridge located inside the ERFIS cabinet (not locked).
<input type="checkbox"/> 6.	Check fax machine for any communications.
<input type="checkbox"/> 7.	Initiate Facility Log sheet.
<input type="checkbox"/> 8.	Ensure modems are energized (red indicating light is on in the modem box).
<input type="checkbox"/> 9.	Turn on the SENTRY Computer and synchronize the time with the Plant Computer.
<input type="checkbox"/> 10.	Check OSL and Communicator phone lines for dial tone.
<input type="checkbox"/> 11.	Upon direction of the RM, using EIP-ZZ-00201 attachment 3 (CA#234), contact the Control Room Communicator to get a brief on the status of Communications (prepare to transfer communications to EOF). (If the EOF is uninhabitable, communications should remain in the Control Room until the BEOF is staffed.)
<input type="checkbox"/> 12.	Notify the RM when you are ready to assume your duties.
<input type="checkbox"/> 13.	Obtain RM approval to transfer communications to the EOF, then relieve the control room communicator of communications and notifications. (Communications and Dose Assessment should be transferred to the EOF at the same time.)
<input type="checkbox"/> 14.	Communicator: (as assigned) <ul style="list-style-type: none"> <input type="checkbox"/> _____ Name

<u>OPERATIONS</u>	
(*) Steps are items that MUST be frequently reviewed.	
<input type="checkbox"/> *1.	Notify the State and Counties within 15 minutes of a change in Classification or Protective Action Recommendations. (EIP-ZZ-00201 attachment 5)
<input type="checkbox"/> *2.	Periodically update State and Local authorities of emergency conditions (30-minute updates are recommended). (EIP-ZZ-00201 attachment 5)
<input type="checkbox"/> *3.	Fax copies of communications to the TSC and Control Room.
<input type="checkbox"/> *4.	Provide support to Federal, State, and Local personnel in the EOF, as appropriate, including provisions for office space and communications.
<input type="checkbox"/> *5.	Ensure the Emergency Classification status board is properly updated.

TCN

00-0231

for reboot (WINDOWS KEY or Control, Alt, Delete)

TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion on Back)

IMAGED

190.001 / A190.0035

UTILITY

TCN NO. 00-0230

1. PROCEDURE NUMBER EIP-ZZ-00210 00201 REVISION NO. 032

PROCEDURE TITLE Notifications re 4/20/00

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

(If "Yes", generate an SOS Suggestion to notify the responsible department that a procedure revision is necessary.) SOS No.

NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision

1.5 YES NO Notification of procedure owner required?

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Page 4, step 4.1.2.1.1 and Attachment 5, page 1 of 4

2.2 CHANGE SUMMARY Instructs the user to reboot the SENTRY Computer prior to use if it is on. The SENTRY Computers are normally left on now to allow a midnight diagnostics check to automatically be performed. In order to refresh the computer a reboot is now required.

3. THIS TEMPORARY CHANGE REPRESENTS:

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Basis 2: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. FSAR CN# (Note this procedure revision may not be issued until an approved FSAR CN exists.)

Basis 3: Other (annotate basis in Change Summary, section 2.0 above)

3.2 YES NO A change to procedures as described in the FSAR?

If 3.2 is checked "No", select one of the below bases to substantiate the determination:

Basis 1: The procedure being revised does not alter the design, function or method of performing the function of a system, structure or component as described in the FSAR.

Basis 2: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. FSAR CN# (Note this procedure revision may not be issued until an approved FSAR CN exists.)

Basis 3: Other (annotate basis in Change Summary, section 2.0 above)

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- 3.4 YES NO A change to the Technical Specifications?
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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 Technical Specifications or Bases? (A "Yes" answer is a change of intent.)
3.13 YES NO A change to hidden text commitments? (A "Yes" answer is a change of intent.)

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

4. WRITTEN BY S.J. Crawford R/C Supervisor-EP 4/19/00
5. PREPARED BY S.J. Crawford R/C Supervisor EP 4/19/00
6. QUALIFIED REVIEWER Dale S. Lewis R/C Supervisor EP 4-20-00

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.

7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102)
7.1 SS/OS/SRO Signature Title Date 4/20/00

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.

8. FINAL APPROVAL (No greater than 14 days past issue date SOS 98-102)

8.1 APPROVAL AUTHORITY Signature Date

ORIGINAL for the NRC



00744494

4.1 COMMON GUIDELINES

4.1.1 Communicators announce their presence and availability to the appropriate Coordinator when arriving at their Emergency Response Facility (Control Room, TSC, or EOF).

4.1.2 Prior to initiating any communications, or assuming communications responsibility, the Control Room or EOF Communicator should ensure that:

4.1.2.1 SENTRY Notification System is operational and ready for use:

TCN
#00-230

4.1.2.1.1 Turn the SENTRY computer on, or reboot, if already on, using the WINDOWS key, or Control, Alt, Delete.

4.1.2.1.2 Check the computer clock within one minute of the Plant Computer time. If the clock is wrong double click on the clock and set the time.

4.1.2.1.3 From the Windows based desktop select **Start**, then **Programs** then **SENTRY**.

4.1.2.2 The verification call-back line has a dial tone.

4.1.3 If the primary means of communication for any notification point is unavailable, the appropriate back-up means of communication, indicated on the notification flowchart should be utilized.

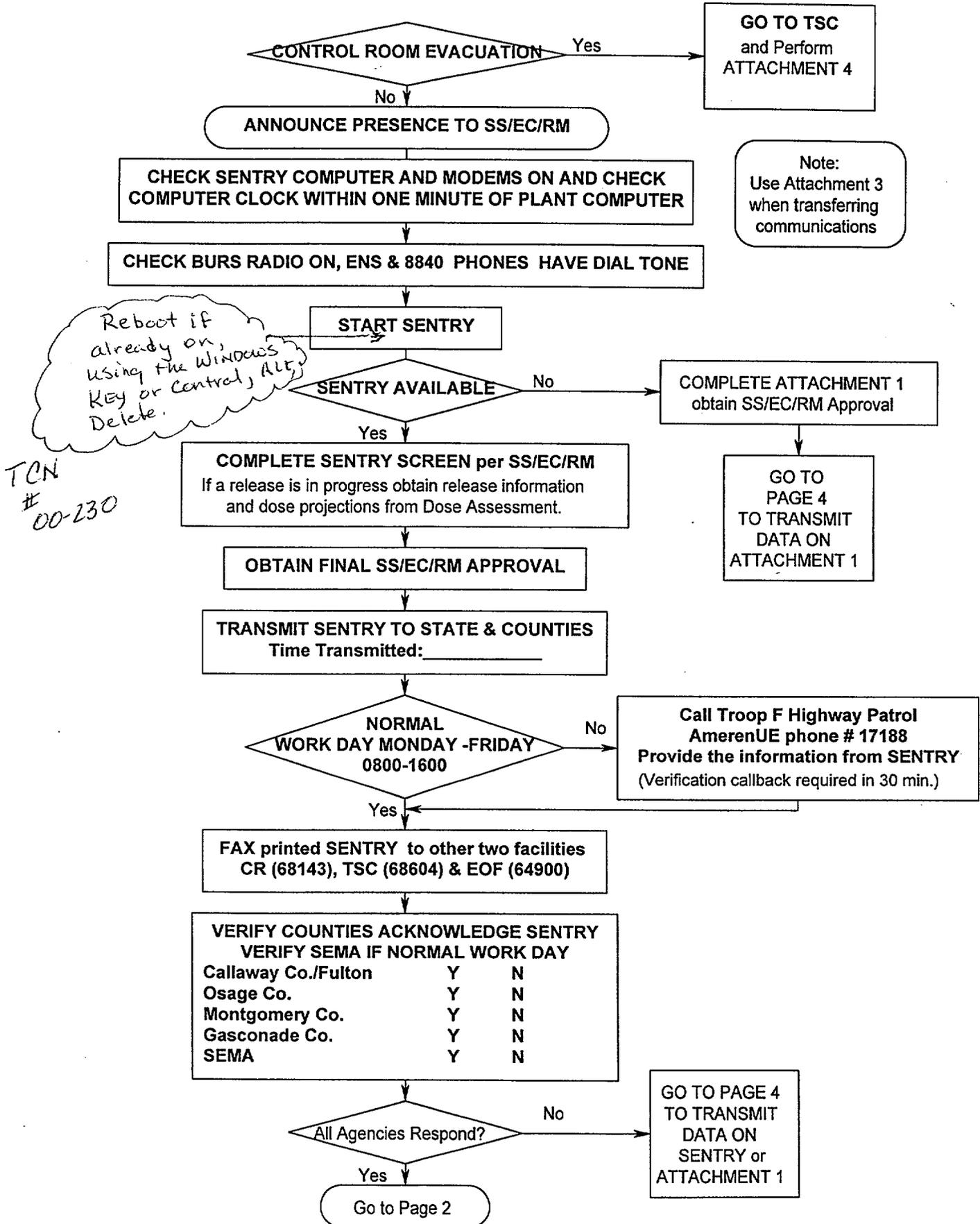
<p><u>NOTE:</u> The backup means of notification for SENTRY is the Back-up Radio System, which requires the completion of Attachment 1, and the use of the Notification Flowchart (Attachment 5, Page 4).</p>

4.2 INITIAL NOTIFICATIONS

4.2.1 Notification of State and Local Authorities SHALL be initiated within 15 minutes and the NRC within 60 minutes following the DECLARATION of an emergency. **COMN 3947 COMN 1119**

4.2.2 Notification to the four counties (Callaway, Montgomery, Gasconade, and Osage) and the City of Fulton is initiated upon direction from the Emergency Coordinator (or Recovery Manager), by a Communicator simultaneously transmitting the notification to all the county Emergency Communication Centers via SENTRY. **COMN 3948**

NOTIFICATION FLOWCHART



Note:
Use Attachment 3
when transferring
communications

Reboot if
already on,
using the Windows
Key or Control, ALT,
Delete.

TCN
00-230

VERIFY COUNTIES ACKNOWLEDGE SENTRY		
VERIFY SEMA IF NORMAL WORK DAY		
Callaway Co./Fulton	Y	N
Osage Co.	Y	N
Montgomery Co.	Y	N
Gasconade Co.	Y	N
SEMA	Y	N