

DATE: 06/19/00
TIME: 07:14:18

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 41
ARDC8801

TRANSMITTAL NUMBER: 445252
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20000619

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO: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 | 00-0320 | | 021 | | C | 1 | | | EIP-ZZ-C0010 | |

ACKNOWLEDGED BY:

DATE:

MRR-037

A045

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

A190.0001 / A190.0035

TCN NO. 00-0320

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 YES NO If "yes," number of TCN to be superseded NA

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?

- 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

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE ATTACHMENT 3, PAGE 1 OF 4, INITIATION STEP 4, ATTACHMENT 4, PAGE 1 OF 4, SAME STEP.

2.2 CHANGE SUMMARY Removed the UPS from the Engineering Line Printer This was to allow the use of this UPS on the SENTRY Notification System. The UPS was never required to supply the Line Printer as it is not a continually functioning critical piece of emergency equipment. The UPS on Line Printer was an extra unit. This UPS was added to SENTRY to prevent normal power losses that were interfering with its daily self diagnostics.

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. 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 1a: Procedure or procedural activity is not listed, describe or contained in the FSAR.
- Basis 1b: Revision is associated with a procedure or procedural activity listed in the FSAR but not outlined, summarized or completely described.
- Basis 1c: The FSAR description of the procedure is not being modified by the revision of the procedure.
- 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)

3.3 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. FSAR CN# _____ (Note this procedure revision may not be issued until an approved FSAR CN exists.)
- 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.

4. WRITTEN BY S.J. CRAWFORD [Signature] RADCHEM SUPERVISOR - EP 6/16/00
Signature Title Date

5. PREPARED BY S. J. CRAWFORD [Signature] RADCHEM SUPERVISOR - EP 6/16/00
Signature Title Date

6. QUALIFIED REVIEWER [Signature] Supt. Protective Services 6/16/00
Signature Title Date

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)
[Signature] OS 6/16/00
Signature Title Date

TCNs that 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



TCN
00-
0248

PROTECTIVE MEASURES COORDINATOR CHECKLIST

DATE: _____ TIME _____

| <u>INITIATION</u> | |
|-----------------------------|---|
| <input type="checkbox"/> 1. | Sign in on Facility Sign-in board. Obtain the PMC package and clip on the Protective Measures Coordinator badge. |
| <input type="checkbox"/> 2. | Ensure the EOF has power. <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"/> 3. | Ensure the EOF HVAC system is in recirculation/filter mode per OOA-UB-00004 . Keys to the HVAC room are in the OSL packet. . |
| <input type="checkbox"/> 4. | Check computer and printer power supplies have been shifted to the UPS position: <input type="checkbox"/> Computer <input checked="" type="checkbox"/> Line Printer <input type="checkbox"/> Color Printer |
| <input type="checkbox"/> 5. | Recovery Manager informed of your presence. |
| <input type="checkbox"/> 6. | Initiate Facility Log sheet. |
| <input type="checkbox"/> 7. | <input type="checkbox"/> Plant Assessment Coordinator (PAC) _____ Name <input type="checkbox"/> Dose Assessment Coordinator (DAC) _____ Name |
| <input type="checkbox"/> 8. | Check PMC phone lines for dial tone. |
| <input type="checkbox"/> 9. | Inform the Recovery Manager when your ready to assume duties. |

TCN
 00-0324

NOTE: If the Plant Assessment Coordinator is not staffed, it is your responsibility to provide the Recovery Manager with Protective Action Recommendations (PARs) based on Plant Conditions per **EIP-ZZ-00212**, PROTECTIVE ACTION RECOMMENDATIONS. Ensure the Technical Assessment Coordinator in the TSC is aware of your presence in the EOF. Inquire of any PARs already in place.

| <u>OPERATION</u> | |
|---|---|
| (* Steps are recurring items that need to be reviewed on a continual bases) | |
| <input type="checkbox"/> *1. | Evaluate input from plant conditions (PAC), dose assessment (DAC), and EIP-ZZ-00212 , Protective Action Recommendations. Default to the most conservative recommendation, time is essential. |
| <input type="checkbox"/> *2. | Request release duration estimate from the PAC or Tech Assessment Coordinator (TAC) and provide updates to the DAC |
| <input type="checkbox"/> *3. | Obtain Recovery Manager approval for all notifications prepared by the OSL/Communicator. Notifications to the State and Counties are made within 15 minutes of a classification declaration or a change in Protective Action Recommendations and at approximately 30-minute intervals thereafter. |

PLANT ASSESSMENT COORDINATOR CHECKLIST

DATE: _____ TIME _____

INITIATION

| | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | 1. | Sign in on Facility Sign-in board. Obtain the PAC package and clip on the Plant Assessment Coordinator badge |
| <input type="checkbox"/> | 2. | Ensure the EOF has power. <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"/> | 3. | Ensure the EOF HVAC system is in recirculation/filter mode per OOA-UB-00004. Keys to the HVAC room are in the OSL packet.. |
| <input type="checkbox"/> | 4. | Check computer and printer power supplies have been shifted to the UPS position. <input type="checkbox"/> Computer <input type="checkbox"/> Line Printer <input type="checkbox"/> Color Printer |
| <input type="checkbox"/> | 5. | Protective Measures Coordinator informed of your presence. |
| <input type="checkbox"/> | 6. | Initiate Facility Log sheet. |
| <input type="checkbox"/> | 7. | <input type="checkbox"/> Plant Assessment Staff _____ Name _____ Name |
| <input type="checkbox"/> | 8. | Check PAC phone lines for dial tones. |
| <input type="checkbox"/> | 9. | Contact the TAC in the TSC and request information on any EAL's and PAR's already in place. |
| <input type="checkbox"/> | 10. | Notify the PMC when you are ready to assume your duties. |

OPERATIONS

(*) Steps are items that *MUST* be frequently reviewed

| | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | *1. | Evaluate input from plant conditions and EIP-ZZ-00212, Protective Action Recommendations. |
| <input type="checkbox"/> | *2. | Provide the Protective Measures Coordinator with plant based Protective Action Recommendation. |
| <input type="checkbox"/> | *3. | Request release duration from TAC. |
| <input type="checkbox"/> | *4. | Initiate Free Format Logs as needed. |

TURNOVER

| | | |
|--------------------------|----|--|
| <input type="checkbox"/> | 1. | Brief the oncoming PAC on the status of the facility and on-site and off-site emergency response activities. |
| <input type="checkbox"/> | 2. | Review log. |
| <input type="checkbox"/> | 3. | Inform the Protective Measures Coordinator. |
| <input type="checkbox"/> | 4. | Turnover complete _____ Time. |
| <input type="checkbox"/> | 5. | Turnover logged. |
| <input type="checkbox"/> | 6. | Initiate a new checklist CA# 735. |

TCN
00-320