

Commonwealth Edison Company
Quad Cities Generating Station
22710 206th Avenue North
Cordova, IL 61242-9740
Tel 309-654-2241



July 7, 2000

SVP-00-120

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Quad Cities Nuclear Power Station, Units 1 and 2
Facility Operating License Nos. DPR-29 and DPR-30
NRC Docket Nos. 50-254 and 50-265

Subject: Changes to Emergency Plan Procedures

In accordance with 10 CFR 50, Appendix E, "Emergency Planning and Preparedness for Production and Utilization Facilities," Quad Cities Station is submitting the following Emergency Plan Procedures within 30 days pursuant to Section V, "Implementing Procedures." These changes were implemented on June 30, 2000. Attachment A, "Summary of Changes," contains a brief summary of the changes to the following procedures:

QEP 0400-00, "On-Site Response Actions," Revision 51
QEP 0400-S06, "OSC Team Briefing Form," Revision 8

Attachment B, "Revised Procedures," contains the procedures.

Should you have any questions concerning this letter, please contact Mr. C.C. Peterson at (309) 654-2241, extension 3609.

Respectfully,

A handwritten signature in cursive script, appearing to read "J. Dimmette, Jr.", is written over a horizontal line.

Joel P. Dimmette, Jr.
Site Vice President
Quad Cities Nuclear Power Station

Attachments:

Attachment A: Summary of Changes
Attachment B: Revised Procedures

cc: Regional Administrator – NRC Region III

A045

Attachment A, Summary of Changes
Page 1 of 1

Procedure:

QEP 0400-00, "On-Site Response Actions," Revision 51

Description of Change:

Administrative change that does not change the intent.

Procedure:

QEP 0400-S06, "OSC Team Briefing Form," Revision 8

Description of Change:

Procedure updated in order to address critique comments from a recent GSEP Tabletop and Pre-Exercise. Update includes regrouping of tasks under various OSC disciplines.

**Attachment B,
Revised Procedures**

ON-SITE RESPONSE ACTIONS

<u>QEP 0400-00</u> On-Site Response Actions	Rev. 51	06-30-00
<u>QEP 0400-01</u> Plant Assembly	Rev. 13	01-14-00
<u>QEP 0400-02</u> Site Evacuation	Rev. 4	05-13-99
<u>QEP 0400-03</u> Emergency Teams	Rev. 7	04-24-00
<u>QEP 0400-S01</u> Plant Assembly Checklist	Rev. 14	01-14-00
<u>QEP 0400-S02</u> Site Evacuation Checklist	Rev. 15	05-22-00
<u>QEP 0400-S03</u> Procedure Deleted (See QEP 0400-03)	Rev. 10	01-23-97
<u>QEP 0400-S04</u> Procedure Deleted (No longer needed)	Rev. 6	10-21-97
<u>QEP 0400-S05</u> OSC Team Request Form	Rev. 12	05-22-00
<u>QEP 0400-S06</u> OSC Team Briefing Form	Rev. 8	06-30-00
<u>QEP 400-S7</u> Accident Scene Checklist	Rev. 2	04-06-92
<u>QEP 0400-S08</u> Relocation Center Operations Checklist	Rev. 7	05-13-99

<u>QEP 400-S9</u> Relocation Center Accountability Log	Rev. 1	03-30-89
<u>QEP 0400-S10</u> Relocation Center Briefing Form	Rev. 4	05-13-99
<u>QEP 0400-S11</u> Determination of Essential Personnel Checklists	Rev. 3	05-13-99
<u>QEP 0400-T01</u> Assembly Areas for Onsite Personnel	Rev. 8	01-14-00
<u>QEP 0400-T02</u> Site Evacuation Map	Rev. 7	05-22-00
<u>QEP 400-T3</u> Relocation Center Layout	Rev. 6	03-31-95
<u>QEP 0400-T04</u> Recommended Team Composition	Rev. 4	05-31-96

OSC TEAM BRIEFING FORM

COMMUNICATOR	<input type="checkbox"/> URGENT Minimum briefing. Tasks which involve Life Saving or Fires . Emergency Exposure Limits may apply.																																																									
	<input type="checkbox"/> HIGH Full briefing. The task must be accomplished to mitigate a release to the public or to mitigate core damage . Emergency Exposure Limits may apply.																																																									
	<input type="checkbox"/> MEDIUM Full briefing. The task must be accomplished to support accident mitigation .																																																									
	<input type="checkbox"/> LOW Full briefing. The completion of these tasks are activities which support the functions of the ERO .																																																									
	Team Requested by: _____																																																									
	Task: _____																																																									
Task Location: _____																																																										
Recommended Group Lead: Ops MM IM EM RP Chem																																																										
RP / Safety Precautions from the TSC: _____																																																										
OSC DIR.	<input type="checkbox"/> Verify that correct Team No. has been assigned																																																									
	<input type="checkbox"/> Group Lead Assigned: Ops MM IM EM RP Chem Team # _____																																																									
GROUP LEAD	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Name</th> <th style="width: 15%;">Badge #</th> <th colspan="2" style="width: 25%;">Respiratory Prot. Required/Qualified</th> <th style="width: 15%;">Current Annual Dose</th> <th style="width: 15%;">Approved Dose</th> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Yes/No</td> <td style="text-align: center;">Yes</td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td>Team Leader</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Team Member</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Team Member</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Team Member</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Team Member</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>RPT</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Badge #	Respiratory Prot. Required/Qualified		Current Annual Dose	Approved Dose				Yes/No	Yes			Team Leader	_____	_____	_____	<input type="checkbox"/>	_____	_____	Team Member	_____	_____	_____	<input type="checkbox"/>	_____	_____	Team Member	_____	_____	_____	<input type="checkbox"/>	_____	_____	Team Member	_____	_____	_____	<input type="checkbox"/>	_____	_____	Team Member	_____	_____	_____	<input type="checkbox"/>	_____	_____	RPT	_____	_____	_____	<input type="checkbox"/>	_____	_____	
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OSC SUP./ RP LEAD	Highest ARM in area: _____ mRem Expected Accumulated Dose: _____ mRem Turn Back Dose: _____ mRem Turn Back Dose Rate: _____ mR/hr Protective Clothing Required: _____ / NONE Respiratory Equip. Required: _____ / NONE																																																									
GROUP LEAD	Radio Channel Assigned: _____ Pager # (if applicable): _____ Call Back Phone Number: Ext. _____ Entry/Exit Routes: _____ Special Precautions: _____ / NONE Return to the OSC for Assembly / Accountability: <input type="checkbox"/> Yes <input type="checkbox"/> No, report status to OSC by radio or phone.																																																									
Briefed by: _____		OSC Supervisor or RP Review: _____																																																								
Group Lead		Initials																																																								
ACCESS CONTROL	Dispatch Time: _____ <input type="checkbox"/> OSC Team Status Board Updated <input type="checkbox"/> Copy provided to OSC Team Communicator <input type="checkbox"/> Copy faxed to TSC (Clerical)																																																									
OSC TEAM COMM.	Notified of Team Dispatch/Team #: <input type="checkbox"/> OSC Director <input type="checkbox"/> Control Room <input type="checkbox"/> TSC																																																									

