

DATE: 10/17/00  
TIME: 08:42:16

AMEREN/UE  
DOCUMENT CONTROL SYSTEM  
DOCUMENT TRANSMITTAL

PAGE: 57  
ARDC8801

TRANSMITTAL NUMBER: 452794  
TO CONTROL NUMBER: 338U  
TITLE: OTHER  
DEPT: NUCLEAR REGULATORY COMM.  
LOCATION: USNRC - WASH DC  
TRANSMITTAL DATE: 20001017

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:  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	00-0442		007		C	1			EIP-ZZ-03010

ACKNOWLEDGED BY:

DATE:

A045

TCN NO. 00-0442

1. PROCEDURE NUMBER EIP-ZZ-03010 REVISION NO. 007  
PROCEDURE TITLE HAZARDOUS CHEMICAL/OIL SPILL RESPONSE/SPILL  
CLEANUP IMPLEMENTING PROCEDURE

1.1 One Time TCN? YES  NO  Effective from \_\_\_\_\_ to \_\_\_\_\_

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superseded  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

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

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

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

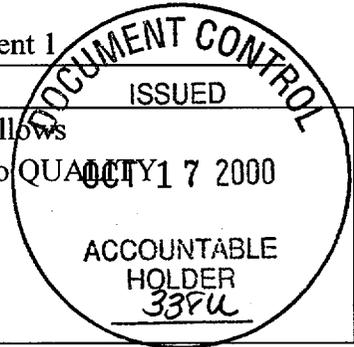
1.5 YES  NO  Notification of procedure owner required?

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Pages 1 and 4 of Attachment 1

2.2 CHANGE SUMMARY:

Change to flow chart instructions that route Shift Supervisor Checklist as follows  
Send Original Attachment 1 to SITE LICENSING to instead direct routing to QUANTITY 17 2000  
ASSURANCE CORRECTIVE ACTIONS



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 MUST 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)

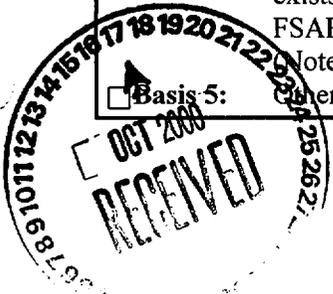
3.2 YES  NO  A change to procedures as described in the FSAR?

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

- Basis 1: Procedure or procedural activity is not listed, described or contained in the FSAR.
- Basis 2: Revision is associated with a procedure or procedural activity listed in the FSAR but not outlined, summarized or completely described.
- Basis 3: The FSAR description of the procedure is not being modified by the revision of the procedure.
- Basis 4: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN MUST exist prior to issuing this procedure. FSAR CN# \_\_\_\_\_.

Note this procedure revision may not be issued until an approved FSAR CN exists.)

Basis 5: Other (annotate basis in Revision Summary, section 2.0 above)



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for the NRC

CA1685  
07/31/00  
APA-ZZ-00114 10-12-00  
4

TEMPORARY CHANGE NOTICE REQUEST FORM

A190.0001/A190.0035

(Instructions for Completion Following)

PROCEDURE NUMBER EIP-ZZ-03010 TCN NO. 00-0442 REVISION NO. 007

**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 MUST 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? (Review a hidden text copy of the procedure to ensure you are aware of the impact the change may have on commitments.)

**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	<u>Deise D. Monell</u>	<u>QA Associate Engineer</u>	<u>9/12/00</u>
		Signature	Title	Date
5.	PREPARED BY	<u>Deise D. Monell</u>	<u>QA Associate Engineer</u>	<u>9/12/00</u>
		Signature	Title	Date
6.	QUALIFIED REVIEWER	<u>Margie Dely</u>	<u>QA Engineer</u>	<u>9-12-2000</u>
		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))**

7.1	SS/OS/SRO	<u>[Signature]</u>	<u>OS</u>	<u>9/12/00</u>
		Signature	Title	Date

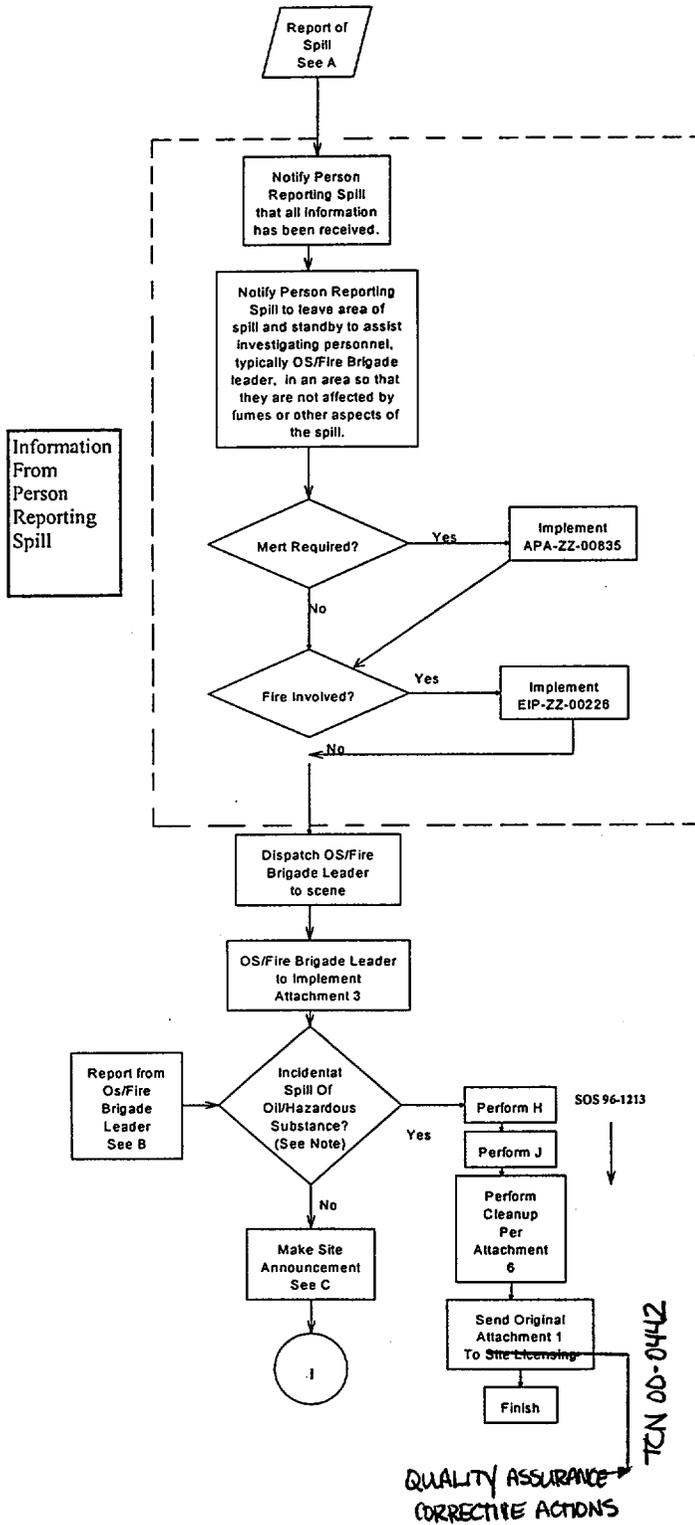
**TCNs that WILL affect work in progress associated with plant equipment MUST be approved by the on-shift SS/OS before receiving final approval.**

**The Preliminary Approver SHALL hold a SRO license.**

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

8.1	APPROVAL AUTHORITY	_____	_____	_____
		Signature	Title	Date

**SHIFT SUPERVISOR CHECKLIST FOR HAZMAT/OIL RESPONSE / CLEANUP**



**A. INITIAL REPORT OF SPILL**

1. Name of Caller: \_\_\_\_\_
2. Location of Spill: EL
3. Name or Stock # of Material(s): \_\_\_\_\_
4. Quantity: \_\_\_\_\_
5. Type of Injury: \_\_\_\_\_
6. Hazards in Area: \_\_\_\_\_
7. Fire or Smoke YES/NO
8. Is Spill/Leak Under/Not Under Control
9. Environmental Conditions:  
 Clear      Snow      Fog  
 Lightning   Ice      Cloudy  
 Rain      Drizzle      Windy
10. Description of Event \_\_\_\_\_

**Note:** Incidental spills are those where the substance can be absorbed, neutralized or otherwise controlled at the time of release by employees without activation of the Fire Brigade.

**B. REPORT FROM OS/FIRE BRIGADE LEADER**

1. Confirm Material: \_\_\_\_\_
2. Release Duration: \_\_\_\_\_
3. Quantity Spilled: \_\_\_\_\_ gal/lbs
4. Contained within Plant Buildings: YES/NO
5. Exposure Level to Toxics: HIGH/LO
6. IDLH Conditions: YES/NO
7. O<sub>2</sub> Deficient Atmosphere: Present/Possible YES/NO
8. Need To Evacuate Plant Site: YES/NO
9. Exposure Beyond Site Boundary YES/NO
10. Liquid to Ground/Waterway/NA
11. Spill under/not under control
12. Fire Potential yes/no
13. Significant Chemical interactions yes/no
14. Additional Manpower Needed: \_\_\_\_\_
15. Supplies Needed: \_\_\_\_\_
16. Other Hazards in Area: \_\_\_\_\_
17. Effects on Plant equipment: \_\_\_\_\_
18. Systems Need to be Isolated/Energized: \_\_\_\_\_

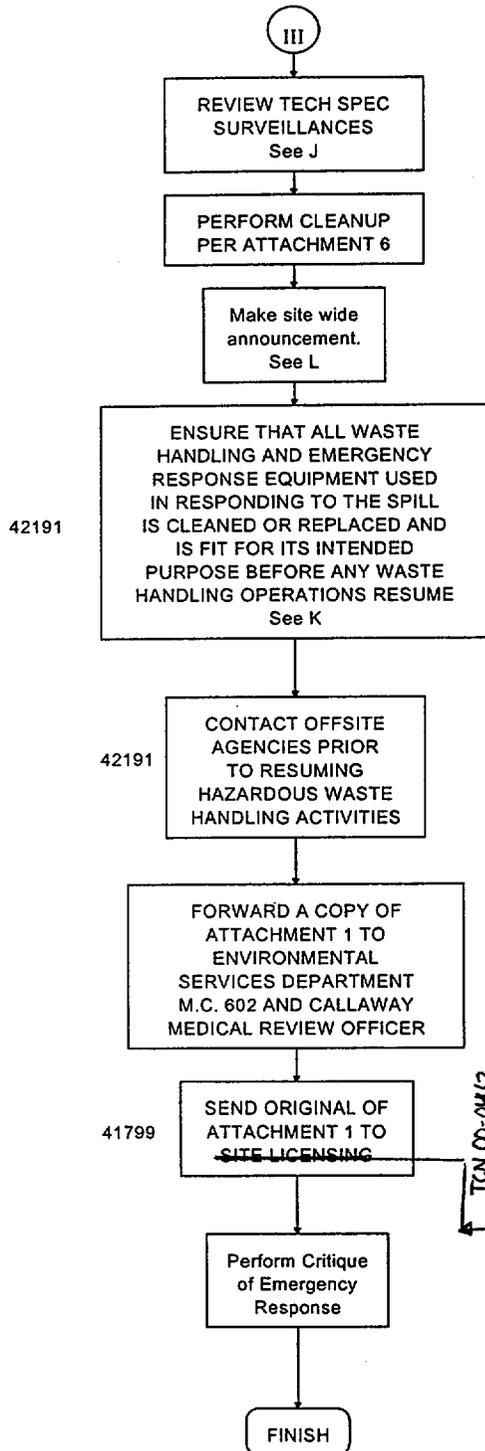
**NOTES:**

1. If quantity spilled cannot be determined, assume the entire contents have been spilled.
2. Spills at fixed locations on Appendix A will not normally cause off-site hazard.
3. A transportation spill within or near the plant boundary could present public hazard. Use hazard radius on Hazmat sheet.

**C. GAI-TRONICS ANNOUNCEMENT**

(The plant emergency alarm should be sounded prior to announcement.)  
 "Attention in the Plant!"  
 "Attention in the Plant!"

There is a spill of (Material) at (location).  
 There are/are no reported injuries. All personnel should leave the area immediately.  
 A Security Officer should report to the Operating Supervisor at (location)".



J. TECH SPEC REVIEW

For any spill inside the power block, direct Systems Engineering to evaluate the need for performing surveillances T/S SR 3.7.10.2, T/S SR 3.7.13.2, and FSAR 16.7.10.1.1.B.

K. NOTIFY EPA/DNR THAT ALL EMERGENCY EQUIPMENT HAS BEEN CLEANED OR REPLACED AND IS READY FOR REUSE.

(see section D and E for notification points and telephone #'s)

1. EPA/DNR via Ameren Environmental Safety and Health  
NAME \_\_\_\_\_ TIME: \_\_\_\_\_
2. Callaway/Fulton EOC  
NAME \_\_\_\_\_ TIME: \_\_\_\_\_
3. MERC/DNR  
NAME \_\_\_\_\_ TIME: \_\_\_\_\_

L. GAI-TRONICS ANNOUNCEMENT

"Attention in the plant. The Cleanup of the spill of \_\_\_\_\_ at (location) is complete. Personnel may now re-enter the area.