

To : DOCUMENT CONTROL DESK
Facility : MP Department : 806
Address : NUCLEAR REGULATORY COMMISSION
DOCUMENT CONTROL DESK
WASHINGTON, DC 20555

From : NDS CONT DOCUMENTS
Date/Time : 12/18/00 08:44

Trans No. : 000011132 **Transmittal Group Id:** 00353KA-1
Total Items: 00001

50-336/423
PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	OPS	C OP 605 PAGE SIREN SYSTEM EVACUATION ALARM OPERABILITY TEST		002 01			P	01

Marked (*) documents require your acknowledgement.

Acknowledgement Date : _____ Signature: _____

Please check the appropriate response and return form to sender.

☐
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All documents received.

Documents noted above not received (identify those not received).

I no longer require distribution of these documents.

Date: _____ Signature: _____

ADD

6/27/00
Approval Date

6/30/00
Effective Date

Document Action Request

SPG# N/A

Initiated By: M. McCue Date: 12/12/00 Department: SPG Ext.: 4804

Document No.: CMP 605 ^{OP} ^{MDM} Rev. No.: 002 Minor Rev.: 01

Title: Page/Siren System Evacuation Alarm Operability Test

Reason for Request (attach commitments, CRs, ARs, OEs etc)

Changed procedure number from C OP 605 to C SP 600.1. Procedure was incorrectly numbered when it was originated.

Continued ☐

Instructions:

SER ATTACHED

Continued ☐

TPC

Interim

Approval (1) Plant Mngt Staff Member Print/Sign/Date (2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: ☐ Perform Now ☐ Perform Later - See Comments ☐ Rejected - See Comments

Activity: ☐ Revision ☒ Minor Revision ☐ Cleanup Rev ☐ Biennial Review ☒ Cancellation ☒ Supersedure

See DC-GDL01 for guidance

☐ TPC ☐ OTC ☐ Place in VOID

☐ Edit Corr.⇒

Plant Mngt Staff Member - Approval

Comments:

RI/DPC Print Name and Date

Continued ☐

Reviews	Print	Sign	Date	SQR Qualified			✓ if Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Independent	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Safety Evaluation Required ☐ Yes ☐ No

Environmental Review Required ☐ Yes ☐ No

1. ☐ **SQR Program Final Review and Approval**

Approval ☐ Disapproval ☐

SQR Qualified Independent Reviewer / Date

Department Head/Responsible Individual

Approval Date

2. ☒ **SORC/PORC/RI/DH Final Review and Approval**

W.K. Woolery
Department Head/Responsible Individual / Date

Meeting No.: N/A

W.K. Woolery
Approval Signature

Approval Date

Effective Date: 12/15/00

Document Action Request

SPG#

001103-140933

Initiated By: M. McCue Date: 10/12/00 Department: OPS Ext.: 4804Document No.: C SP 600.1 C OP 605 Rev. No.: 002
000 Minor Rev.: 00
01Title: Page/Siren System Evacuation Alarm Operability Test

Reason for Request (attach commitments, CRs, ARs, OEs etc)

Assigning C OP 605 a new number (C SP 600.1). Procedure was incorrectly numbered when it was originated. Revising procedure to reflect changes from Communications Mod for the Unit 1 / Unit 2 Separation.

Continued ☐

Instructions:

Continued ☐

TPC

Interim

Approval (1) Plant Mngt Staff Member Print/Sign/Date (2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: ☒ Perform Now ☐ Perform Later - See Comments ☐ Rejected - See CommentsActivity: ☒ Revision ☒ Minor Revision ☐ Cleanup Rev ☐ Biennial Review ☒ Cancellation ☒ Supersedure

See DC-GDL01 for guidance

☐ TPC ☐ OTC ☐ Place in VOID☐ Edit Corr.:→

Plant Mngt Staff Member - Approval

Comments:

R/DPC Print Name and Date

Continued ☐

Reviews	Print	Sign	Date	SQR Qualified			✓ If Comments
				Yes	No	Dept.	
SECURITY	SEE ATTACHED						
ENGINEERING	SEE ATTACHED						
INDEPENDENT U1	SEE ATTACHED						
INDEPENDENT U2	SEE ATTACHED						
VALIDATION	W. Small	W. Small	11/3/00	<input checked="" type="checkbox"/>		SPG	
WRITERS GUIDE	WILLIAM CHAFFANT	William Chaffant			<input checked="" type="checkbox"/>	SPG	
RCD	MICHAEL MCCUE	Michael McCue	11/30/00			SPG	
Independent U3	GORDON PAGE	Gordon Page	11/2/00	<input checked="" type="checkbox"/>		3-OPS	<input checked="" type="checkbox"/>

Safety Evaluation Required ☐ Yes ☒ NoEnvironmental Review Required ☐ Yes ☒ No1. ☒ SQR Program Final Review and ApprovalApproval ☒ Disapproval ☐

SQR Qualified/Independent Reviewer / Date

Department Head/Responsible Individual

Approval Date

2. ☐ SORC/PORC/R/DH Final Review and Approval

Department Head/Responsible Individual / Date

Meeting No.:

Approval Signature

Approval Date

Effective Date: