AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

50-483

TRANSMITTAL NUMBER: 456996
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20001226

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO: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

TRAN CODE	DOC TYPE	DOCUMENT NUMBER	REV	RET REV	RET MED	RET COPY	ALT MED	ALT COPY	AFFECTED DOCUMENT
A	PROC	00-0597	024		C	1			EIP-ZZ-00102

ACKNOWLEDGED BY:

DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM A190.0001/A190.0035

(Instructions for Completion Following)

TCN NO. 00-0597

1. **PROCEDURE NUMBER** EIP-ZZ-00162 **REVISION NO.** 24

PROCEDURE TITLE EMERGENCY Implementing Actions

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 If "yes," number of TCN to be superseded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?

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

☐ **********
* 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. *
* **********

1.5 YES ☐ NO ☑ Notification of procedure owner required?

2. **CHANGE SUMMARY**

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachment 3 Page 1 of 1

2.2 CHANGE SUMMARY:

Repeated step to set-up rate meter and verify switch settings after performance of a response check to ensure desired settings before use.

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 exits 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)

CA1685
07/31/00
APA-ZZ-00114

3

PROCEDURE NUMBER EIP-ZZ-00102 TCN NO. 00-0597 REVISION NO. 024

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.

		Signature	Title	Date
4.	**WRITTEN BY**	Wm R. Beward	Work Control Supv. EP	12/20/00
5.	**PREPARED BY**	Wm. R. Beward	Work Control Supv EP	12/20/00
6.	**QUALIFIED REVIEWER**	TW Parker	Emer. Response Coord.	12/21/00

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))

	Signature	Title	Date
7.1 SS/OS/SRO	[signature]	OS SRO	20001221

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**)

	Signature	Title	Date
8.1 APPROVAL AUTHORITY			

SET-UP AND OPERATION OF THE MODEL 177 RATEMETER

1. Remove Model 177 ratemeter, frisker probe, detector cable, power cord, and check source from the E-Kit cabinet located behind the control boards. There are two instruments, one for the Control Room, one for the Field Office.

2. Connect detector and power cords, if not already connected, to the Model 177 ratemeter and verify the following switch settings:

   Front Panel:
   1. On/Off switch in "ON" position.
   2. Volume adjusted to hear audible counts.
   3. Response switch in "slow" position.
   4. Range switch to "X1" scale.

   Rear Panel:
   1. Alarm set at '5'.
   2. Subtract switch in "Off" position if meter has Subtract Switch.

3. Perform response check as follows:

   - ☐ Ensure instrument has a current calibration sticker.
   - ☐ Set the range switch to the appropriate position and place the detector on the check source bracket.
   - ☐ Verify the response is within the acceptable range as specified on the response value determination form/sticker for that check source.
   - ☐ Check the instrument alarm by adjusting the ALARM SET switch so that it is slightly less than the count rate of the source.
   - ☐ Remove the source from the detector.
   - ☐ Depress the RESET button. The alarm condition should clear.
   - ☐ If the pre-operational checks are satisfactory, complete the attached pre-operational check sticker. If either the alarm or the response check failed, notify the Health Physics Coordinator and obtain an operational ratemeter.

4. Return the check source to the E-Kit cabinet.

*KWB 12/12/00 5. 6. Move the Ratemeter to the doors of the Field Office and Control Room. Ensure the probe is left face up when not being used to monitor area and airborne radiation levels.

* 5. Connect detector and power cords, if not already connected, to the Model 177 ratemeter and verify the following switch settings:

   Front Panel:
   1. On/Off switch in "ON" position.
   2. Volume adjusted to hear audible counts.
   3. Response switch in "slow" position.
   4. Range switch to "X1" scale.

   Rear Panel:
   1. Alarm set at '5'.
   2. Subtract switch in "Off" position if meter has Subtract Switch.

TCN 1-0597