

April 18, 2001

US Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555

PRAIRIE ISLAND NUCLEAR GENERATING PLANT
Docket Nos. 50-282 License Nos. DPR-42
Docket Nos. 50-306 License Nos. DPR-60

Prairie Island Emergency Plan
Implementing Procedures - F3 & F8

Emergency Response Plan Implementing Procedures

Furnished with this letter are Temporary Change Notices to Prairie Island Nuclear Generating Plant Emergency Plan Implementing Procedures F3 & F8 procedures:

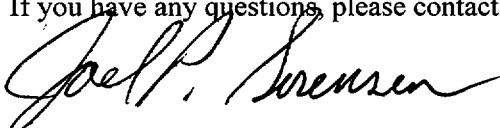
TEMPORARY CHANGE ADDITIONS:

- 2001 0953 F3-8 Recommendations for Offsite Protective Actions
- 2001 0954 F3-8.1 Recommendations for Offsite Protective Actions for the On Shift Emergency Director/Shift Manager
- 2001 0955 F8-5 Offsite Dose Assessment and Protective Action Recommendations

INSTRUCTIONS:

Please post changes in your copy of the Prairie Island Nuclear Generating Plant Emergency Plan Implementing Procedures. Procedures, which have been superseded or deleted, should be destroyed. Please sign and return the acknowledgment of this update to Bruce Loesch, Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive East, Welch, MN 55089.

If you have any questions, please contact Mel Agen at 651-388-1121 Extension 4240.


Joel P. Sorensen
Site Vice President

A045

Prairie Island Nuclear Generating Plant

- c: USNRC – James Foster, Region III (2 copies)**
- NRC Resident Inspector (w/o attachment)**
- J Silberg (w/o attachment)**
- M Agen (w/o attachment)**
- Records Management (Doc Control Copy) (w/o attachment)**
- NL File (w/o attachment)**

Mfst Num: 2001 - 0261
FROM : Bruce Loesch/Mary Gadiant
TO : UNDERWOOD, BETTY J

Date : 04/13/01
Loc : Prairie Island

Copy Num: 515
SUBJECT : Revisions to CONTROLLED DOCUMENTS
Holder : US NRC DOC CONTROL DESK

Procedure #	Rev	Title
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Temporary Change Additions:

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2001	0953	F3-8	RECOMMENDATIONS FOR OFFSITE PROTECTIVE
2001	0954	F3-8.1	RECOMMENDATIONS FOR OFFSITE PROTECTIVE
			THE ON SHIFT EMERGENCY DIRECTOR /SHIFT
2001	0955	F8-5	OFFSITE DOSE ASSESSMENT & PROTECTIVE A
			RECOMMENDATIONS

UPDATING INSTRUCTIONS

Place this material in your Prairie Island Controlled Manual or File. Remove revised or cancelled material and recycle it. Sign and date this letter in the space provided below within ten working days and return to Bruce Loesch or Mary Gadiant, Prairie Island Nuclear Plant, 1717 Wakonade Drive E., Welch, MN 55089.

Contact Bruce Loesch (ext 4664) or Mary Gadiant (ext 4478) if you have any questions.

Received the material stated above and complied with the updating instructions

_____ Date _____

TEMPORARY CHANGE NOTICE
(SAWI 1.5.10)

I. CHANGE REQUEST

Procedure #: F3-8 Rev: 18 Project ID #: _____

WO #: NA

Title: Recommendations For Offsite Protective Actions

Description of Change: Pg. 7, Step 7.2 Protective Action Recommendations During a Site Area Emergency.

(e.g. page #, step #, summary/reason) Add Step 7.2.3 to read as attached to this TCN.

Reason for Change --> Natural events such as flooding can hinder normal evacuation times.

Is this an OC reviewed procedure/critical WO? Yes No

Is a permanent procedure change needed? Yes No If Yes, submit PINGP 436

Originator: *Mrs. Pepper* Employee #: PFFM01 Date: 4/13/01

II. INITIAL REVIEWS

A. Is this a change in intent? Yes No If No, go to II.E

1. OC Review Initial/Date (if procedure is OC reviewed/critical WO): _____

2. Procedure Approver (Work Supv for WO): _____

B. Is this procedure a routine maintenance activity? Yes No If Yes, go to II.D

C. Perform a key word search of the SAR. Words used: _____

Sections of SAR identified by key word search: _____

Does this TCN: 1. Change the facility or procedure(s) as described in the SAR? Yes No

2. Affect nuclear safety in a way not previously evaluated in the SAR? Yes No

3. Involve a change to any Technical Specifications or TRM? Yes No

If 1, 2, or 3 is Yes, perform a Safety Evaluation (PINGP 279) SE #: _____

D. Does this change affect Special Reviews (e.g. IST, EQ)? Yes No If Yes, document Special Review(s) in CHAMPS

E. Does this change affect plant operation or Tech Specs? Yes No If Yes and work is in progress, SS notified by _____ (initial)

F. Do controlled copies need to be updated? Yes No If Yes, attach marked-up procedure pages to white copy

G. All master/working copies updated? Yes NA

H. Is training on temporary change needed? Yes No If Yes, PINGP 1268 or PINGP 1224 (Ops Only) issued

III. REVIEW AND APPROVAL

Reviewer: *D. Smith* Date: 4-13-01
(Unit Management Staff)

Approver: *D. Smith* Date: 4-13-01
(Unit Management Staff; SRO for OC reviewed procedures/critical WO)

Forward white copy to Procedure Control

IV. POST REVIEWS (required for OC reviewed procedures/critical WO; leave blank if reviewed/approved in II.A)

OC Review Initial/Date: _____ Procedure Approver: _____ Date: _____

V. TEMPORARY CHANGE DELETION (leave blank if controlled copies not updated, refer to II.F)

A. Reviewer: _____ Date: _____
(Unit Management Staff)

B. Approver: _____ Date: _____
(Unit Management Staff; SRO for OC reviewed procedures/critical WO)

7.2.3 Consideration should be given to Protective Action Recommendations for the general public during a serious event. A recommendation to relocate people in those areas with restricted egress due to flooding within a 10 mile radius of the plant should be made at the Site Area Emergency level if it is clear we are not to de-escalate from the SAE in less than 2 hours. This is to ensure that should the event escalate to a General Emergency, people are already relocated from areas where additional evacuation time would be required. Each county sheriff's department is aware of those areas in which there are restrictions to normal evacuation routes.

TEMPORARY CHANGE NOTICE
(SAWI 1.5.10)

I. CHANGE REQUEST

Procedure #: F3-8.1 Rev: 11 Project ID #: _____

WO #: NA

Title: Recommendations For Offsite Protective Actions For The On Shift Emergency Director/Shift Manager

Description of Change: Pg. 5, Step 7.2 Protective Action Recommendations During a Site Area Emergency.

(e.g. page #, step #, summary/reason) Add Step 7.2.4 to read as attached to this TCN.

Reason for Change --> Natural events such as flooding can hinder normal evacuation times.

Is this an OC reviewed procedure/critical WO? Yes No

Is a permanent procedure change needed? Yes No If Yes, submit PINGP 436

Originator: *[Signature]* Employee #: PFFM01 Date: 4/13/01

II. INITIAL REVIEWS

A. Is this a change in intent? Yes No If No, go to II.E

1. OC Review Initial/Date (if procedure is OC reviewed/critical WO): _____

2. Procedure Approver (Work Supv for WO): _____

B. Is this procedure a routine maintenance activity? Yes No If Yes, go to II.D

C. Perform a key word search of the SAR. Words used: _____

Sections of SAR identified by key word search: _____

Does this TCN: 1. Change the facility or procedure(s) as described in the SAR? Yes No

2. Affect nuclear safety in a way not previously evaluated in the SAR? Yes No

3. Involve a change to any Technical Specifications or TRM? Yes No

If 1, 2, or 3 is Yes, perform a Safety Evaluation (PINGP 279) SE #: _____

D. Does this change affect Special Reviews (e.g. IST, EQ)? Yes No If Yes, document Special Review(s) in CHAMPS

E. Does this change affect plant operation or Tech Specs? Yes No If Yes and work is in progress, SS notified by _____ (initial)

F. Do controlled copies need to be updated? Yes No If Yes, attach marked-up procedure pages to white copy

G. All master/working copies updated? Yes NA

H. Is training on temporary change needed? Yes No If Yes, PINGP 1268 or PINGP 1224 (Ops Only) issued

III. REVIEW AND APPROVAL

Reviewer: *[Signature]* Date: 4-13-01
(Unit Management Staff)

Approver: *[Signature]* Date: 4-13-01
(Unit Management Staff; SRO for OC reviewed procedures/critical WO)

Forward white copy to Procedure Control

IV. POST REVIEWS (required for OC reviewed procedures/critical WO; leave blank if reviewed/approved in II.A)

OC Review Initial/Date: _____ Procedure Approver: _____ Date: _____

V. TEMPORARY CHANGE DELETION (leave blank if controlled copies not updated, refer to II.F)

A. Reviewer: _____ Date: _____
(Unit Management Staff)

B. Approver: _____ Date: _____
(Unit Management Staff; SRO for OC reviewed procedures/critical WO)

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1.2.4

Consideration should be given to Protective Action Recommendations for the general public during a serious event. A recommendation to relocate people in those areas with restricted egress due to flooding within a 10 mile radius of the plant should be made at the Site Area Emergency level if it is clear we are not to de-escalate from the SAE in less than 2 hours. This is to ensure that should the event escalate to a General Emergency, people are already relocated from areas where additional evacuation time would be required. Each county sheriff's department is aware of those areas in which there are restrictions to normal evacuation routes.

TEMPORARY CHANGE NOTICE

(SAWI 1.5.10)

I. CHANGE REQUEST

Procedure #: ~~F8-8.5~~ F8-5 B7 Rev: 6 Project ID #: _____

WO #: NA

Title: Offsite Dose Assessment and Protective Action Recommendations

Description of Change: Pg. 5, Step 7.2 Site Area Emergency Protective Action Recommendations.

(e.g. page #, step #, summary/reason) Add Step 7.2.3 to read as attached to this TCN.

Reason for Change --> Natural events such as flooding can hinder normal evacuation times.

Is this an OC reviewed procedure/critical WO? Yes No

Is a permanent procedure change needed? Yes No If Yes, submit PINGP 436

Originator: MJP Jaffer MA Employee #: PFFM01 Date: 4/13/01

II. INITIAL REVIEWS

A. Is this a change in intent? Yes No If No, go to II.E

1. OC Review Initial/Date (if procedure is OC reviewed/critical WO): _____

2. Procedure Approver (Work Supv for WO): _____

B. Is this procedure a routine maintenance activity? Yes No If Yes, go to II.D

C. Perform a key word search of the SAR. Words used: _____

Sections of SAR identified by key word search: _____

Does this TCN: 1. Change the facility or procedure(s) as described in the SAR? Yes No

2. Affect nuclear safety in a way not previously evaluated in the SAR? Yes No

3. Involve a change to any Technical Specifications or TRM? Yes No

If 1, 2, or 3 is Yes, perform a Safety Evaluation (PINGP 279) SE #: _____

D. Does this change affect Special Reviews (e.g. IST, EQ)? Yes No If Yes, document Special Review(s) in CHAMPS

E. Does this change affect plant operation or Tech Specs? Yes No If Yes and work is in progress, SS notified by _____ (initial)

F. Do controlled copies need to be updated? Yes No If Yes, attach marked-up procedure pages to white copy

G. All master/working copies updated? Yes NA

H. Is training on temporary change needed? Yes No If Yes, PINGP 1268 or PINGP 1224 (Ops Only) issued

III. REVIEW AND APPROVAL

Reviewer: [Signature] Date: 4-13-01 (Unit Management Staff)

Approver: [Signature] Date: 4-13-01 (Unit Management Staff; SRO for OC reviewed procedures/critical WO)

Forward white copy to Procedure Control

IV. POST REVIEWS (required for OC reviewed procedures/critical WO; leave blank if reviewed/approved in II.A)

OC Review Initial/Date: _____ Procedure Approver: _____ Date: _____

V. TEMPORARY CHANGE DELETION (leave blank if controlled copies not updated, refer to II.F)

A. Reviewer: _____ Date: _____ (Unit Management Staff)

B. Approver: _____ Date: _____ (Unit Management Staff; SRO for OC reviewed procedures/critical WO)

TCN 2001-0955

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7.2.3 Consideration should be given to Protective Action Recommendations for the general public during a serious event. A recommendation to relocate people in those areas with restricted egress due to flooding within a 10 mile radius of the plant should be made at the Site Area Emergency level if it is clear we are not to de-escalate from the SAE in less than 2 hours. This is to ensure that should the event escalate to a General Emergency, people are already relocated from areas where additional evacuation time would be required. Each county sheriff's department is aware of those areas in which there are restrictions to normal evacuation routes.