

Facility: <u>Limerick Generating Station</u>		Date of Examination: 05/04/2001
Examination Level SRO		Operating Test Number: _____
Administrative Topic/Subject Description		Describe method of evaluation: 1. ONE Administrative JPM, OR 2. TWO Administrative Questions
A.1	Shift Staffing	JPM: Minimum Staffing (A-C-40)
	Fuel Handling	JPM: Drywell Access during fuel transfer (HP-300)
A.2	Maintenance	JPM: Evaluate troubleshooting valve manipulation effect on equipment (AG-CG-41)
A.3	Dose Control	Question: Planned Special Exposure (HP-C-108)
		Question: Administrative dose extension (HP-C-106)
A.4	E-Plan P.A.R.	JPM: Determine the P.A.R. for given set of conditions (ERP-200)

☐ Peach Bottom☒ Limerick☐ Common

CODE NO:	LLOJPMSRO136	REV NO:	000
AUTHOR:	C GOFF	TYPIST:	cbg
TYPE:	JPM	EFFECTIVE DATE:	____/____/____
TITLE:	EVALUATING MINIMUM STAFFING REQUIREMENTS (A-C-40)		

Prepared By: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approved For Use: _____ Date: _____
Signature & Title

TEMPORARY CHANGE FORM LOG

CODE NO.: LLOJPMSRO136 REV. NO.: 000TITLE: MINIMUM STAFFING REQUIREMENTS (A-C-40)

TCF #	TCF DATE	CHANGED SECTION #
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TITLE: MINIMUM STAFFING REQUIREMENTS (A-C-40)

TASK PERFORMED BY: _____ EVALUATOR: _____

EVALUATOR SIGNATURE: _____ DATE: _____

DIRECTIONS TO EVALUATOR:

EVALUATION METHOD :

PERFORM

EVALUATION LOCATION:

SIMULATOR/PLANT

APPROXIMATE COMPLETION TIME:

10 MINUTES

IMPORTANCE RATING(S):

2.1.3 3.4/3.1

SYSTEM NUMBER(S):

GENERIC

REFERENCES:

1. Tech Specs 6.2.2
2. TRM 6.2.2
3. OPM-C-30, Operations Policy Manual, Reactor Operator Staffing Policy

TASK STANDARD(S):

Evaluate Crew Staffing sheet and determine minimum staffing requirements are not met.

TASK CONDITIONS:

Both Units are in OPGON 1

INITIATING CUES:

You are the off-going (Thursday Day Shift) Work Control Supervisor. You are directed to review the "People Paper" for the on-coming shift and identify actions, if any, that are required to meet minimum shift staffing requirements.

Critical Element(s) indicated by "*" in Performance Checklist.

PERFORMANCE CHECKLIST:

STEP	STANDARD	SAT/UNSAT
1. Obtain current revision of Operations policy Manual OPM-C-30, Reactor Operator Staffing Policy, or Tech Spec 6.2.2 and Technical Requirement Manual section 6.0	Current Revision of Manual OPM-C-30, Reactor Operator Staffing Policy, or Tech Spec 6.2.2 and Technical Requirement Manual section 6.0 obtained.	
*2. Identify that 2 additional equipment operators must be called in for Safe Shutdown Duties (total of 3 required)	"People Paper" deficiency noted and request for 2 additional operators for Safe Shutdown duties made	
*3. Identify that 1 additional Fire Brigade member must be called in and a Fire Brigade Leader Designated	"People Paper" deficiency noted and request for 1 additional Fire Brigade member must be called in	

Comments:

Note: Any grade of UNSAT requires a comment.

JPM Overall Rating: _____
SAT/UNSAT

TASK CONDITIONS:

Both Units are in OPCON 1

INITIATING CUES:

You are the off-going (Thursday Day Shift) Work Control Supervisor. You are directed to review the "People Paper" for the on-coming shift and identify actions, if any, that are required to meet minimum shift staffing requirements.

ATTACHMENT SRO ADMIN #1

"A" CREW
Thursday Night Shift

SM ORPHANOS WCS
CRS BOYLAN FSS REINER - STA

Common
PRO KIRSE
4th RO

	ST-6-107-590-0 Daily Log Common Plant	Radwaste	COLUMBUS	FB
	RT-6-111-643-0 River Water Log Using Water Wizard	Inside	FORREN	SS
		Outside		
Unit 1		RO	BELITSKY	
	ST-6-107-590-1 Daily Log for OPCON 1, 2, & 3	Reactor	HORNE	FB
	ST-6-043-320-1 Jet Pump Operability Verification	Turbine		
Unit 2		RO	PROCOPIO	
	ST-6-107-590-2 Daily Log for OPCON 1, 2, & 3	Reactor	GIAMBRONE	FB
	ST-6-043-320-2 Jet Pump Operability Verification	Turbine	KIRK	FB

*** ERROR LIKELY SITUATION: _____

Key:

FB - Fire Brigade
FBL - Fire Brigade Leader
SS - Safe Shutdown
STA - Shift Technical Advisor

FOR TRAINING PURPOSES ONLY

ATTACHMENT SRO ADMIN #1

☐ Peach Bottom☒ Limerick☐ Common

CODE NO:	LLOJPMSRO139	REV NO:	000
AUTHOR:	C GOFF	TYPIST:	cbg
TYPE:	JPM	EFFECTIVE DATE:	____/____/____
TITLE:	DETERMINING WHAT CCTAS STEPS ARE PERMISSIBLE DURING FEEDWATER NOZZLE INSPECTIONS (HP-300)		

Prepared By: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approved For Use: _____ Date: _____
Signature & Title

TEMPORARY CHANGE FORM LOG

CODE NO.: LLOJPMSRO139 REV. NO.: 000TITLE: DETERMINING WHAT CCTAS STEPS ARE PERMISSIBLE DURING
FEEDWATER NOZZLE INSPECTIONS (HP-300)

TCF #	TCF DATE	CHANGED SECTION #
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TITLE: DETERMINING WHAT CCTAS STEPS ARE PERMISSIBLE DURING FEEDWATER NOZZLE INSPECTIONS (HP-300)

TASK PERFORMED BY: _____ EVALUATOR: _____

EVALUATOR SIGNATURE: _____ DATE: _____

DIRECTIONS TO EVALUATOR:

Provide a copy of CCTAS (Attachment SRO Admin #4)

EVALUATION METHOD :

PERFORM

EVALUATION LOCATION:

SIMULATOR/PLANT

APPROXIMATE COMPLETION TIME:

10 MINUTES

IMPORTANCE RATING(S):

2.2.9 3.5

SYSTEM NUMBER(S):

GENERIC

REFERENCES:

1. HP-300, Upper Level Drywell Access Controls During Irradiated Core Component Movement

TASK STANDARD(S):

Identify which CCTAS steps can be performed with personnel inside the Bioshield above elevation 303'.

TASK CONDITIONS:

1. Refueling outage on Unit 2 is in progress.
2. Unit 1 is at 100% power.
3. A maintenance team is performing an inspection of Feedwater nozzles inside the bioshield above elevation 303'.

INITIATING CUES:

You are directed by shift supervision to review the attached CCTAS Sheet and determine which steps, if any, can be performed.

Critical Element(s) indicated by "*" in Performance Checklist.

PERFORMANCE CHECKLIST:

STEP	STANDARD	SAT/UNSAT
1. Obtain current revision of HP-300, Upper Level Drywell Access Control During Irradiated Core Component Movement	HP-300, Upper Level Drywell Access Control During Irradiated Core Component Movement obtained	
*2. Review CCTAS Step #1 and determine if component movement is permitted	Determine component movement is permitted	
*3. Review CCTAS Step #2 and determine if component movement is permitted	Determine component movement is permitted	
*4. Review CCTAS Step #3 and determine if component movement is permitted	Determine component movement is NOT permitted	
*5. Review CCTAS Step #4 and determine if component movement is permitted	Determine component movement is NOT permitted	

Comments:

Note: Any grade of UNSAT requires a comment.

JPM Overall Rating: _____
SAT/UNSAT

TASK CONDITIONS:

1. Refueling outage on Unit 2 is in progress.
2. Unit 1 is at 100% power.
3. A maintenance team is performing an inspection of Feedwater nozzles inside the bioshield above elevation 303'.

INITIATING CUES:

You are directed by shift supervision to review the attached CCTAS Sheet and determine which steps, if any, can be performed.

SRM ONLY

Unit LIMERICK GENERATING STATION Date 04/02/01

Title TRAINING CCTAS

Written By: TRAINING USE ONLY

Reviewed By: TRAINING USE ONLY

Authorized By: TRAINING USE ONLY

STEP NO.	COMPONENT SERIAL NO.	MOVE FROM	ORIENT	MOVE TO	ORIENT	FHD	RPO	CRO	SRM COUNTRATE				DATE	TIME
									A	B	C	D		
1	LYN463	L1SPENT C-20	NE	L1SPENT C-21	SW									
2	DBL B/G	L1SPENT B-31/C-32	None	L1CORE 01-44/03-42	None									
3	LYG764	L1CORE 03-44	SW	L1SPENT P-46	SW									
4	LPRM	L1CORE 32-25	NONE	UNIT 1 SPENT FUEL POOL WALL	NONE									

ATTACHMENT SR0 ADMIN # 4

☐ Peach Bottom☒ Limerick☐ Common

CODE NO:	LLOJPMSRO140	REV NO:	000
AUTHOR:	C GOFF	TYPIST:	cbg
TYPE:	JPM	EFFECTIVE DATE:	____/____/____
TITLE:	EVALUATE TROUBLESHOOTING VALVE MANIPULATION EFFECT ON EQUIPMENT (AG-CG-41)		

Prepared By: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approved For Use: _____ Date: _____
Signature & Title

TEMPORARY CHANGE FORM LOG

CODE NO.: LLOJPMSRO140 REV. NO.: 000TITLE: EVALUATE TROUBLESHOOTING VALVE MANIPULATION EFFECT ON
EQUIPMENT (AG-CG-41)

TCF #	TCF DATE	CHANGED SECTION #
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TITLE: EVALUATE TROUBLESHOOTING VALVE MANIPULATION EFFECT ON EQUIPMENT (AG-CG-41)

TASK PERFORMED BY: _____ EVALUATOR: _____

EVALUATOR SIGNATURE: _____ DATE: _____

DIRECTIONS TO EVALUATOR:

Provide a copy of marked up TRT (TROUBLESHOOTING, REWORK, AND TESTING CONTROL PROCESS) form

EVALUATION METHOD :

PERFORM

EVALUATION LOCATION:

SIMULATOR/PLANT

APPROXIMATE COMPLETION TIME:

10 MINUTES

IMPORTANCE RATING(S):

2.2.20 3.3

SYSTEM NUMBER(S):

GENERIC

REFERENCES:

1. TECH SPEC
2. P&ID M-20
3. AG-CG-41, TROUBLESHOOTING, REWORK, AND TESTING CONTROL PROCESS

TASK STANDARD(S):

Required sections of TRT form correctly marked in accordance with AG-CG-41.

TASK CONDITIONS:

1. Both Units are in OPCON 1
2. No equipment is known to be INOPERABLE
3. A TRT has been initiated to troubleshoot D23 starting air compressor

INITIATING CUES:

You are directed by shift supervision to complete the "Shift Management Approval" section of TRT No. 0104XX.

Critical Element(s) indicated by "*" in Performance Checklist.

PERFORMANCE CHECKLIST:

STEP	STANDARD	SAT/UNSAT
1. Obtain current revision of AG-CG-41, TROUBLESHOOTING, REWORK, AND TESTING CONTROL PROCESS	AG-CG-41, TROUBLESHOOTING, REWORK, AND TESTING CONTROL PROCESS obtained	
*2. Evaluate and mark the "SAFETY RELATED/TECH SPEC" box	"SAFETY RELATED/TECH SPEC" box marked "YES"	
*3. Evaluate OPERABILITY IMPACT per Tech Spec and indicate D23 will be INOP and record Tech Spec LCO 3.8.1.1 ACTION "a" and "e" applies	<p>OPERABILITY IMPACT per Tech. Spec. section: D23 will be INOP and record Tech Spec LCO 3.8.1.1 ACTION "a" and "e" applies</p> <p>Within 24 hours, verify Surveillance Requirement 4.8.1.1.a by determining for each Offsite Source and each Unit 2 4kV bus correct breaker alignment and power availability</p> <p>For two train systems, verify within 2 hours that at least one of the required two train system subsystem, train, components, and devices is OPERABLE</p> <p>Restore D23 to OPERABLE within 30 days or be in at least HOT SHUTDOWN within the next 12 hours and in COLD SHUTDOWN within the following 24 hours</p>	
*4. Sign, date and time TRT Form	AUTHORIZATION TO COMMENCE ACTIVITY: Section signed, dated with time	
*5. Request a second SRO review the TRT	Request for 2 nd SRO Approval Made	

Comments:

Note: Any grade of UNSAT requires a comment.

JPM Overall Rating: _____
SAT/UNSAT

TASK CONDITIONS:

1. Both Units are in OPCON 1
2. No equipment is known to be INOPERABLE
3. A TRT has been initiated to troubleshoot D23 starting air compressor

INITIATING CUES:

You are directed by shift supervision to complete the "Shift Management Approval" section of this TRT No. 0104XX.

PORC	NO
SQR	NO
QR	NO
50.59	NO
RESP. MGR.	YES

Troubleshooting, Rework, and Testing Control Process (TRT)

TRT No.: 0104XXPage 1 of 2**SECT 1**INITIATOR (PRINT): IR CANDIDATEExt: 4084 Date: 05.07.01STATION/UNIT: UGS, 2 WORK REFERENCE (W/O, ST, A/R, ECR, etc.): N/AAFFECTED COMPONENT(S)/PANEL No.: D23SYSTEM NUMBER: 20 SYSTEM NAME: FUEL + DIESEL OIL XFERDESCRIPTION OF PROBLEM/ACTIVITY OBJECTIVE STARTING AIR COMPRESSOR 2C2K513, high
RUN TIME DUE TO UNIDENTIFIED LEAKS.
TROUBLESHOOT AND LOCATE STARTING AIR SYSTEM LEAKS.

SPECIAL REQUIREMENTS (See below) or "NONE":

(Special Plant or Equipment Conditions, Special Equipment, Specific/Special Communications, DQ/EQ Requirements, ALARA, Radiological Controls)

CONSTANT COMMUNICATIONS VIA RADIO REQUIRED BETWEEN MGR AND D23
D23 LINED UP FOR AUTO START DURING TEST/TROUBLESHOOTING ACTIVITYPLANT RESPONSES (e.g., alarms, instrument indications, auto actions) or "NONE" expected to occur during the activity: "NONE"**SQR APPROVAL**50.59 DETERMINATION REQUIRED? ☐ YES ☒ NOSTEP BY STEP INSTRUCTIONS REQUIRED? ☒ YES ☐ NODAISY CHAINED CIRCUITS INVOLVED? ☐ YES ☒ NOSQR APPROVAL: DAVE FRITZ - GOLFDate: 05.07.01**SHIFT MANAGEMENT APPROVAL**PERMITTED TRT DURATION: ☒ 24 Hours ☐ Between 24 & 72 HrsSAFETY RELATED / TECH. SPEC.: ☐ YES ☐ NO (If YES, 2nd SRO Required Below) (Per OM-P-10.4:1 or OM-L-10.4:1, as applicable)

OPERABILITY IMPACT per Tech. Spec.: _____

AUTHORIZATION TO COMMENCE ACTIVITY: SRO _____

Date: ____/____/____ Time: ____

For Equipment/systems described in OM-P-10.4:1 or OM-L-10.4:1, as applicable. Second SRO Required. (i.e., Safety-Related /Tech. Spec => YES)

2nd SRO Approval or N/A: _____

Date: ____/____/____

PERFORMER

TRT Discussed With Reactor Operator (RO):

Performer: _____

Date: ____/____/____

Complete all sections above - Do not leave any blank spaces**CONTROLLED COPY
VALID ONLY
WHEN RED**

7) *PV:1.0

Refer to ATTACHMENT SRO ADMIN #7-1, #7-2 and #7-3:

You are the Control Room Supervisor.

A planned special exposure is required to prevent a large release of radioactive material to Secondary Containment.

The Proposed Planned Special Exposure Dose for this job is 4,000 mrem.

The following EOs have volunteered:

EO #1 - Female, not declared pregnant, 33 years old, 10 years plant experience

EO #2 - Male, 45 years old, 14 years plant experience

EO #3 - Male, 27 years old, 8 years plant experience

- a. Which Equipment Operator will you approve to perform the task?
- b. Briefly explain your answer to part a.

Effective Date: 1/1/94

ATTACHMENT SRO ADMIN

#7-1

PLANNED SPECIAL EXPOSURE (PSE) APPROVAL FORMRequested By: (TRAINING ONLY)Date: TODAY

A. SCOPE OF ACTIVITY

ISOLATE PRIMARY CONTAINMENT LEAK

B. DESCRIPTION OF ACTIVITY

MANUAL VALVE MANIPULATION

CONTROLLED COPY

C. JUSTIFICATION FOR PSE

PREVENT A LARGE RELEASE OF RADIOACTIVE MATERIAL TO SECONDARY CONTAINMENT

VALID ONLY

D. EXPOSURE INFORMATION

WHEN RED

Individual's Name: EO #1Date: TODAY

	Annual Dose	Life Time Dose	Previous PSE Dose		Proposed PSE Dose	Proposed Annual Dose
			Life Time Dose	Annual Dose		
	mREM	mREM	mREM	mREM	mREM	mREM
TEDE	127	915	Ø	Ø	4,000	4,127
EYE	Ø	40	Ø	Ø	Ø	Ø
SKIN/EXTM.	Ø	112	Ø	Ø	Ø	Ø
CRITICAL ORGAN	Ø	30	Ø	Ø	Ø	Ø

E. STATEMENT OF UNDERSTANDING

I have been informed of the purpose of the planned operation, the estimated doses, and the potential risks or other conditions that may be involved in performing this task. I have been given the opportunity to ask questions, and understand the operation and the planned special exposure estimate.

Employee Signature: EO #1Date: TODAY

PLANNED SPECIAL EXPOSURE APPROVAL FORM (CON'T)
FOR TRAINING PURPOSES ONLY

ATTACHMENT SRO ADMIN

#7-1

Individual's Name: _____ SSN: _____

F. APPROVALS

Supervisor or Employer Representative Date and

Radiation Protection Manager Date and

Plant Manager Date or

Station Vice President Date

FOR TRAINING PURPOSES ONLY

Effective Date: 1/1/94

ATTACHMENT SRO ADMIN

#7-2

PLANNED SPECIAL EXPOSURE (PSE) APPROVAL FORMRequested By: (TRAINING ONLY)Date: TODAY

A. SCOPE OF ACTIVITY

ISOLATE PRIMARY CONTAINMENT LEAK

B. DESCRIPTION OF ACTIVITY

MANUAL VALVE MANIPULATION

CONTROLLED COPY

C. JUSTIFICATION FOR PSE

PREVENT A LARGE RELEASE OF RADIOACTIVE MATERIAL TO SECONDARY CONTAINMENT

VALID ONLY

D. EXPOSURE INFORMATION

WHEN RED

Individual's Name: EO #2Date: TODAY

	Annual Dose	Life Time Dose	Previous PSE Dose		Proposed PSE Dose	Proposed Annual Dose
			Life Time Dose	Annual Dose		
	mREM	mREM	mREM	mREM	mREM	mREM
TEDE	110	897	22460	900	4,000	4,110
EYE	0	64	0	0	0	0
SKIN/ EXTM.	0	90	0	0	0	0
CRITICAL ORGAN ()	0	27	0	0	0	0

E. STATEMENT OF UNDERSTANDING

I have been informed of the purpose of the planned operation, the estimated doses, and the potential risks or other conditions that may be involved in performing this task. I have been given the opportunity to ask questions, and understand the operation and the planned special exposure estimate.

Employee Signature: EO #2Date: TODAY

PLANNED SPECIAL EXPOSURE APPROVAL FORM (CON'T)

FOR TRAINING PURPOSES ONLY

ATTACHMENT SRO ADMIN

#7-2

Individual's Name: _____ SSN: _____

F. APPROVALS

Supervisor or Employer Representative Date and

Radiation Protection Manager Date and

Plant Manager Date or

Station Vice President Date

FOR TRAINING PURPOSES ONLY

Effective Date: 1/1/94

ATTACHMENT SRO ADMIN
#7-3PLANNED SPECIAL EXPOSURE (PSE) APPROVAL FORMRequested By: (TRAINING ONLY)Date: TODAY

A. SCOPE OF ACTIVITY

ISOLATE PRIMARY CONTAINMENT LEAK

B. DESCRIPTION OF ACTIVITY

MANUAL VALVE MANIPULATION**CONTROLLED COPY**

C. JUSTIFICATION FOR PSE

PREVENT A LARGE RELEASE OF RADIOACTIVE MATERIAL TO SECONDARY CONTAINMENT**VALID ONLY****WHEN RED**

D. EXPOSURE INFORMATION

Individual's Name: EO #3Date: TODAY

	Annual Dose	Life Time Dose	Previous PSE Dose		Proposed PSE Dose	Proposed Annual Dose
			Life Time Dose	Annual Dose		
	mREM	mREM	mREM	mREM	mREM	mREM
TEDE	92	747	1,640	1,640	4,000	4,092
EYE	0	55	0	0	0	0
SKIN/EXTM.	0	120	0	0	0	0
CRITICAL ORGAN	0	21	0	0	0	0

E. STATEMENT OF UNDERSTANDING

I have been informed of the purpose of the planned operation, the estimated doses, and the potential risks or other conditions that may be involved in performing this task. I have been given the opportunity to ask questions, and understand the operation and the planned special exposure estimate.

Employee Signature: EO #3Date: TODAY**PLANNED SPECIAL EXPOSURE APPROVAL FORM (CON'T)
FOR TRAINING PURPOSES ONLY**ATTACHMENT SRO ADMIN
#7-3

Individual's Name: _____ SSN: _____

F. APPROVALS

Supervisor or Employer Representative Date and

Radiation Protection Manager Date and

Plant Manager Date or

Station Vice President Date

FOR TRAINING PURPOSES ONLY

NO.: 142 REV.: 5 TYPE: ES ENTERED BY: CBG DATE ENTERED: 03/16/01
DIFFICULTY: 3 POINT VALUE: 1.0 RESPONSE TIME: 0 DRAWING:
TASK NUMBER: SKA NO.: 2.3.2G TAXONOMY NO.: 2.9
LESSON PLANS: SRO ADMIN #7 A.3 HP-C-108
CATEGORY: 01 SRO A N
SYSTEMS:

QUESTION :

Refer to ATTACHMENT SRO ADMIN #7-1, #7-2 and #7-3:

You are the Control Room Supervisor.

A planned special exposure is required to prevent a large release of radioactive material to Secondary Containment.

The Proposed Planned Special Exposure Dose for this job is 4,000 mrem.

The following EOs have volunteered:

EO #1 - Female, not declared pregnant, 33 years old, 10 years plant experience

EO #2 - Male, 45 years old, 14 years plant experience

EO #3 - Male, 27 years old, 8 years plant experience

- a. Which Equipment Operator will you approve to perform the task?
- b. Briefly explain your answer to part a.

ANSWER :

(0.25 pt)

- a. EO #1

(0.75 pt)

- b. EO #1 correct choice, no previous PSE dose
EO #2 would exceed Lifetime PSE dose limit (25 rem TEDE)
EO #3 would exceed Annual PSE dose limit (5 rem TEDE)

8) *PV:1.0

A 43-year old Equipment Operator has received an actual Lifetime Dose, NRC Form 4 on file, of 42.5 Rem TEDE.

This EO is projected to receive 1.2 Rem TEDE this year.

- a. What is this EO's annual Dose Control Limit now?
- b. Will it change throughout the year as dose is received?
If so, how?

NO.: 143 REV.: 4 TYPE: ES ENTERED BY: CBG DATE ENTERED: 03/16/01
DIFFICULTY: 2 POINT VALUE: 1.0 RESPONSE TIME: 0 DRAWING:
TASK NUMBER: SKA NO.: 2.3.4G TAXONOMY NO.: 3.1
LESSON PLANS: SRO ADMIN #8 A.3 HP-C-106
:
CATEGORY: 01 SRO A N
SYSTEMS:

QUESTION :

A 43-year old Equipment Operator has received an actual Lifetime Dose, NRC Form 4 on file, of 42.5 Rem TEDE.

This EO is projected to receive 1.2 Rem TEDE this year.

- a. What is this EO's annual Dose Control Limit now?
- b. Will it change throughout the year as dose is received?
If so, how?

ANSWER :

(1.0 pt)

- a. 2 Rem/year TEDE
- b. Yes, When 43 Rem TEDE lifetime dose is reached the limit becomes 1 Rem/year TEDE.

☐ Peach Bottom☒ Limerick☐ Common

CODE NO:	LLOJPMSRO144	REV NO:	000
AUTHOR:	C GOFF	TYPIST:	cbg
TYPE:	JPM	EFFECTIVE DATE:	____/____/____
TITLE:	DETERMINE THE P.A.R. FOR GIVEN SET OF CONDITIONS (ERP-200)		

Prepared By: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approval: _____ Date: _____
Signature & Title

Approved For Use: _____ Date: _____
Signature & Title

TEMPORARY CHANGE FORM LOG

CODE NO.: LLOJPMSRO144 REV. NO.: 000TITLE: DETERMINE THE P.A.R. FOR GIVEN SET OF CONDITIONS (ERP-200)

TCF #	TCF DATE	CHANGED SECTION #
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TITLE: DETERMINE THE P.A.R. FOR GIVEN SET OF CONDITIONS (ERP-200)

TASK PERFORMED BY: _____ EVALUATOR: _____

EVALUATOR SIGNATURE: _____ DATE: _____

DIRECTIONS TO EVALUATOR:

EVALUATION METHOD :

PERFORM

EVALUATION LOCATION:

SIMULATOR/PLANT

APPROXIMATE COMPLETION TIME:

10 MINUTES

IMPORTANCE RATING(S):

2.4.44 4.0

SYSTEM NUMBER(S):

GENERIC

REFERENCES:

1. ERP-101, Classifications of emergencies
2. ERP-200, Emergency Director Response

TASK STANDARD(S):

Correctly identify the Protective Action Requirement (PAR) for the conditions given.

TASK CONDITIONS:

1. LGS has escalated from ALERT to a GENERAL EMERGENCY
2. The TECHNICAL SUPPORT CENTER and EMERGENCY OPERATION FACILITY are not yet activated
3. RPV level is Unknown
4. Drywell pressure is 19 psig
5. Reactor coolant activity is 3000 $\mu\text{Ci/gm}$ Iodine-131
6. Maximum Safe Operating temperature has been exceeded in ONE area (HPCI) due to an unisolable primary system leak
7. Drywell radiation monitor is reading 6×10^5 R/hr

INITIATING CUES:

You are directed by shift supervision determine the Protective Action Recommendation (PAR) based on the conditions above.

Critical Element(s) indicated by "*" in Performance Checklist.

PERFORMANCE CHECKLIST:

STEP	STANDARD	SAT/UNSAT
1. Use ERP-101 and determine that the PAR is based on Fission Product Barrier Status	Fission Product Barrier Status Table 3.2 marked to indicate Primary Containment Potential Loss, Primary Containment Loss, Reactor Coolant System Loss, Reactor Coolant System Potential Loss, Fuel Clad Loss	
*2. Declare P.A.R based on High Drywell Radiation	Declare PAR, Evacuate 5 mile radius, evacuate affected sector(s) and 2 adjacent sectors for 5-10 miles.	

Comments:

Note: Any grade of UNSAT requires a comment.

JPM Overall Rating: _____

SAT/UNSAT

TASK CONDITIONS

1. LGS has escalated from ALERT to a GENERAL EMERGENCY
2. The TECHNICAL SUPPORT CENTER and EMERGENCY OPERATION FACILITY are not yet activated
3. RPV level is known
4. Drywell pressure is 19 psig
5. Reactor coolant activity is 3000 $\mu\text{Ci/gm}$ Iodine-131
6. Maximum Safe Operating temperature has been exceeded in ONE area (HPCI) due to an unisolable primary system leak
7. Drywell radiation monitor is reading 6×10^5 R/hr

INITIATING CUES:

You are directed by shift supervision determine the Protective Action Recommendation (PAR) based on the conditions above.