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Ref: 10CFR50.54(q) 10CFR50 App. E

CPSES-200101395 Log # TXX-01105 File # 10013

June 12, 2001

U. S. Nuclear Regulatory Commission ATTN: Document Control Desk Washington, DC 20555

SUBJECT: COMANCHE PEAK STEAM ELECTRIC STATION (CPSES) DOCKET NOS. 50-445 AND 50-446 TRANSMITTAL OF REVISED EMERGENCY PLAN PROCEDURES

Gentlemen:

Enclosed is (1) copy of each of the Emergency Plan Procedures (EPP) (Controlled Copy Number 754) listed on the attachment.

If you have any question regarding these changes, please contact Mr. Connie L. Wilkerson at (254) 897-0144.



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This communication contains no new licensing basis commitments regarding CPSES Units 1 and 2.

Sincerely,

C. L. Terry

By:

Roger D. Walker Regulatory Affairs Manager

GRP Attachment Enclosures

c - E. W. Merschoff, Region IV (2 copies of enclosures; Control Nos. 754A and 754B)

D. N. Graves, Region IV (w/o enclosure)D. H. Jaffe, NRR (1) (Information Only Copy of Enclosures)Resident Inspectors, CPSES (1) (Information Only Copy of Enclosures)

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Enclosed Emergency Plan Procedures (EPPs)

PCN EPP-100-R24-1

(May 24, 2001)

PCN EPP-309-R12-1

(May 15, 2001)

() denotes effective date.

| | CPSES PROCEDURE CHAN | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|--|--|--|--|
| PCN EPP 100 24 PCNI | (PRINT NAME) | EXT 52.90 | | | | |
| | | | | | | |
| CHANGE JUSTIFICATION <u>Address</u> comment by NPC inspector to emsures <u>EP Simulator scenarios are Not compromise</u> . | | | | | | |
| If change is editorial, THEN Editorial changes, as limited | V circle or mark "YES". d by STA-205, Attachment 8.B, do | vES o not require Technical Review or | | | | |
| If the change does not chan immediately, then complete and approval. QUALIFIED REVIEWER: Date: | (Printed Name an | the change must be incorporated accordance with Section III for review | | | | |
| SHIFT or UNIT SUPERVI Date: REMARKS | (Printed Name an | EXT | | | | |
| PROCEDURE CHANGE APPROVAL | | | | | | |
| REVIEW ORGANIZATI | ON APPROVED (Yes/No) | QUALIFIED REVIEW (Init/Date) | | | | |
| NOD - Alan Hall | | | | | | |
| TRAINING/READING RE | COMMENDED: YES NO | D_X_ IF YES, THEN SPECIFY: | | | | |
| SORC Meeting No. and Date (If Applicable) APPROVED BY: | (Signature) (Print name if not approval authority and cha | EFFECTIVE DATE: <u>5-24-20</u> DATE: <u>5-10 · 700 (</u> | | | | |
| | | STA-205-1 Page 1 of 1 R-12 | | | | |

| CPSES EMERGENCY PLAN MANUAL | | | PROCEDURE NO. EPP-100 | | | |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--|--|
| | MAINTAINING EMERGE | NCY PREPAREDNESS | REVISION NO. 4 | PAGE 23 OF 33 | | |
| | ATTACHMENT 5 EMERGENCY DRILL PROGRAM | | | | | |
| | | PAGE 4 OF 6 | | | | |
| 6. | 6. The following additional drills should be conducted at the frequencies indicated: | | | | | |
| | <u>EP/Control Room Mini-Drill</u> | | | | | |
| | ANNUALLY:Demonstrate Control Room Personnel's ability to perform emergency classification, protective action recommendations, dose projections, and emergency notifications.NOTE: Control Room drill scenarios should be protected to ensure a meaningful opportunity for classification, notification, and formuation of a protective actionImage: Protect of the second structure of the second str | | | | | |
| | Facility Activatio ANNUALLY: | Demonstrate proficiency in ac Center and the Emergency Op | - | ıl Support | | |
| | • Evacuation Drills | | | | | |
| | Planning Manage | shall be conducted when deemed r. These drills shall be preceded ent. They shall not be conducted 85] | by written notice, po | osted signs, or | | |
| 7. | Conducting the Drill | | | | | |
| | | e conducted per the drill packag ead Drill Controller approval. | e. Any deviation from | m the scenario | | |
| | • All controllers/ev | aluators should maintain a log of | f events observed. | | | |
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• The Lead Drill Controller should terminate the drill when drill objectives have been completed or if drill activities jeopardize the safety of personnel or the plant.



| , . , | · CPSES PROCEDURE CHANGE FORM | | | | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | S E C T I O N I | E <u>vehicles Keys</u> @ the PAP and AAP <u>CHANGE JUSTIFICATION</u> <u>ALL</u> three emergency vehicles will be <u>located at the NOSE</u> . (Previasly, one vehicle was located <u>in the vicinity of the Admin Blac.) There is no longer</u> <u>a need for vehicles Keys</u> @ the <u>AAP and PAP</u> <u>PREPARER (Signature Date)</u> <u>Matheway</u> (YES". YES | | | | | | |
| • | PROCEDURE CHANGE INTERIM APPROVAL S If the change does not change the intent of the procedure and the change must be incorporated immediately, then complete this section; otherwise, route in accordance with Section III for reverse and approval. C and approval. T QUALIFIED REVIEWER: I O Date: | | | | | | | |
| | | PROCEDURE CHANGE APPROVAL | | | | | | |
| | | REVIEW ORGANIZATION APPROVED (Yes/No) QUALIFIED REVIEW (Init/Date) | | | | | | |
| | S E C T | NOD AØ8 | | | | | | |
| | Î O N | TRAINING/READING RECOMMENDED: YES NO IF YES, THEN SPECIFY: | | | | | | |
| L | I I I | SORC Meeting No. and Date (If Applicable) NA EFFECTIVE DATE: 5-15-2001 APPROVED BY: | | | | | | |
| | | STA-205-1 Page 1 of 1 R-12 | | | | | | |

| CPSES EMERGENCY PLAN MANUAL | | PROCEDURE NO. EPP-309 | |
|-----------------------------------------------------------------------------|------------------------|--------------------------|--|
| ONSITE/IN-PLANT RADIOLOGICAL SURVEYS AND OFFSITE RADIOLOGICAL MONITORING | REVISION NO. 12 | PAGE 4 OF 11 | |

4.2.2 Initial Radiological Monitoring Teams shall be comprised of at least two (2)
individuals, of which one individual shall be a qualified Radiation Protection Technician. As conditions stabilize and more information becomes available regarding the emergency condition, the OSC RP Supervisor may reduce the size of the team to one qualified Radiation Protection Technician. The primary consideration for team size reduction shall be the safety of the individual being dispatched. [C-05725, 08922]

4.3 <u>Team Deployment</u>

<u>NOTE</u>: Deployment times may vary due to duration of briefing, time required to obtain protective clothing and to check equipment.

- 4.3.1 Onsite and In-Plant Radiological Monitoring Teams should be dispatched, as necessary, approximately fifteen (15) to thirty (30) minutes after arrival onsite.
- 4.3.2 The first Offsite Radiological Monitoring Teams should be dispatched approximately 55-70 minutes of an Alert or higher emergency classification.

4.4 <u>Emergency Response Vehicles</u>

4.4.1 At least three Company vehicles shall be available for offsite monitoring teams. [05723]

Keys for all of the dedicated Emergency Response Vehicles are maintained in the following locations:

• Emergency Operations Facility (EOF) Emergency Key Box



- Security Key Cabinet at the Primary Access Point; and the Alternate Access —Point—
- Emergency Planning