TO: MRC DCC

| VEDMONIT | VANIVEE | CONTROLLED | DOCLIMENT | TRANSMITTAL | EODL |
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MENT TRANSMITTAL FORM

LICENSE NO DPR-28

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| SECTION 1 | ye cha. 110.30-211 | | |
|---------------|--|--|--|
| DOCUMENT | TITLE: IMPLEMENTING PROCEDURES TO THE E-PLAN | | |
| COPY NUMB | R: <u>54</u> | | |
| change nu | ИBER: #194 | | |
| ISSUE DATE: | August 6, 2001 | | |
| INSTRUCTION | S: | | |
| a. | Attached is an authorized controlled copy to the above listed document for retention as your assigned copy. | | |
| b. | Review the revised material. | | |
| C. | Incorporate new change into the controlled document by document issue date, if applicable. | | |
| d. | nsure that those who use the document are aware of the change. | | |
| e. | Destroy all superseded pages. | | |
| f. | roy obsolete forms and insert new forms into the files. | | |
| g. | Sign and date this form and return to the Executive Secretary (ES) or Document Control Center (DCC). | | |
| h. | Complete appropriate change information on VY Controlled Document Record of Changes. TRANSMITTED BY: ES or DCC Signature | | |
| | AFTER COMPLYING WITH THE ABOVE INSTRUCTIONS, PLEASE RETURN TO THE ES OR DCC WITHIN 10 DAYS OF THE ISSUE DATE. | | |
| SECTION 2 | | | |
| The undersign | ed acknowledges completion of the preceding instructions. | | |
| S | gnature of Recipient: Date: | | |

A045

Eplan Implementing Plant Procedures

To:

Eplan Implementing Procedure Controlled Set Holders

From:

Diane McCue Juan

Date:

08/06/01

Re:

VY Eplan Implementing Procedure Change #194, Instruction Sheet

LPC's: The following LPC should be incorporated into the appropriate procedures:

Proc/Rev#

LPC#

Procedure Title

OP 3507/29

2

Emergency Radiation Exposure Control

VERMONT YANKEE NUCLEAR POWER STATION

OPERATING PROCEDURE

OP 3507

REVISION 29

EMERGENCY RADIATION EXPOSURE CONTROL

USE CLASSIFICATION: REFERENCE

| LPC No. | Effective Date | Affected Pages | |
|------------|-------------------|---------------------------------|--|
| 1 | 02/22/01 | 3 of 7 | |
| 2 | 08/07/01 | 2 of 7; VYOPF 3507.02 Pg 1 of 2 | |

Implementation Statement: N/A

Issue Date: 09/29/99

Guideline action levels for continuous habitability of all emergency centers are presented in Appendices A and B.

The following instructions are included in this procedure:

| | <u>Title</u> <u>Page</u> | | |
|----------------------------------|--|--|--|
| A. B. C. | Emergency Radiation Exposure Control | | |
| ATTACHME | NTS | | |
| 1. 2. 3. 4. 5. 6. | Appendix A Appendix B VYOPF 3507.01 VYOPF 3507.02 VYOPF 3507.02 VYOPF 3507.03 Figure 1 Emergency Dose Limits Emergency Center Habitability and Protective Action Criteria Personnel Exposure Log Emergency Radiation Exposure Briefing/Debriefing Potassium Iodide Administration Record Line Diagram of EOF HEPA Ventilation | | |
| REFERENCI | S | | |
| 1. | Technical Specifications | | |
| | a. None | | |
| 2. | Administrative Limits | | |
| | a. None | | |
| 3. | Other | | |
| Ircz | a. 10 CFR 20 b. NCRP Report #116 c. 10 CFR 50 App. E d. Information Notice No. 84-40 e. DP 0530, Radiation Protection Data and Information Logging, VYDPF 0530, Report #0028 f. EPA 400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents, Revised 1991 g. OP 3544, Operation of the Operations Support Center (OSC) | | |
| <u></u> | h. OP 3508, On-Site Medical Emergency i. AP 6807, Collection, Temporary Storage and Retrieval of QA Records | | |

PRECAUTIONS

1. During any emergency involving radiological hazards, personnel radiation exposure should be minimized consistent with the nature of the emergency response required.

EMERGENCY RADIATION EXPOSURE BRIEFING/DEBRIEFING

| JOB NO | (From VYOPF 3544.02) | | | | | |
|---|----------------------------|--------------|--|--|--|--|
| EMERGENCY DOSE COMMITMENT | ' AUTHORIZED | | | | | |
| TEDE DOSE COMMITMENT AUTH | HORIZED: | | | | | |
| APPROVED BY: APPROVAL TIME: | | | | | | |
| Note: SS/PED or TSC Coordinator approval required | | | | | | |
| | | | | | | |
| RADIOLOGICAL BRIEFING | | | | | | |
| Known or Anticipated Radi | lation/Contamination/Airbo | orne Levels: | | | | |
| | | | | | | |
| | | | | | | |
| Maximum Stay Time/Allowak | ole Dose: | | | | | |
| | -Reading [] Multibadge | e [] | | | | |
| Portable Dose Ion Chamber [] Teletector [] Rate Meter: Neutron Meter [] Other (Specify) | | | | | | |
| nace necess. | | | | | | |
| Respiratory Protection: | SCBA [] Respirator [] | | | | | |
| Protective Clothing: | Full [] Other (Specify) |) | | | | |
| KI Needed? YES [] | NO [] | | | | | |
| Special Instructions: (Special Instructions) | pecify) | | | | | |
| | | | | | | |
| BRIEFER INITIALS: | DATE/ | TIME: | | | | |
| LIST OF | F INDIVIDUALS ATTENDING BE | RIEFING | | | | |
| NAME (PRINT) | SSN | SIGNATURE | | | | |
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VYOPF 3507.02 (Sample) OP 3507 Rev. 29 Page 1 of 2 RT No. 10.E06.154 LPC #2