

50-313
50-368

Document Update Notification

COPYHOLDER NO: 103

TO: NRC - WASHINGTON

ADDRESS: OS-DOC CNTRL DESK MAIL STOP OP1-
17 WASHINGTON DC 20555-DC

DOCUMENT NO: OP-1903.061

TITLE: OBSOLETE COMMUNICATION
EQUIPMENT TEST

REVISION NO: 029-00-0

CHANGE NO: DP-29

SUBJECT: DELETION

← If this box is checked, please sign, date, and return within 5 days.



ANO-1 Docket 50-313

ANO-2 Docket 50-368

Signature

Date

SIGNATURE CONFIRMS UPDATE HAS BEEN MADE

RETURN TO:

**ATTN: DOCUMENT CONTROL
ARKANSAS NUCLEAR ONE
1448 SR 333
RUSSELLVILLE, AR 72801**

A 001

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: COMMUNICATIONS EQUIPMENT TESTS	DOCUMENT NO. 1903.061	CHANGE NO. 029030-00-0
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AFFECTED UNIT: <input checked="" type="checkbox"/> UNIT 1 <input checked="" type="checkbox"/> UNIT 2	<input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/> ELECTRONIC DOCUMENT <input type="checkbox"/> WORK PLAN, EXP. DATE _____	SAFETY-RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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TYPE OF CHANGE: <input type="checkbox"/> NEW <input type="checkbox"/> REVISION	<input type="checkbox"/> PC <input type="checkbox"/> EZ	<input type="checkbox"/> TC EXP. DATE: _____	<input checked="" type="checkbox"/> DELETION
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DOES THIS DOCUMENT:

1. Supersede or replace another procedure? (If YES, complete 1000.006B for deleted procedure.) (OCAN058107)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
2. Alter or delete an existing regulatory commitment? (If YES, coordinate with Licensing before implementing.) (OCNA128509)(OCAN049803)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
3. Require a 50.59 review per LI-101? (See also 1000.006, Attachment 15) (If 50.59 evaluation, OSRC review required.)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4. Cause the MTCL to be untrue? (See Step 8.5 for details.) (If YES, complete 1000.009A) (1CAN108904, 0CAN099001, 0CNA128509, 0CAN049803)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
5. Create an Intent Change? (If YES, Standard Approval Process required.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6. Implement or change IPTE requirements? (If YES, complete 1000.143A. OSRC review required.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
7. Implement or change a Temporary Alteration? (If YES, then OSRC review required.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Was the Master Electronic File used as the source document? YES NO

INTERIM APPROVAL PROCESS	STANDARD APPROVAL PROCESS
ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: _____	ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: 6-25-01 <i>Roger Freeman</i>
Print and Sign name: _____ PHONE #: _____	Print and Sign name: Roger Freeman PHONE #: 4994
SUPERVISOR APPROVAL: * DATE: _____	INDEPENDENT REVIEWER: DATE: 7/12/01 <i>R. J. J. J.</i>
SRO UNIT ONE: ** DATE: _____	ENGINEERING: DATE: _____ N/A
SRO UNIT TWO: ** DATE: _____	QUALITY: DATE: _____ N/A
Interim approval allowed for non-intent changes requiring no 50.59 evaluation that are stopping work in progress. Standard Approval required for intent changes or changes requiring a 50.59 evaluation. *If change not required to support work in progress, Department Head must sign. **If both units are affected by change, both SRO signatures are required. (SRO signature required for safety related procedures only.)	UNIT SURVEILLANCE COORDINATOR (0CNA049803): DATE: _____ N/A
	SECTION LEADER: DATE: 8-15-01 <i>R. J. J. J.</i>
	QUALITY ASSURANCE: DATE: _____ N/A
	OTHER SECTION LEADERS: DATE: _____ N/A
	OTHER SECTION LEADERS: DATE: _____ N/A
	OTHER SECTION LEADERS: DATE: _____ N/A
	OTHER SECTION LEADERS: DATE: _____ N/A
OSRC CHAIRMAN/TECHNICAL REVIEWER: (0CNA049312) DATE: 8/16/01	OTHER SECTION LEADERS: DATE: _____ N/A
FINAL APPROVAL: <i>[Signature]</i> Date: 8/16/01	OTHER SECTION LEADERS: DATE: _____ N/A
REQUIRED EFFECTIVE DATE: 8/22/01	OTHER SECTION LEADERS: DATE: _____ N/A

FORM TITLE: PROCEDURE/WORK PLAN APPROVAL REQUEST	FORM NO. 1000.006B	CHANGE NO. 051-00-0
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ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE

TITLE: Communications Equipment Tests

DOCUMENT NO.
1903.061

CHANGE NO. *PDF*
029 030-00-0 *8-2-01*

PROCEDURE

WORK PLAN, EXP. DATE N/A

PAGE 1 OF 1

ELECTRONIC DOCUMENT

TYPE OF CHANGE:

NEW

PC

TC

DELETION

REVISION

EZ

EXP. DATE: N/A

AFFECTED SECTION:
(Include step # if applicable)

DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe reason for the change.)

Deleting procedure 1903.061 and moving contents to procedure 1903.062

FORM TITLE:

DESCRIPTION OF CHANGE

FORM NO.
1000.006C

CHANGE NO.
050-00-0