

DATE: 09/05/01
TIME: 14:51:56

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 42
ARDC8801

TRANSMITTAL NUMBER: 474759
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20010905

RETURN ACKNOWLEDGED TRANSMITTAL AND
SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:
ADMINISTRATION RECORDS
AMEREN/UE
CALLAWAY PLANT
P.O. BOX 620
FULTON, MO 65251

TRAN	DOC			RET		ALT	ALT				
CODE	TYPE	DOCUMENT	NUMBER	REV	REV	MED	COPY	MED	COPY	AFFECTED	DOCUMENT
A	PROC	01-0398		028		C	1			EIP-ZZ-00102	
A	PROC	01-0399		035		C	1			EIP-ZZ-00201	

ACKNOWLEDGED BY:

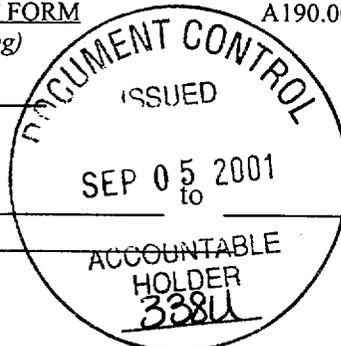
DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM
(Instructions for Completion Following)

A190.0001/A190.0035

TCN NO. 01-0398



Check the appropriate box below:

- New TCN
- New One-time TCN
- New Superseding TCN
- Extending an existing one-time TCN (use original TCN No.)
- Deleted TCN (use original TCN No.)
- Rejected TCN (use original TCN No.)

Dates: Effective from _____

TCN No. to be superseded _____

SEP 05 2001

ACCOUNTABLE HOLDER 338U

1. PROCEDURE NUMBER EIP-22-00102 REVISION NO. 028

PROCEDURE TITLE EMERGENCY IMPLEMENTING ACTIONS

1.1 Mark one: REFERENCE USE PROCEDURE *****

1.2 Is this the seventh (7th) TCN against this revision? * CONTINUOUS USE PROCEDURE *

YES NO * This procedure must be performed *

(If "Yes", generate a CARS action notice to notify the responsible * exactly as written with each step *

department that a procedure revision is necessary.) * being read by the user prior to the *

CARS No. _____

* performance of that step. *

NOTE: If this is the eighth [8th] TCN, the procedure * *****

requires formal revision

1.3 YES NO Is someone else the owner of this procedure? TCN 01-0380

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE ATTACHMENT 4 P 1 of 1, 1A of 1

2.2 CHANGE SUMMARY:

Renumbered blocks on form to reflect fields which ARE CODED in the new SENTRY programming. These field values print out on the new SENTRY forms which are sent electronically to the Counties and state. This TCN makes the numbers match. This is an administrative change to the EIP.

3. THIS TEMPORARY CHANGE REPRESENTS:

3.1.a YES NO A change to a plant procedure that contains information described in the FSAR (as updated) such as how structures, systems, and components are operated and controlled (including assumed operator actions and response times)

• If 3.1.a is checked "Yes", perform a 50.59 Screen (CA2511 from APA-ZZ-00143). Check the "No" box in 3.1.b if the 50.59 Screen (CA2511) shows a 50.59 Evaluation (CA2512) is not required. The completed 2511 is attached.

• If 3.1.a is checked "No", select one of the below bases to substantiate the determination:

Basis 1: The procedure is listed on attachment 5.

Basis 2: An Applicability Determination (CA2510 from APA-ZZ-00143) has been completed and the determination verifies that a 50.59 Screen (CA2511) IS NOT required. The completed CA2510 is attached.

Basis 3: Other (annotate basis in Change Summary, section 2.2 above)

3.1.b NO A change to plant procedures that requires 50.59 Evaluation. A TCN is only allowed if 3.1.b is checked "No".



TEMPORARY CHANGE NOTICE REQUEST FORM

A190.0001/A190.0035

(Instructions for Completion Following)

PROCEDURE NUMBER EIP-22-00102 TCN NO. 01-0398 REVISION NO. 028

3.2 NO A change to FSAR commitments?

A TCN is only allowed if 3.2 is checked "No".

Select one of the below bases to substantiate the "NO" determination:

Basis 1: FSAR commitments are not being modified by the revision of the procedure.

Basis 2: Other (annotate basis in Change Summary, Section 2.2 above)

- 3.3 NO A change to the Technical Specifications?
3.4 NO A change affecting the environment or the NPDES Permit?
3.5 YES NO A change to the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
3.6 YES NO A change which affects the RERP?
3.7 YES NO A change which affects the Security Plan?
3.8 YES NO A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?
3.9 YES NO A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?
3.10 YES NO A new or change to a computerized Checkoff List?
3.11 YES NO A change to the Technical Specifications or Bases? (A "Yes" answer is a change of intent.)
3.12 YES NO A change to hidden text commitments? (Review a hidden text copy of the procedure to ensure you are aware of the impact the change may have on commitments.)
3.13 YES NO A change to a Callaway form? (Yes requires completion of a "Request for Forms" (CA0500) in accordance with APA-ZZ-00203.)

Two of the members of plant staff whom who(TCN 01-0380) Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

4. WRITTEN BY Wm. R. Bevard Supervisor EP 9/5/01
5. PREPARED BY Wm. R. Bevard Supervisor EP 9/5/01
6. QUALIFIED REVIEWER [Signature] R/C Supv. EP 9/5/01

For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver

The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver.

7. PRELIMINARY APPROVAL (Prior to issue CARS 199800102) TCN 01-0380
7.1 SS/OS/SRO [Signature] SS 9/5/01

TCNs that WILL affect work in progress associated with plant equipment MUST be approved by the on-shift SS/OS before receiving final approval.

The Preliminary Approver SHALL hold a SRO license.

8. FINAL APPROVAL (No greater than 14 days past issue date CARS 199800102)

8.1 APPROVAL AUTHORITY [Signature] [Title] [Date]

OFF SITE NOTIFICATION FORM
(FAX Copy to TSC-68604 & EOF-64900)

EIP-ZZ-00102
Rev. 028

<p>GENERAL INFORMATION:</p> <p>1) DRILL MESSAGE: <input type="radio"/> YES <input type="radio"/> NO</p> <p>2) EMERGENCY CLASSIFICATION: <input style="width:200px;" type="text"/></p> <p>3) DATE/TIME DECLARED: <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/> : <input style="width:50px;" type="text"/></p> <p>4) EMERGENCY ACTION LEVEL: <input style="width:150px;" type="text"/></p> <p>5) <input style="width:500px; height:80px;" type="text"/></p> <p>6) REACTOR STATUS: <input style="width:150px;" type="text"/> <input style="width:100px;" type="text"/></p>	<p>PROTECTIVE ACTIONS:</p> <p>19) PROTECTIVE ACTIONS RECOMMENDED: <input type="radio"/> YES <input type="radio"/> NO</p> <p>20) BASED ON: <input style="width:200px;" type="text"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE</th> <th>LOCATION</th> <th>SECTORS</th> <th>SUBAREAS</th> </tr> </thead> <tbody> <tr> <td>21)</td> <td>22)</td> <td>23)</td> <td>24)</td> </tr> <tr> <td>25)</td> <td>26)</td> <td>27)</td> <td>28)</td> </tr> <tr> <td>29)</td> <td>30)</td> <td>31)</td> <td>32)</td> </tr> </tbody> </table> <p>33) Other PAR's: <input style="width:300px; height:100px;" type="text"/></p>	TYPE	LOCATION	SECTORS	SUBAREAS	21)	22)	23)	24)	25)	26)	27)	28)	29)	30)	31)	32)		
TYPE	LOCATION	SECTORS	SUBAREAS																
21)	22)	23)	24)																
25)	26)	27)	28)																
29)	30)	31)	32)																
<p>RELEASE STATUS:</p> <p>THERE 7) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>IS</td></tr> <tr><td>WAS</td></tr> <tr><td>WILL BE</td></tr> </table> 8) <input style="width:100px;" type="text"/></p> <p>9) RELEASE SIGNIFICANCE: <input style="width:150px;" type="text"/></p> <p>10) RELEASE START TIME: <input style="width:100px;" type="text"/></p> <p>11) RELEASE DURATION: <input style="width:100px;" type="text"/> Hrs.</p> <p>12) CURRENT WIND SPEED: <input style="width:100px;" type="text"/> MPH</p> <p>13) WIND DIRECTION: From <input style="width:100px;" type="text"/> Degrees 14) To <input style="width:100px;" type="text"/> Degrees</p> <p>15) AFFECTED SECTORS: <input style="width:150px;" type="text"/></p> <p>PLUME ARRIVAL TIME:</p> <p>16) 2 Miles <input style="width:50px;" type="text"/> : <input style="width:50px;" type="text"/> 17) Miles <input style="width:50px;" type="text"/> 18) 10 Miles <input style="width:50px;" type="text"/> :</p>	IS	WAS	WILL BE	<p>PROJECTED DOSES:</p> <p>34) BASED ON: <input style="width:200px;" type="text"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Distance</th> <th>TEDE (Rem)</th> <th>Thyroid (Rem)</th> </tr> </thead> <tbody> <tr> <td>EAB</td> <td>35)</td> <td>36)</td> </tr> <tr> <td>2 miles</td> <td>37)</td> <td>38)</td> </tr> <tr> <td>5 miles</td> <td>39)</td> <td>40)</td> </tr> <tr> <td>10 miles</td> <td>41)</td> <td>42)</td> </tr> </tbody> </table>	Distance	TEDE (Rem)	Thyroid (Rem)	EAB	35)	36)	2 miles	37)	38)	5 miles	39)	40)	10 miles	41)	42)
IS																			
WAS																			
WILL BE																			
Distance	TEDE (Rem)	Thyroid (Rem)																	
EAB	35)	36)																	
2 miles	37)	38)																	
5 miles	39)	40)																	
10 miles	41)	42)																	
<p>43) ADDITIONAL NOTES: <input style="width:900px;" type="text"/></p>																			

See Attachment 4, page 1a.

TSCN 01-0398

EC/RM APPROVAL: _____ COMMUNICATOR: _____

OFF SITE NOTIFICATION FORM

EIP-ZZ-00102

TCN 01-0398

(FAX Copy to TSC-68604 & EOF-64900)

Rev. 028

GENERAL INFORMATION:

1) DRILL MESSAGE: YES NO

2) EMERGENCY CLASSIFICATION:

3) DATE/TIME DECLARED: / / :

4) EMERGENCY ACTION LEVEL:

5)

6) REACTOR STATUS:

RELEASE STATUS:

THERE 7)

IS	
WAS	▼
WILL BE	

 8)

NO	
AIRBORNE	▼
LIQUID	

 RELEASE OF RADIOACTIVE MATERIAL.

9) RELEASE SIGNIFICANCE:

10) RELEASE START TIME: :

11) RELEASE DURATION: Hrs.

15) CURRENT WIND SPEED: MPH

12) WIND DIRECTION: From Degrees 13) To Degrees

14) AFFECTED SECTORS:

PLUME ARRIVAL TIME:

16) 2 Miles : 17) 5 Miles : 18) 10 Miles :

ADDITIONAL NOTES:

40)

PROTECTIVE ACTIONS:

19) PROTECTIVE ACTIONS RECOMMENDED: YES NO

20) BASED ON:

TYPE	LOCATION	SECTORS	SUBAREAS
21)	22)	23)	
24)	25)	26)	
27)	28)	29)	

30) Other PAR's:

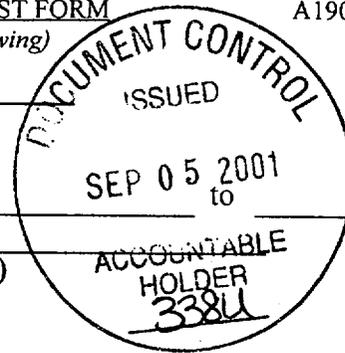
PROJECTED DOSES:

31) BASED ON:

Distance	TEDE (Rem)	Thyroid (Rem)
EAB	32)	36)
2 miles	33)	37)
5 miles	34)	38)
10 miles	35)	39)

EC/RM APPROVAL: _____ COMMUNICATOR: _____

TCN NO. 01-0399



Check the appropriate box below:

- New TCN
- New One-time TCN
- New Superceding TCN
- Extending an existing one-time TCN (use original TCN No.)
- Deleted TCN (use original TCN No.)
- Rejected TCN (use original TCN No.)

Dates: Effective from _____

TCN No. to be superseded _____

1. PROCEDURE NUMBER EIP-22-00201 REVISION NO. 035
PROCEDURE TITLE NOTIFICATIONS

- 1.1 Mark one: REFERENCE USE PROCEDURE *****
- 1.2 Is this the seventh (7th) TCN against this revision? * CONTINUOUS USE PROCEDURE *
- YES NO * This procedure must be performed *
- (If "Yes", generate a CARS action notice to notify the responsible * exactly as written with each step *
- department that a procedure revision is necessary.) * being read by the user prior to the *
- CARS No. * performance of that step. *
- NOTE: If this is the eighth [8th] TCN, the procedure * *******

1.3 YES NO Is someone else the owner of this procedure? TCN 01-0380

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attach 1 P 5 of 9 & Attach 3 P 5 of 6 + 5a of 6

2.2 CHANGE SUMMARY: Attach 1 P 8 of 9 + 8a of 9

Renumbered blocks on the Attachments to reflect field values which are coded in the new Sentry programming. These field values print out on the new SENTRY form which is electronically sent to the counties and state. This is an administrative change to the EIP. This makes the field numbers match.

3. THIS TEMPORARY CHANGE REPRESENTS:

- 3.1.a YES NO A change to a plant procedure that contains information described in the FSAR (as updated) such as how structures, systems, and components are operated and controlled (including assumed operator actions and response times)
- If 3.1.a is checked "Yes", perform a 50.59 Screen (CA2511 from APA-ZZ-00143). Check the "No" box in 3.1.b if the 50.59 Screen (CA2511) shows a 50.59 Evaluation (CA2512) is not required. The completed 2511 is attached.
 - If 3.1.a is checked "No", select one of the below bases to substantiate the determination:
 - Basis 1: The procedure is listed on attachment 5.
 - Basis 2: An Applicability Determination (CA2510 from APA-ZZ-00143) has been completed and the determination verifies that a 50.59 Screen (CA2511) IS NOT required. The completed CA2510 is attached.
 - Basis 3: Other (annotate basis in Change Summary, section 2.2 above)
- 3.1.b NO A change to plant procedures that requires 50.59 Evaluation. A TCN is only allowed if 3.1.b is checked "No".



(Instructions for Completion Following)

PROCEDURE NUMBER

EIP-22-00201

TCN NO.

01-0399
4/1/01
9/5/01

REVISION NO.

035

3.2 NO A change to FSAR commitments?
 A TCN is only allowed if 3.2 is checked "No".
 Select one of the below bases to substantiate the "NO" determination:
 Basis 1: FSAR commitments are not being modified by the revision of the procedure.
 Basis 2: Other (annotate basis in Change Summary, Section 2.2 above)

- 3.3 NO A change to the Technical Specifications?
- 3.4 NO A change affecting the environment or the NPDES Permit?
- 3.5 YES NO A change to the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
- 3.6 YES NO A change which affects the RERP?
- 3.7 YES NO A change which affects the Security Plan?
- 3.8 YES NO A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?
- 3.9 YES NO A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?
- 3.10 YES NO A new or change to a computerized Checkoff List?
- 3.11 NO A change to the Technical Specifications or Bases? (A "Yes" answer is a change of intent.)
- 3.12 YES NO A change to hidden text commitments? (Review a hidden text copy of the procedure to ensure you are aware of the impact the change may have on commitments.)
- 3.13 YES NO A change to a Callaway form? (Yes requires completion of a "Request for Forms" (CA0500) in accordance with APA-ZZ-00203.)

Two of the members of plant staff whom who (TCN 01-0380) Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

4.	WRITTEN BY	<u>Wm. R. Bevard</u>	<u>Supervisor EP</u>	<u>9/5/01</u>
		Signature	Title	Date
5.	PREPARED BY	<u>Wm. R. Bevard</u>	<u>Supervisor EP</u>	<u>9/5/01</u>
		Signature	Title	Date
6.	QUALIFIED REVIEWER	<u>[Signature]</u>	<u>R/C Super. EP</u>	<u>9/5/01</u>
		Signature	Title	Date

For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver
The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver.

7. PRELIMINARY APPROVAL (Prior to issue CARS 199800102) TCN 01-0380

7.1 SS/OS/SRO [Signature] SS 9/5/01
 Signature Title Date

TCNs that WILL affect work in progress associated with plant equipment MUST be approved by the on-shift SS/OS before receiving final approval.
The Preliminary Approver SHALL hold a SRO license.

8. FINAL APPROVAL (No greater than 14 days past issue date CARS 199800102)

8.1 APPROVAL AUTHORITY _____
 Signature Title Date

CONTROL ROOM NOTIFICATION PACKAGE

Control Room Off-site Notification Form

(FAX copy to TSC 68604 & EOF 64900)

EIP-Z 201
Rev.

GENERAL INFORMATION:

1) DRILL MESSAGE: YES NO

2) EMERGENCY CLASSIFICATION: _____

3) DATE/TIME DECLARED: ____/____/____ : ____

4) EMERGENCY ACTION LEVEL: _____

5) _____

6) REACTOR STATUS: _____

RELEASE STATUS:

7)

IS
WAS
WILL BE

 8)

TYPE
AIRBORNE
GROUND

 RELEASE OF RADIOACTIVE MATERIAL.

9) RELEASE SIGNIFICANCE: _____

10) RELEASE START TIME: _____

11) RELEASE DURATION: _____ Hrs.

12) CURRENT WIND SPEED: _____ MPH

13) WIND DIRECTION: _____ Degrees 14) To _____ Degrees

15) AFFECTED SECTORS: _____

PLUME ARRIVAL TIME:

16) 2 Miles _____ : _____

5 Miles _____ : _____ 18) 10 Miles _____ : _____

See Attachment 1, page 5a.

TSCN 01-0399

PROTECTIVE ACTIONS:

19) PROTECTIVE ACTIONS RECOMMENDED: YES NO

20) BASED ON: _____

TYPE	LOCATION	SECTORS	SUBAREAS
21)	22)	23)	24)
25)	26)	27)	28)
29)	30)	31)	32)

33) Other PAR's: _____

PROJECTED DOSES:

BASED ON: _____

Distance	TEDE (Rem)	Thyroid (Rem)
EAB	35)	36)
2 miles	37)	38)
5 miles	39)	40)
10 miles	41)	42)

ADDITIONAL NOTES:

43) _____

EC APPROVAL: _____

COMMUNICATOR: _____

CONTROL ROOM NOTIFICATION PACKAGE

Control Room Off-site Notification Form
(FAX copy to TSC 68604 & EOF 64900)

GENERAL INFORMATION:

1) DRILL MESSAGE: YES NO

2) EMERGENCY CLASSIFICATION: []

3) DATE/TIME DECLARED: [] / [] / [] : []

4) EMERGENCY ACTION LEVEL: []

5) []

6) REACTOR STATUS: []

PROTECTIVE ACTIONS:

19) PROTECTIVE ACTIONS RECOMMENDED: YES NO

20) BASED ON: []

TYPE	LOCATION	SECTORS	SUBAREAS
21)	22)	23)	
24)	25)	26)	
27)	28)	29)	

30) Other PAR's:

[]

RELEASE STATUS:

THERE 7)

IS	
WAS	▼
WILL BE	

 8)

NO	
AIRBORNE	▼
LIQUID	

 RELEASE OF RADIOACTIVE MATERIAL.

9) RELEASE SIGNIFICANCE: []

10) RELEASE START TIME: [] : []

11) RELEASE DURATION: [] Hrs.

15) CURRENT WIND SPEED: [] MPH

12) WIND DIRECTION: From [] Degrees 13) To [] Degrees

14) AFFECTED SECTORS: []

PLUME ARRIVAL TIME:

16) 2 Miles [] : [] 17) 5 Miles [] : [] 18) 10 Miles [] : []

PROJECTED DOSES:

31) BASED ON: []

Distance	TEDE (Rem)	Thyroid (Rem)
EAB	32)	36)
2 miles	33)	37)
5 miles	34)	38)
10 miles	35)	39)

ADDITIONAL NOTES:

40)

EC APPROVAL: _____ COMMUNICATOR: _____

CONTROL ROOM NOTIFICATION PACKAGE
Pre-Approved Notification Form For Control Room Evacuation
(FAX copy to the EOF 64900)

EIP-7 201
Rev. 1

GENERAL INFORMATION:

1) DISTURBANCE MESSAGE: YES NO

2) EMERGENCY CLASSIFICATION:

3) DATE/TIME DECLARED:

4) EMERGENCY ACTION LEVEL:

5) CONTROL ROOM EVACUATION HAS BEEN INITIATED.

6) REACTOR STATUS:

RELEASE STATUS:

THERE 7) 8) RELEASE OF RADIOACTIVE MATERIAL.

9) RELEASE SIGNIFICANCE:

10) RELEASE START TIME:

11) RELEASE DURATION: Hrs.

12) CURRENT WIND SPEED: MPH

13) WIND DIRECTION: Fr Degrees 14) To Degrees

15) AFFECTED SECTORS:

PLUME ARRIVAL TIME:

16) 2 Miles 5 Miles 10 Miles

ADDITIONAL NOTES:
43)

PROTECTIVE ACTIONS:

19) PROTECTIVE ACTIONS RECOMMENDED: YES NO

20) BASED ON:

TYPE	LOCATION	SECTORS	SUBAREAS
21) N/A	22) N/A	23) N/A	24) N/A
25) N/A	26) N/A	27) N/A	28) N/A
29) N/A	30) N/A	31) N/A	32) N/A

33) Other PAR's:

PROJECTED DOSES:

34) BASED ON:

Distance	TEDE (Rem)	Thyroid (Rem)
EAB	35) N/A	36) N/A
2 miles	37) N/A	38) N/A
5 miles	39) N/A	40) N/A
10 miles	41) N/A	42) N/A

See Attachment 1, page 8a.

TCN 01-0399

COMMUNICATOR

EC/RM APPROVAL: Preapproved

CONTROL ROOM NOTIFICATION PACKAGE
Pre-Approved Notification Form For Control Room Evacuation
 (FAX copy to the EOF 64900)

GENERAL INFORMATION:

- 1) DRILL MESSAGE: YES NO
- 2) EMERGENCY CLASSIFICATION:
- 3) DATE/TIME DECLARED: :
- 4) EMERGENCY ACTION LEVEL:

5) CONTROL ROOM EVACUATION HAS BEEN INITIATED.

6) REACTOR STATUS:

RELEASE STATUS:

- THERE 7) 8) RELEASE OF RADIOACTIVE MATERIAL.
- 9) RELEASE SIGNIFICANCE:
 - 10) RELEASE START TIME:
 - 11) RELEASE DURATION: Hrs.
 - 15) CURRENT WIND SPEED: MPH
 - 12) WIND DIRECTION: From Degrees 13) To Degrees
 - 14) AFFECTED SECTORS:
 - PLUME ARRIVAL TIME:
 - 16) 2 Miles 17) 5 Miles 18) 10 Miles

PROTECTIVE ACTIONS:

- 19) PROTECTIVE ACTIONS RECOMMENDED: YES NO
- 20) BASED ON:

TYPE	LOCATION	SECTORS	SUBAREAS
21) N/A	22) N/A	23) N/A	N/A
24) N/A	25) N/A	26) N/A	N/A
27) N/A	28) N/A	29) N/A	N/A

30) Other PAR's:

N/A

PROJECTED DOSES:

31) BASED ON:

Distance	TEDE (Rem)	Thyroid (Rem)
EAB	32) N/A	36) N/A
2 miles	33) N/A	37) N/A
5 miles	34) N/A	38) N/A
10 miles	35) N/A	39) N/A

ADDITIONAL NOTES:

40)

EC/RM APPROVAL: Preapproved for OTO-ZZ-00001 COMMUNICATOR _____

EOF NOTIFICATION PACKAGE
EOF Off-site Notification Form
(FAX copy to TSC 68604)

EIP-ZZ-002
Rev. 035

GENERAL INFORMATION:

1) DRILL MESSAGE: YES NO

2) EMERGENCY CLASSIFICATION:

3) DATE/TIME DECLARED: / / :

4) EMERGENCY ACTION LEVEL:

5)

6) REACTOR STATUS:

PROTECTIVE ACTIONS:

19) PROTECTIVE ACTIONS RECOMMENDED: YES NO

20) BASED ON:

TYPE	LOCATION	SECTORS	SUBAREAS
21)	22)	23)	24)
25)	26)	27)	28)
29)	30)	31)	32)

33) Other PAR's:

RELEASE STATUS:

THERE 7)

IS
WAS
WILL BE

 8)

NO
AIRBORNE
LIQUID

 OF RADIOACTIVE MATERIAL

9) RELEASE SIGNIFICANCE:

10) RELEASE START TIME:

11) RELEASE DURATION: s.

12) CURRENT WIND SPEED: MPH

13) WIND DIRECTION: From 14) To Degrees

15) AFFECTED SECTORS:

PLUME ARRIVAL TIME:

16) 2 Miles : 17) 18) 10 Miles :

PROJECTED DOSES:

34) BASED ON:

Distance	TEDE (Rem)	Thyroid (Rem)
1/4 mile	35)	36)
2 miles	37)	38)
5 miles	39)	40)
10 miles	41)	42)

ADDITIONAL NOTES:

43)

EC/RM APPROVAL: _____

COMMUNICATOR: _____

See Attachment 3, page 5a.

TCN 01-0399

Distribution: Emergency Coordinator
Communicator
State of Missouri

File K171.0010

EOF NOTIFICATION PACKAGE
EOF Off-site Notification Form
 (FAX copy to TSC 68604)

GENERAL INFORMATION:

1) DRILL MESSAGE: YES NO

2) EMERGENCY CLASSIFICATION: []

3) DATE/TIME DECLARED: [] / [] / [] : []

4) EMERGENCY ACTION LEVEL: []

5) []

6) REACTOR STATUS: []

PROTECTIVE ACTIONS:

19) PROTECTIVE ACTIONS RECOMMENDED: YES NO

20) BASED ON: []

TYPE	LOCATION	SECTORS	SUBAREAS
21)	22)	23)	
24)	25)	26)	
27)	28)	29)	

30) Other PAR's: []

RELEASE STATUS:

THERE 7)

IS	
WAS	▼
WILL BE	

 8)

NO	
AIRBORNE	▼
LIQUID	

 RELEASE OF RADIOACTIVE MATERIAL.

9) RELEASE SIGNIFICANCE: []

10) RELEASE START TIME: [] : []

11) RELEASE DURATION: [] Hrs.

15) CURRENT WIND SPEED: [] MPH

12) WIND DIRECTION: From [] Degrees 13) To [] Degrees

14) AFFECTED SECTORS: []

PLUME ARRIVAL TIME:

16) 2 Miles [] : [] 17) 5 Miles [] : [] 18) 10 Miles [] : []

PROJECTED DOSES:

31) BASED ON: []

Distance	TEDE (Rem)	Thyroid (Rem)
EAB	32)	36)
2 miles	33)	37)
5 miles	34)	38)
10 miles	35)	39)

ADDITIONAL NOTES:

40) []

EC/RM APPROVAL: _____ COMMUNICATOR: _____