

Dominion Nuclear Connecticut, Inc.
Millstone Power Station
Rope Ferry Road
Waterford, CT 06385



DominionSM

SEP 19 2001

Docket Nos. 50-245
50-336
50-423
B18485

RE: 10 CFR 50, Appendix E

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

Millstone Power Station, Unit Nos. 1, 2 and 3
Revised Emergency Plan Procedures

The purpose of this letter is to inform the Nuclear Regulatory Commission that the following Emergency Plan Procedures have been implemented:

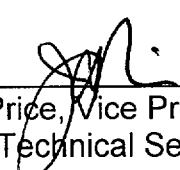
- MP-26-EPI-FAP02-004, "RMT #2 (NAP-HP and SAP-HP)," Major Revision 0, Minor Revision 1, transmitted via Attachment 1;
- MP-26-EPI-FAP03-003, "Manager Operations Support Center - OSC AA," Major Revision 0, Minor Revision 2, transmitted via Attachment 2;
- MP-26-EPI-FAP10-002, "MIDAS - Data Input Information," Major Revision 0, Minor Revision 2, transmitted via Attachment 3;
- MP-26-EPI-FAP15-002, "RMT Instrument, Battery, and Source Check Sheet," Major Revision 0, Minor Revision 1, transmitted via Attachment 4; and
- MP-26-EPI-FAP15-003, "Radiation Monitoring Point Data Sheet," Major Revision 0, Minor Revision 1, transmitted via Attachment 5.

There are no regulatory commitments contained within this letter.

If you have any additional questions concerning this submittal, please contact Mr. David A. Smith at (860) 437-5840.

Very truly yours,

DOMINION NUCLEAR CONNECTICUT, INC.



J. Alan Price, Vice President
Nuclear Technical Services - Millstone

cc: See next page

A045

Attachments (5)

cc: H. J. Miller, Region I Administrator (2 copies)
R. J. Conte, Chief, Operational Safety Branch, Region I

cc: w/o attachments

J. B. Hickman, NRC Project Manager, Millstone Unit No. 1
T. J. Jackson, NRC Inspector, Region I, Millstone Unit No. 1
J. T. Harrison, NRC Project Manager, Millstone Unit No. 2
NRC Senior Resident Inspector, Millstone Unit No. 2
V. Nerses, NRC Senior Project Manager, Millstone Unit No. 3
NRC Senior Resident Inspector, Millstone Unit No. 3

Docket Nos. 50-245
50-336
50-423
B18485

Attachment 1

Millstone Power Station, Unit Nos. 1, 2 and 3

Emergency Procedures Implementing (EPI) Functional Administrative Procedure (FAP)
MP-26-EPI-FAP02-004, "RMT #2 (NAP-HP and SAP-HP)"
Major Revision 0, Minor Revision 1

06/28/01
Approval Date



06/29/01
Effective Date

Document Action Request

SPG # 010710-140603

Initiated By: Tom Rigney Date: 07/09/2001 Department EP Ext 6586
Document No: MP-26-EPI-FAP02-004 Rev. No: 000 Minor Rev No. 01
Title: **Radiological Monitoring Team #2**

Reason for Request (attach commitments, CR's, AR's, etc)

Drill comment (A/R 00011102-16)

Select One

Continued

Intent Change (SQR Independent, RCD, ENV Screen Required)
(Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3)

Edit Corr

Non-Intent Change
(Only SQR Independent Review and Env. screen Required)

Editorial Correction Approval

Plant Mngt Staff Member - Approval / Date

TPC Interim Approval

(1) Plant Mngt Staff Member Print/Sign/Date

(2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later - See Comments

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDI01 for guidance
 TPC OTC Place in Void

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Comments <input type="checkbox"/>
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<u>SD-54A</u>	<u>Tom Rigney</u>	<u>7/9/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EP&D</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<u>Environmental</u>	<u>TIM REYHER</u>	<u>7/16/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SPG</u>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Licensing Basis</u>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/>	<u>Independent</u>	<u>Tom Gilbert</u>	<u>7/16/01</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>EP&D</u>	<input type="checkbox"/>

Intentionally Left Blank

1. SQR Program Final Review and Approval
Approval Disapproval
KR Burgess 18/15/01
SQR Qualified Independent Reviewer/ Date
Paul A. ...
Department Head/Responsible Individual
8/15/01
Approval Date

2. SORC RI/DH Final Review and Approval
N/A
Department Head/Responsible Individual Sign
Meeting No. _____
SORC Approval Signature
Approval Date

Effective Date 8/22/01

8/15/01

Approval Date

8/22/01

Effective Date

RMT #2 (NAP-HP and SAP-HP)

This form provides guidance to the RMT #2 for emergency response actions during a declared emergency that activates the SERO.

NOTE

Each RMT #2 is usually comprised of 2 Health Physics Technicians. Based on conditions, the following actions may be split between the 2 Health Physics Technicians comprising each RMT #2 and performed as appropriate.

Section A: Initial Actions

NOTE

The MRCA may assign additional RMTs locations or tasks that do not require an RMT kit. In this case, equipment checks may be performed as required.

1. Obtain the following:
 - RMT #2 kit from emergency equipment locker.
 - Briefing from MRCA or Designee.
 - Low range dosimeter, high range dosimeter, and thermoluminescent dosimeter (TLD).
2. Refer To EPI-FAP15-002, "RMT Instrument, Battery, and Source Check Sheet," record battery and functional check results for equipment in RMT #2 kit.
3. IF radio communication is not available notify MRCA via telephone or other available means.
4. Maintain communications with RADCOM at 15-30 minute intervals or as required by the situation.
5. Set portal monitors to bypass mode.
6. Conduct facility habitability surveys (radiation, contamination, and airborne).
7. Refer To EPI-FAP15-003, "Radiation Monitoring Point Data Sheet," and record survey results.
8. Select an area and setup a personnel frisking station.

Section B: Station Evacuation Activities

1. Designate a low background area for staff to use while awaiting further instructions.

NOTE

RMTs should not attempt to engage in crowd control. Security should be requested to assist with personnel who do not follow instructions.

2. Instruct individuals dressed in PCs to remove PCs.
3. Direct station evacuees through portal monitors.
4. IF portal monitors are not operable, perform hand and foot monitoring to segregate most heavily contaminated.
5. If injured personnel are identified, notify Site Fire Protection/Control if medical emergency, and notify MRCA. | ①

NOTE

IF personnel monitoring area background is > 300 cpm, identify alternate low background area for monitoring and notify the MRCA. Normal radiation background and release activity levels may be increased by direction of the MRCA.

6. IF an individual alarms the portal monitor twice, escort the individual to the personnel frisking station and monitor. Conduct the following as applicable:
- IF personnel monitoring results are < 100 ccpm, release individual.
 - IF personnel monitoring results are > 100 ccpm, go to step 7. | ①
7. Complete the following:
- Refer To EPI-FAP15-005, "Personnel Contamination Status," and record personnel contamination information.
- If individual is grossly contaminated, contact the MRCA and arrange for transport to the EOF.
- IF minor contamination is detected, perform decontamination using the normal facility wash rooms.
- Refer to RPM 2.11.1, "Surveys and Decon of Personnel and Clothing."
 - Upon successful decontamination document the activity and release the individual.
 - IF decontamination is not successful, contact MRCA and send contaminated individuals to the EOF for decontamination. | ①

Section C: Termination

1. Deliver completed forms and attachments to the MRCA.
2. Restore equipment in HP or emergency equipment lockers.

Prepared by: _____

Signature

Print

Date

Docket Nos. 50-245
50-336
50-423
B18485

Attachment 2

Millstone Power Station, Unit Nos. 1, 2 and 3

Emergency Procedures Implementing (EPI) Functional Administrative Procedure (FAP)
MP-26-EPI-FAP03-003, "Manager Operations Support Center - OSC AA"
Major Revision 0, Minor Revision 2



Document Action Request

SPG # 010821-074251

Initiated By: Kathleen Burgess **Date:** 08/21/2001 **Department:** EP **Ext:** 2490
Document No: MP-26-EPI-FAP03-003 **Rev. No:** 000 **Minor Rev No:** 02
Title: Manager of Operational Support Center (MOSC OSC AA)

Reason for Request (attach commitments, CR's, AR's, etc)

Change EPI-FAP15-001 to EPI-FAP15-010

Select One

See MP-05-DC-SAP01 sect 2.3 to determine type of change

Continued

Intent Change (SQR Independent, RCD, ENV Screen Required) Edit Corr Non-Intent Change
(Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3) (Only SQR Independent Review and Env. screen Required)

Editorial Correction Approval

Paul A. Brasili 8/23/01
 Plant Mngt Staff Member - Approval / Date

TPC Interim Approval

(1) Plant Mngt Staff Member Print/Sign/Date

(2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later - See Comments

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL01 for guidance
 TPC OTC Place in Void

Reviews <small>continued</small> <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Com- ments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Licensing Basis <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Independent <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Intentionally Left Blank

1. SQR Program Final Review and Approval
 Approval Disapproval

 SQR Qualified Independent Reviewer / Date

 Department Head/Responsible Individual

 Approval Date

2. SORC RI/DH Final Review and Approval
 N/A

 Department Head/Responsible Individual Sign
 Meeting No. _____

 SORC Approval Signature

 Approval Date

Effective Date 8/28/01

8/23/01

Approval Date

8/28/01

Effective Date

Manager Operations Support Center - OSC AA

This form provides guidance to the MOSC/OSC Assistants to coordinate OSC Assembly Area actions during a declared emergency that activates the SERO.

Section A: Initial Actions

- 1. Key into OSC Assembly Area.
- 2. Direct SERO staff to key in to the OSC Assembly Area.
- 3. Contact the OSC and provide names and position titles of SERO personnel in the OSC AA.
- 4. Ensure the following activities have been assigned to the OSC AA staff.
 - Establish and maintain communications with the OSC.
 - Update status boards.
 - Maintain a roster of names and titles of personnel on the OSC AA.
 - Briefing and debriefing of emergency teams.

NOTE

Integrated briefings should be conducted prior to team deployment. Briefings should include operational, radiological, security, and any their specific information that relates to the assigned task(s).

EPI-FAP15-010, "Emergency Team Briefing Sheet," replaces station AWOs and augments RWPs. Normal Station safety tagging processes remain in effect if possible.

- 5. Before a PASS Team is dispatched, the following must occur:
 - A minimum of 2 Chemistry Technicians and 1 HP Technician have been designated and assembled as PASS team members by the MOSC.
 - The MRCA has briefed the ARPS on radiation exposure controls.
 - The PASS Team has been briefed by the MOSC and ARPS, as required, for sampling and analysis.
 - The ADTS has made the decision to obtain a PASS sample.

Section A: Initial Actions

7. Instruct other assembled personnel to maintain accountability as follows:
- Key in to the OSC AA key card reader.
 - Assemble by normal job function within the OSC AA.
 - Limit noise to a minimum.

Section B: Recurring Actions

1. Assemble, brief, and deploy teams, as follows:
- Assign Team designator by use sequential alphabetic letter (i.e. A, B, C,...)
 - Complete EPI-FAP15-010, "Emergency Team Briefing Sheet." | ②
 - Conduct team briefing with the ARPS covering radiological information.
 - If team is entering containment, review OP 3212, "Containment Entry," RPM 2.7.1, "Entry to U2 Containment," and RPM 2.8.1, "Initial Entry to U3 Containment," for steps applicable to emergency situation. | ①
 - Provide the team a copy of the completed EPI-FAP15-010 form. | ②
 - Contact the OSC and verify the ADTS has authorized the team dispatch.
 - Establish communications with the team at designated intervals.
 - Notify OSC of time of team dispatch
 - Fax a completed copy of the EPI-FAP15-010 form to the OSC. | ②
 - Debrief the team upon return and update the OSC on the results.
 - Fax the completed debrief form to te OSC as appropriate.
2. Ensure communications are maintained with the OSC and periodically review the following with assembled personnel:
- Event classification.
 - General plant conditions and events in progress.
 - Shift relief schedules and assignments.
 - OSC Assembly Area habitability issues.

Prepared by: _____
Signature Print Date

Docket Nos. 50-245
50-336
50-423
B18485

Attachment 3

Millstone Power Station, Unit Nos. 1, 2 and 3

Emergency Procedures Implementing (EPI) Functional Administrative Procedure (FAP)
MP-26-EPI-FAP10-002, "MIDAS - Data Input Information"
Major Revision 0, Minor Revision 2

6/28/01
Approval Date

6/29/01
Effective Date

Document Action Request

SPG#
010823 - 100645

Initiated By: K. Burgess Date 8/23/01 Department: EPSD Ext.: 2490

Document No.: MP-26-EPA^F-FAP10-002 Rev. No.: 000 Minor Rev.: 02

Title: MIDAS - Data Input Information

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)

AR 01003027-06
Editorial

Continued

Select one (See MP-05-DC-SAP01 sect 2.3 to determine type of change)

Intent Change (SQR Independent, RCD, Env Screen Required)
Other reviews may be required. See MP-05-DC-FAP 01.1 att 3

Edit Corr.:

Non-Intent Change
(Only SQR Independent Review and Env. screen Required)

Editorial Correction Approval

Paula A. Blasich 8/23/01
Plant Mgmt Staff Member - Approval

TPC Interim Approval

(1) Plant Mgmt Staff Member Print/Sign/Date

(2) SM/SRO/CFH Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL01 for guidance

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			✓ If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Licensing Basis	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Independent	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Intentionally Left Blank

1. SQR Program Final Review and Approval

Approval Disapproval

SQR Qualified Independent Reviewer / Date

Process Owner / Responsible Individual

Approval Date

2. SORC RI/PO Final Review and Approval

Process Owner / Responsible Individual Sign
Meeting No.: _____

SORC Approval Signature

Approval Date

Effective Date: 8/28/01

8/23/01

Approval Date

8/28/01

Effective Date

MIDAS - Data Input Information

Section A: Manual Entry of Radiation Monitor Data

Screen 1

- | | | | |
|-------------------|--|---------------------------------------|------------------------------------|
| 1. Unit Affected: | <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 3 |
| 2. Run Menu: | <input checked="" type="checkbox"/> Manual Entry | <input type="checkbox"/> LOCA in Ctmt | <input type="checkbox"/> Back Calc |

Screen 2 - Panel A

- | | | | |
|----------------------------|--|-------|--------|
| 1. Data Source: | <input checked="" type="checkbox"/> Manual Entry | | |
| 2. Release Points: | <input type="checkbox"/> Site Stack | _____ | CFM* |
| | <input type="checkbox"/> Vent | _____ | CFM* |
| | <input type="checkbox"/> Steam | _____ | CFM* |
| | <input type="checkbox"/> Terry/Ground | _____ | CFM* |
| 3. Initial Display Radius: | | _____ | Miles* |

Screen 2 - Panel B

- | | | | | |
|---------------------------|--|-------|-------|-------|
| 1. Dose Calculation Mode: | <input checked="" type="checkbox"/> Projected Dose | | | |
| 2. Start of Exposure: | <u>Use Default</u> | Time* | | |
| 3. Exposure Times: | 0.25* | 2* | 6* | 12* |
| | _____ | _____ | _____ | _____ |

Screen 2 - Panel C

End Time of Met Data Buffer: _____

- | | | | |
|--------------------|--|---------------------------------------|------------------------------------|
| 1. Release Option: | <input checked="" type="checkbox"/> Manual Entry | <input type="checkbox"/> LOCA in Ctmt | <input type="checkbox"/> Back Calc |
| 2. Met Data: | 33' | 142' | 374' |
| Wind Speed (mph): | _____ | _____ | _____ |
| Direction (°from): | _____ | _____ | _____ |
| Delta Temp (°F): | <u>N/A</u> | _____ | _____ |
| Rainfall (inches) | _____ | | |
| Temp 33' (°F) | _____ | | |

* A default is available in code or on EPI-FAP10, Attachment 4, "Reference Information."

①
②
①

MIDAS - Data Input Information

Screen 2 - Panel D

Rad Monitor Data

1. Unit 2:

Site Stack	WRGM R8169	WRGM Flow F8169	
Vent	LO Range R8132B	HI Range RIC8168	Vent Flow F8412
Steam (Safety/Dump)	MSL4299A	MSL4299B	MSL4299C Steam Flow*
Steam (Terry)	MSL4299A	MSL4299B	MSL4299C Steam Flow*

2. Unit 3:

Site Stack	SLCRS HVR19B	SLCRS HVR19A	SLCRS Flow CVFE19
Vent	LO Range HVR10B	HI Range HVR10A	Vent Flow CVFE10
Steam (Safety/Dump)	RE75	RE76	RE77 RE78 Steam Flow
Steam (Terry)	RE79	Steam Flow	

3. Event Tree:

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> LOCA | <input type="checkbox"/> SGTR | <input type="checkbox"/> Fuel Handling |
| <input type="checkbox"/> Coolant | <input type="checkbox"/> Gap | <input type="checkbox"/> Melt <input type="checkbox"/> Fire |
| <input type="checkbox"/> Spray | <input type="checkbox"/> No Spray | |
| <input type="checkbox"/> Filter | <input type="checkbox"/> No Filter | |
| <input type="checkbox"/> Safety/Dump | <input type="checkbox"/> SJAEL/Leak | |

1. Time of Trip: Date: _____ Time: _____

2. Time of Release: Date: Use Default Time: : Use Default

3. Remaining Duration: Hours*: _____

Prepared by: _____
Signature Print Date/Time

Reviewed by: _____
Signature Print Date/Time

* A default is available in code or on EPI-FAP10, Attachment 4, "Reference Information."

MIDAS - Data Input Information

Section B: MIDAS Input Sheet - What If Based Upon LOCA in Containment

Screen 1

1. Unit Affected: Unit 1 Unit 2 Unit 3
2. Run Menu: Manual Entry LOCA in Ctmt Back Calc

Screen 2 - Panel A

1. Data Source: Manual Entry
2. Release Points: Site Stack _____ CFM*
- Vent _____ CFM*
- Terry/Ground _____ CFM*
3. Initial Display Radius: _____ Miles*

Screen 2 - Panel B

1. Dose Calculation Mode: Projected Dose
2. Start of Exposure: Use Default Time*
3. Exposure Times: 0.25* 2* 6* 12* | ①
- _____

Screen 2 - Panel C

1. Release Option: Manual Entry LOCA in Ctmt Back Calc
2. Data Source: Manual Entry Drill Space Auto Data
3. Event Tree: LOCA SGTR Fuel Handling
- Coolant Gap Melt Fire
- Spray No Spray
- Filter No Filter
4. Containment: Leakage %: _____ Per Day Per Hour

* A default is available in code or on EPI-FAP10, Attachment 4, "Reference Information."

MIDAS - Data Input Information

End Time of Met Data Buffer: _____

5. Met Data: 33' 142' 374'

Wind Speed (mph): _____ _____ _____

Direction (°from): _____ _____ _____

Delta Temp (°F): _____ N/A _____

Rainfall (inches) _____

Temp 33' (°F): _____

| (2)

6. Rad Data: CTMNT A CTMNT B

_____ _____ Unit 2 Unit 3

Screen 2 - Panel D

1. Time of Trip: Date: _____ Time: _____
2. Time of Release: Date: Use Default Time: : Use Default
3. Remaining Duration: Hours* : _____

Prepared by: _____ _____ _____

Signature Print Date/Time

Reviewed by: _____ _____ _____

Signature Print Date/Time

* A default is available in code or on EPI-FAP10, Attachment 4, "Reference Information."

MIDAS - Data Input Information

Section C: MIDAS Input Sheet - Back Calculation Based Upon Field Monitoring

Screen 1

- | | | | |
|-------------------|---------------------------------------|---------------------------------------|---|
| 1. Unit Affected: | <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 3 |
| 2. Run Menu: | <input type="checkbox"/> Manual Entry | <input type="checkbox"/> LOCA in Ctmt | <input checked="" type="checkbox"/> Back Calc |

Screen 2 - Panel A

- | | |
|----------------------------|---|
| 1. Data Source: | <input checked="" type="checkbox"/> Manual Entry |
| 2. Release Points: | <input type="checkbox"/> Site Stack _____ CFM*
<input type="checkbox"/> Vent _____ CFM*
<input type="checkbox"/> Steam _____ CFM*
<input type="checkbox"/> Terry/Ground _____ CFM* |
| 3. Initial Display Radius: | _____ Miles* |

Screen 2 - Panel B

- | | | | | | | | | | |
|---------------------------|---|-------|-------|----|-----|-------|-------|-------|-------|
| 1. Dose Calculation Mode: | <input checked="" type="checkbox"/> Projected Dose | | | | | | | | |
| 2. Start of Exposure: | <u>Use Default</u> Time* | | | | | | | | |
| 3. Exposure Times: | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">0.25*</td> <td style="text-align: center;">2*</td> <td style="text-align: center;">6*</td> <td style="text-align: center;">12*</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | 0.25* | 2* | 6* | 12* | _____ | _____ | _____ | _____ |
| 0.25* | 2* | 6* | 12* | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | |

| ①

Screen 2 - Panel C

End Time of Met Data Buffer: _____

- | | | | |
|------------------------|---|--|--|
| 1. Release Option: | <input type="checkbox"/> Manual Entry | <input type="checkbox"/> LOCA in Ctmt | <input checked="" type="checkbox"/> Back Calc |
| 2. Back Calc Input: | <input checked="" type="checkbox"/> Ground in Wake | <input type="checkbox"/> Elevated | |
| 3. Closed Window Data: | mR/hr _____ | Dist (miles) _____ | |
| 4. Event Tree: | <input checked="" type="checkbox"/> LOCA
<input type="checkbox"/> Coolant
<input type="checkbox"/> Spray
<input type="checkbox"/> Filter | <input type="checkbox"/> SGTR
<input type="checkbox"/> Gap
<input type="checkbox"/> No Spray
<input type="checkbox"/> No Filter | <input type="checkbox"/> Fuel Handling
<input type="checkbox"/> Melt
<input type="checkbox"/> Fire |

* A default is available in code or on EPI-FAP10, Attachment 4, "Reference Information."

MIDAS - Data Input Information

5. Met Data: 33' 142' 374'

Wind Speed (mph): _____ . _____ _____

Direction (°from): _____ _____ _____

Delta Temp (°F): N/A _____

Rainfall (inches) _____

Temp 33' (°F): _____

| ②

Screen 2 - Panel D

1. Time of Trip: Date: _____ Time: _____

2. Time of Release: Date: Use Default Time: : Use Default

3. Remaining Duration: Hours* : _____

Prepared by: _____
 Signature Print Date/Time

Reviewed by: _____
 Signature Print Date/Time

* A default is available in code or on EPI-FAP10, Attachment 4, "Reference Information."

Docket Nos. 50-245
50-336
50-423
B18485

Attachment 4

Millstone Power Station, Unit Nos. 1, 2 and 3

Emergency Procedures Implementing (EPI) Functional Administrative Procedure (FAP)
MP-26-EPI-FAP15-002, "RMT Instrument, Battery, and Source Check Sheet"
Major Revision 0, Minor Revision 1

06/28/01
Approval Date



06/29/01
Effective Date

Document Action Request

SPG # 010710-142515

Initiated By: T. Regney Date: 07/09/2001 Department EP Ext 6586
 Document No: MP-26-EPI-FAP15-002 Rev. No: 000 Minor Rev No. 01
 Title: **RMT Instrument, Battery, and Source Check**

Reason for Request (attach commitments, CR's, AR's, etc)

Drill comment (AR 00011102-15)

Select One

Continued

See MP-05-DC-SAP01 sect 2.3 to determine type of change

Intent Change (SQR Independent, RCD, ENV Screen Required)
(Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3)

Edit Corr

Non-Intent Change

(Only SQR Independent Review and Env. screen Required)

Editorial Correction Approval

TPC Interim Approval

 Plant Mngt Staff Member - Approval / Date

 (1) Plant Mngt Staff Member Print/Sign/Date

 (2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later - See Comments

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDI.01 for guidance
 TPC OTC Place in Void

Reviews <small>continued</small> <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/> <u>SO.540</u>	<u>TOM REGNEY</u>	<u>Tom Regney</u>	<u>7/9/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPSD</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Environmental	<u>TIM REYHER</u>	<u>TJR</u>	<u>7/16/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SP6</u>	<input type="checkbox"/>
<input type="checkbox"/> Licensing Basis	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Independent	<u>TOM GILBERT</u>	<u>Thp Gilbert</u>	<u>7/16/01</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>EPSD</u>	<input type="checkbox"/>

Intentionally Left Blank

1. **SQR Program Final Review and Approval**
 Approval Disapproval
klbewers 18/15/01
 SQR Qualified Independent Reviewer / Date
Paul A. Bessoli
 Department Head/Responsible Individual
8/15/01
 Approval Date

2. SORC **RI/DH Final Review and Approval**
 N/A
 Department Head/Responsible Individual Sign
 Meeting No. _____
 SORC Approval Signature
 Approval Date

Effective Date 8/22/01

8/15/01

Approval Date

8/22/01

Effective Date

RMT Instrument, Battery, and Source Check Sheet

Instructions: Complete and return to the MRCA/MRDA

1. Team # _____ Date _____ Time _____

2. RMT Member _____

3. Battery Checks: (as applicable for on-site or off-site)

Instrument	Operable Replaced	
Dose Rate Meter (ASP-1/HP-270 Offsite only)	<input type="checkbox"/>	<input type="checkbox"/>
Ion Chamber Survey Meter (R0-2A)	<input type="checkbox"/>	<input type="checkbox"/>
Count Rate Meter (E-140)	<input type="checkbox"/>	<input type="checkbox"/>
DIG-5	<input type="checkbox"/>	<input type="checkbox"/>

4. Source Check: (as applicable for on-site or off-site¹)

Instrument	Inst #/Cal Due Date	Operable Replaced	
Dose Rate Meter (ASP-1/HP-270 Offsite only)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ion Chamber Survey Meter (R0-2A)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Count Rate Meter (E-140)	_____	<input type="checkbox"/>	<input type="checkbox"/>
DIG-5	_____	<input type="checkbox"/>	<input type="checkbox"/>

5. Radio Test:

Radio Operable: _____
(SAT/UNSAT)

①

6. Air Sampler Test :

Air Sampler Operable(1.9-2.1 cfm): _____
(SAT/UNSAT)

①

Prepared by: _____
Signature Print Date

¹ Sources for RMT kits are stored in the equipment lockers.

Docket Nos. 50-245
50-336
50-423
B18485

Attachment 5

Millstone Power Station, Unit Nos. 1, 2 and 3

Emergency Procedures Implementing (EPI) Functional Administrative Procedure (FAP)
MP-26-EPI-FAP15-003, "Radiation Monitoring Point Data Sheet"
Major Revision 0, Minor Revision 1

06/28/01
Approval Date



06/29/01
Effective Date

Document Action Request

SPG # 010710-143944

Initiated By: To Rigney Date: 07/09/2001 Department EP Ext 6586
Document No: MP-26-EPI-FAP15-003 Rev. No: 000 Minor Rev No. 01
Title: **Radiation Monitoring Point Data Sheet**

Reason for Request (attach commitments, CR's, AR's, etc)

Drill comment (AR 00011102-15)

Select One

See MP-05-DC-SAP01 sect 2.3 to determine type of change

Continued

Intent Change (SQR Independent, RCD, ENV Screen Required) Edit Corr Non-Intent Change
(Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3) (Only SQR Independent Review and Env. screen Required)

Editorial Correction Approval

Plant Mngt Staff Member - Approval / Date

TPC Interim Approval

(1) Plant Mngt Staff Member Print/Sign/Date

(2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later - See Comments

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL01 for guidance
 TPC OTC Place in Void

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Com- ments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/> 50.54Q	<u>Tom RIGNEY</u>	<u>Tom Rigney</u>	<u>7/9/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EP&SD</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Environmental	<u>TIM REYHER</u>	<u>TJ R</u>	<u>7/13/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SPG</u>	<input type="checkbox"/>
<input type="checkbox"/> Licensing Basis	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Independent	<u>Tom Gilbert</u>	<u>Tom Gilbert</u>	<u>7/16/01</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>EP&SD</u>	<input type="checkbox"/>

Intentionally Left Blank

1. SQR Program Final Review and Approval
Approval Disapproval
KR Burgess 18/15/01
SQR Qualified Independent Reviewer / Date
Paul A. Stasoli
Department Head/Responsible Individual
8/15/01
Approval Date

2. SORC RI/DH Final Review and Approval
N/A
Department Head/Responsible Individual Sign
Meeting No. _____
SORC Approval Signature
Approval Date

Effective Date 8/22/01

8/15/01
Approval Date

8/22/01
Effective Date

Radiation Monitoring Point Data Sheet

Location: _____ Name(s) _____

Area Radiation Dose Rate (mR/hr)					Air Sample Iodine Cartridge							Reported
Sample Location	Overhead Window Open ($\beta + \gamma$)	Waist Window Closed (γ only)	Units (mR/hr or Rem/hr)	Time of Reading	Sample Time (Note 2)	Time When Counted (Note 2)	Total Sample Time (min)	Flow Rate of Air Sample (cfm) (Note 1)	Background in cpm (Notes 3, 4)	Iodine Filter Gross cpm (Note 3)	Particulate Filter (gross cpm)	To; Time (Note 5)

1

NOTES:

1. If flow rate is *not* between 1.9 and 2.1 CFM, notify the MRCA/MRDA. If MRCA/MRDA is not available, obtain another air sampler and collect a sample with flowrate between 1.9 and 2.1 CFM.
2. Enter time in military units; for air samples, use 11 minute sample at 2.0 CFM (1.9-2.1 CFM) unless a rapid assessment is required.
3. The normal count time is 1 minute. To conduct a 0.4-minute (24 second) count for rapid assessment, SET DIG-5 to "0.4" time setting, multiplier to "X1," and preset time to "minutes." Multiply all counts obtained on "0.4" time setting by 2.5 to convert to CPM. IF the E-140 goes off-full scale, SET to "X100" scale when using a DIG-5 scaler.
4. IF background is greater than 300 CPM AND sample gross count rate is less than twice the background, move to a low background area and recount sample or request instructions from MRCA/MRDA.
5. Record the name of the person contacted. _____
6. Obtain instruction from the MRDA/MRCA on the disposition of used samples.