

TIPCK02

To : DOCUMENT CONTROL DESK  
Facility : MP Department : 806  
Address : NUC REGULATORY COMMISSION (0140)  
DOCUMENT CONTROL DESK  
WASHINGTON, DC 20555

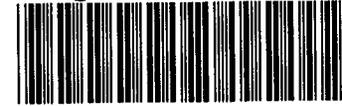
From : NDS CONT DOCUMENTS  
Date/Time : 12/14/01 16:19

Trans No. : 000023902 Transmittal Group Id: 01348KA-11  
Total Items: 00001

PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	EP	EPDI 03 DECREASE IN EFFECTIVENESS 10CFR50.54 Q DETERMINATION		004 01			P	01

Marked (\*) documents require your acknowledgement.

Acknowledgement Date : \_\_\_\_\_ Signature: \_\_\_\_\_

Please check the appropriate response and return form to sender.


All documents received.

Documents noted above not received (identify those not received).

I no longer require distribution of these documents.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

4001

8/22/01  
Approval Date

8/23/01  
Effective Date

# Document Action Request

SPG#

Initiated By: K. Burgess Date 12/18/01 Department: EPSD Ext.: 2490

Document No.: EPDI 03 Rev. No.: 004 Minor Rev.: 00 01

Title: Decrease in Effectiveness 10CFR50.54(q) Determination

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)  
Cancel. Replaced by MP-26-EPA-FAP02

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

## TPC Interim Approval

Plant Mgmt Staff Member - 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-GDX01 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"/>		
RCD <input checked="" type="checkbox"/>	<u>K Burgess</u>	<u>K Burgess</u>	<u>12/13/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPSD</u>	
Environmental <input checked="" type="checkbox"/>	<u>K Burgess</u>	<u>K Burgess</u>	<u>12/13/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPSD</u>	
Licensing Basis <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Independent <input checked="" type="checkbox"/>	<u>T. Gilbert</u>	<u>T. Gilbert</u>	<u>12/13/01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPSD</u>	

An NRRL Update Required  YES

1.  SQR Program Final Review and Approval

Approval  Disapproval

[Signature] 12/13/01  
SQR Qualified Independent Reviewer / Date

[Signature] 12/13/01  
Process Owner

[Signature]  
Responsible Individual

12/13/01  
Approval Date

2.  SORC  RI/PO Final Review and Approval

Process Owner / Responsible Individual Sign  
Meeting No.: \_\_\_\_\_

SORC Approval Signature

Approval Date

Effective Date: 12/18/01