

DATE: 03/21/02
TIME: 10:26:18

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 60
ARDC8801

TRANSMITTAL NUMBER: 483773
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20020321

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO: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	02-0245		015		C	1			EIP-ZZ-00220	

ACKNOWLEDGED BY:

DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM
(Instructions for Completion Following)

A 190.0001/A 190.0035

TCN NO. 02-0245



Check the appropriate box below:

- New TCN
- New One-time TCN Dates: Effective from _____
- New Superseding TCN TCN No. to be superseded _____
- Extending an existing one-time TCN (use original TCN No.)
- Deleted TCN (use original TCN No.)
- Rejected TCN (use original TCN No.)

1. PROCEDURE NUMBER EIP-ZZ-00220 REVISION NO. 015

PROCEDURE TITLE Emergency Team Formation

1.1 Mark one: REFERENCE USE PROCEDURE

1.2 Is this the seventh (7th) TCN against this revision?

YES NO

(If "Yes", generate a CARS action notice to notify the responsible department that a procedure revision is necessary.)

CARS No. _____

NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision

- *****
- * CONTINUOUS USE PROCEDURE *
- * This procedure must be performed *
- * exactly as written with each step *
- * being read by the user prior to the *
- * performance of that step. *
- * *****

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 CA-#0235a (Attachment 1) CA-#0235b

2.2 CHANGE SUMMARY: (Attachment 2)

CA-#0235a (Attachment 1) has two titles. One title is incorrect. The correct title is "Emergency Team Briefing Checklist"

CA-#0235b (Attachment 2) has an incorrect title. The correct title is, "Emergency Team Health Physics Briefing Checklist"

Both of these errors are editorial/typo corrections

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-22-00220 TCN NO. 02-0245 REVISION NO. 015

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 Specification 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>[Signature]</u> Signature	<u>Fire Marshal</u> Title	<u>3-20-02</u> Date
5. PREPARED BY	<u>[Signature]</u> Signature	<u>Fire Marshal</u> Title	<u>3-20-02</u> Date
6. QUALIFIED REVIEWER	<u>[Signature]</u> Signature	<u>Supv ENG Ops</u> Title	<u>3-20-02</u> 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	<u>[Signature]</u> Signature	<u>Assist. Supt. Operations</u> Title	<u>3/20/02</u> Date
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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

TCN
02-0245

~~EMERGENCY TEAM HEALTH PHYSICS BRIEFING CHECKLIST~~

1-05 3/20/02

EMERGENCY TEAM BRIEFING CHECKLIST

TEAM DESIGNATOR _____

EMERGENCY REPAIR TEAM

SEARCH & RESCUE TEAM

I. TEAM FORMATION.

- Emergency Repair Teams require two (2) individuals. COMN 3325
- Search and Rescue Teams require two (2) individuals, one must be qualified First Aid. COMN 3324
- Complete top portion of CA0235b, and give to HPC or designee.

NAME	EID	First Aid Yes/ No

NAME	EID	First Aid Yes/ No

II. TASK BRIEFING (CARS 200106271)

- Report of Problem or Condition and Suspected Cause: _____
- Description of Task: (Perform assessment, operations, or repairs) _____
- Time Estimate to Complete Task: _____
- Task Location: _____
 - Proceed to the location where emergency repair is to be performed. Report abnormal conditions to the Emergency Team Coordinator (ETC).
 - After arriving at the repair location assess equipment operability and habitability conditions; report the following to the ETC:
 - Extent of damage/equipment status.
 - Abnormal and/or unusual conditions.
 - Additional assistance needed (e.g., tools, equipment, personnel, etc.).
 - Dose rate and contamination levels. (if necessary).
 - For Search and Rescue Teams, consider the following:
 - Request Fire Brigade Leader Support, if available.
 - Coordinate efforts with the Control Room and Security Coordinator.
 - Search areas and search patterns are clearly defined (e.g. room #, north to south, elevation #, east to west)
- Special tools, vehicles, equipment needed: _____
 - Perform safety and operability checks on equipment. Replace/substitute equipment, if necessary.
- Keys (may be obtained from these locations)
Security Coordinator / OSC Packet (tool room keys) / TSC key locker
- Communications: (Maintain communications with the ETC at predetermined intervals)
(Radio -channel, Gaitronics-channel, Telephone-No.)
 - ETC phone 68426 or _____
 - Radio Channel 1 or _____
 - Primary: _____ Secondary: _____
 - Contact Intervals: 15min/30min/ Other _____
 - Radio usage is prohibited in "No Transmission Areas" as identified by orange signs in the Plant. (CARS 199901711) Refer to Appendix 1 of this procedure.
 - Radio check performed SAT.
- Personal Safety:

Personal Protective equipment		<input type="checkbox"/> Hazards
• Fall Protection	No/Yes	• Electrical Conductors No/Yes
• Face Protection	No/Yes	• CSEP (APA-ZZ-00802) No/Yes
• Chemical Protection	No/Yes	• WPA (APA-ZZ-00310) No/Yes # _____
• Gloves	No/Yes	• Fire (EIP-ZZ-00226) No/Yes
• Bunker Gear	No/Yes Yes, requires Fire Brigade Member	• HAZMAT (EIP-ZZ-03010) No/Yes
• Level A Suit	No/Yes Yes, requires Fire Brigade Member	• OTHER (Specify) _____ No/Yes
• Proximity Suit	No/Yes Yes, requires Fire Brigade Member	
• SCBA	No/Yes Yes, requires Fire Brigade Member	

Remarks: _____

Task Brief completed by (ETC or Designee): _____ Date _____ Time _____

- Copy of briefing form to team leader.
- Sign out team on Emergency Team Status Board
- Inform Team to Check out with Security

TCN
02-0245

Emergency Team Health Physics Briefing Checklist

EIP-ZZ-00220
Rev. 015

~~EMERGENCY TEAM DEBRIEFING CHECKLIST~~

KGS 3/20/02

TEAM DESIGNATOR _____

- EMERGENCY REPAIR TEAM SEARCH & RESCUE TEAM

I. TEAM FORMATION.

- Emergency Repair Teams require two (2) individuals. (COMN 3325)
- Search and Rescue Teams require two (2) individuals, one must be qualified First Aid. (COMN 3324)

Name	EID	Exposure Margin (mRem)	Debriefed Yes/No	RWP Sign-Out	EXIT Dose (mRem)
(ETC Complete)				(HP Complete)	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

II. HEALTH PHYSICS BRIEF (required if, or the potential for, a radiological hazard exists.)

Radiological Work Permit: (CARS 199803482, CARS 200106250, CARS 200106224)

- Emergency RWP (enter year) 9 1 1 2
- SRWP Number: - - - - - -

Radiological Protection:

- Do not enter areas where radiation levels are not measurable.
- If anticipated dose is in excess of 10CFR20 limits, follow instructions in HDP-ZZ-01450
- ED Fast Entry mode should only be used for initial entries. Current Occupational Dose DOES NOT have to be considered when assigning Emergency Dose Limits. If dose rate alarm is received during the dispatch of the Team, contact the HPC to determine if the Team should proceed.

- Request an air sample, if appropriate, and not already taken

TEDE/CDE Evaluation:

- If no air sample, estimate from radiation levels.
- MRem $\times 3 =$ TEDE, MRem $\times 40 =$ CDE thy

- Dosimetry (monitor approx. 15-30 minutes) (CARS 199803482) (COMN 3960)

- Alarms - Fast Entry Dose(mRem) 1000 Dose Rate(mRem/hr) 10000
Other Dose(mRem) _____ Dose Rate(mRem/hr) _____

- Extremity Dosimetry None / Location: _____

- PC's (circle one): None / Partial / Full / Double

- Respirator (circle one): None / Full Face Air Purifying / GMRI / SCBA (Fire Brigade Member)

Recommend Potassium Iodide:

- No
- Yes
 - You should not take KI if you are allergic to iodine.
 - If the use of KI is recommended follow instructions in HDP-ZZ-01300, Attachment 1.

Turnaround Dose/Dose Rate : (CARS 199803482)

- If Team receives dose rate alarm, contact the HPC for further instructions. Team can continue and seek low dose area with approval of HP Coverage Technician. Withdrawal of the Team should be based on integrated dose.

- En route to job site 10 R/hr / Other _____
- At job site 10 R/hr / Other _____

Radiological Conditions: (if known) (CARS 199803482)

- Conditions en route to the job site. Not Known

- Routes (circle one) No release Release in progress - see Attachment CA0235d, Plant Map.

- Radiation Levels (mrem/hr) _____

- Contamination Levels (dpm/100cm²) _____

- Airborne (DAC): Particulate _____ Iodine _____ Noble Gas _____

- High Beta Radiation(mrad/hr) _____

- Conditions at the job site Not Known

- Radiation Levels (mrem/hr) _____

- Contamination Levels (dpm/100cm²) _____

- Airborne (DAC): Particulate _____ Iodine _____ Noble Gas _____

- High Beta Radiation(mrad/hr) _____

Decon Facilities (CARS 199802961)

- HPAC

- TSC

- Other _____

- Remarks: _____

HPC Review _____

Health Physics Brief Performed by _____ Date _____

Time _____

K171.0010