

DATE: 06/26/02  
TIME: 09:02:17

AMEREN/UE  
DOCUMENT CONTROL SYSTEM  
DOCUMENT TRANSMITTAL

PAGE: 48  
ARDC8801

TRANSMITTAL NUMBER: 488420  
TO CONTROL NUMBER: 338U  
TITLE: OTHER  
DEPT: NUCLEAR REGULATORY COMM.  
LOCATION: USNRC - WASH DC  
TRANSMITTAL DATE: 20020626

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:  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	02-0463		030		C	1			EIP-ZZ-00240

ACKNOWLEDGED BY:

DATE:

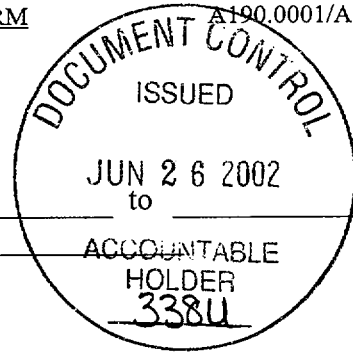
A045

**TEMPORARY CHANGE NOTICE REQUEST FORM**

*(Instructions for Completion Following)*

A190.0001/A190.0035

TCN NO. 02-0463



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☐ **New Superseding TCN**      **TCN No. to be superseded** \_\_\_\_\_  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-00240      **REVISION NO.** 030  
**PROCEDURE TITLE** TECHNICAL SUPPORT CENTER OPERATIONS

1.1 Mark one: ☒ **REFERENCE USE PROCEDURE**    ☐ **N/A TCN 02-0341**    ☐ \*\*\*\*\*

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**    Attachment 8 pages 1 of 2, 2 of 2 (CA-#2219)

2.2 **CHANGE SUMMARY:**

Evacuation of the Owner Controlled Area for Non Protected Area Badged Personnel is required at an ALERT. If during this Evacuation a Release Above Normal Operating Limits is occurring the personnel should be Evacuated to a Reception and Care Center for monitoring and decontamination if required. The Hearnnes Center is the Primary Reception and Care Center for personnel evacuated from on site. This note was added to ensure SEMA is aware that personnel are being evacuated to the Hearnnes Center. *Also Added Step 6.1, IF YES TO CONTACT SEMA. Per 6/15/02*

**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-ZZ-00240 TCN NO. 02-0463 REVISION NO. 030

**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, PM Task Sheet (TCN 02-0341), 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 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>TW Paker</u>	<u>R/c Sup. EP</u>	<u>6-25-02</u>
		Signature	Title	Date
5.	PREPARED BY	<u>W. Paker</u>	<u>R/c Sup. EP</u>	<u>6-25-02</u>
		Signature	Title	Date
6.	QUALIFIED REVIEWER	<u>John Cappel</u>	<u>R/c Sup. EP</u>	<u>6-25-02</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	<u>[Signature]</u>	<u>W</u>	<u>6/25/02</u>
		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

**SECURITY COORDINATOR (SC) CHECKLIST**

Date \_\_\_\_\_ Time: \_\_\_\_\_

<b>INITIATION</b>	
<input type="checkbox"/> 1.	<input type="checkbox"/> Card in on the accountability card reader. <input type="checkbox"/> Sign in on Facility Sign-in board. <input type="checkbox"/> Obtain the Security Coordinators package. <input type="checkbox"/> Clip on the Security Coordinators badge <input type="checkbox"/> Adjust Gaitronics Volume.
<input type="checkbox"/> 2.	Inform Emergency Coordinator and Admin. Coordinator of arrival.
<input type="checkbox"/> 3.	Initiated Log sheet.
<input type="checkbox"/> 4.	Personnel Assessment (Call in extra personnel as required). <input type="checkbox"/> Contact the Shift Security Supervisor and obtain number and names of security personnel available for assignment.
<input type="checkbox"/> 5.	Station security officers at the Emergency Response Facilities entrances to log personnel entrance and egress.
<input type="checkbox"/> 6.	Contact Health Physics Coordinator (Health Physics Tech Support on back shift 68496) and request: • Is there a Release Above Normal Operating Limits In Progress? YES / NO
<input type="checkbox"/> 6.1	<div style="border: 1px solid black; padding: 5px;"> <p>• If yes, contact SEMA. Refer to note Bottom of page 2 of 2.</p> <p><u>NOTE:</u> If YES instruct the Security Personnel performing the OCA Sweep to use "ANNOUNCEMENT # 2". If NO use "ANNOUNCEMENT #1".</p> </div> <p>• What is wind direction? From: _____ TO: _____            • What are the affected sectors? _____, _____, _____, _____.</p>
<input type="checkbox"/> 7.	Discuss any additional support or supplies required with the Admin Coordinator.

TCN 02-0463

<b>OPERATIONS</b>	
(*) Steps are items that must be frequently reviewed.	
<input type="checkbox"/> *1.	Conduct normal and emergency security activities in accordance with the Security Plan. If the plan cannot be followed, obtain authorization from the EC to deviate (refer to <b>OTO-SK-00001</b> Attachment 1), in accordance with 10CFR50.54(x)(y) to deviate. Inform the ENS Communicator (1 hour NRC notification). <b>CARS 199901754</b>
<input type="checkbox"/> 2.	Ensure patrol(s) initiate a sweep of OCA/EAB at the ALERT classification per Owner Controlled Area Patrol Post Instruction. Unbadged personnel MUST evacuate the site unless authorized by EC or Security Coordinator. <b>CARS 200201995</b>
<input type="checkbox"/> *3.	Assist the EC in Evacuation and Accountability per <b>EIP-ZZ-00230</b> .
<input type="checkbox"/> 4.	If accountability is declared, obtain badge numbers of personnel assigned to emergency teams that have left the TSC from the OSC, and report these badge numbers to the SSS.
<input type="checkbox"/> *5.	Personnel that leave the Facility should check out with the Security Officer. If a release has occurred or is likely to occur a HP brief is required. <b>CARS 199701061</b>
<input type="checkbox"/> *6.	If personnel are dispatched to another facility a follow up call should be initiated in 15-20 minutes to ensure they arrive safely. <b>CARS 199901904</b>
<input type="checkbox"/> *7.	Contact the HP Coordinator to determine the affected areas in the case of a release. If Security is to be pulled back from their posts, consider requirements in Step 1, Operations (above).

**SECURITY COORDINATOR (SC) CHECKLIST**

<input type="checkbox"/> *8.	Ensure that the Security Force has the appropriate dosimetry. Check with the HPC.
<input type="checkbox"/> *9.	Coordinate plant access control.
<input type="checkbox"/> *10.	Contact local law enforcement to coordinate traffic control (i.e. for evacuation routes).
<input type="checkbox"/> 11.	If SITE Evacuation is announced, ensure Patrol(s) initiate sweep of OCA/EAB per Owner Controlled Area Patrol Post Instruction, to ensure all personnel have left areas in question. <b>CARS 200201995</b>
<input type="checkbox"/> *12.	Coordinate personnel evacuation and accountability. ( <b>NOTE:</b> Accountability is required within 30 minutes of declaring accountability.)
<input type="checkbox"/> *13.	Coordinate any off-site law enforcement agency involvement.

**TURNOVER**

<input type="checkbox"/> 1.	Brief the incoming Security Coordinator of Security activities and review log.
<input type="checkbox"/> 2.	Notify the Emergency Coordinator of the turnover.
<input type="checkbox"/> 3.	Turnover complete _____ Time.
<input type="checkbox"/> 4.	Turnover logged.
<input type="checkbox"/> 5.	Initiate new checklist.

**RECOVERY**

<input type="checkbox"/> 1.	Continue Security activities until directed otherwise by the Emergency Coordinator.
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**TERMINATION and SHUTDOWN**

<input type="checkbox"/> 1.	Upon direction assist with TSC deactivation.
<input type="checkbox"/> 2.	Ensure security equipment is deactivated and/or stored.
<input type="checkbox"/> 3.	Ensure documents are collected and given to the Admin Coordinator.

\_\_\_\_\_  
Security Coordinator Signature

TCN 02-0463

NOTE: Contact SEMA , NORMAL home 751- 2748 , off home 17188 (Troop F)  
and request activation of Hearn's Reception and Care Center.