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TRANSMITTAL INFORMATION:

TO: ~~FLAIRM*LAUREL B~~ 07/16/2002

LOCATION: DOCUMENT CONTROL DESK

FROM: NUCLEAR RECORDS DOCUMENT CONTROL CENTER (NUCSA-2)

THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:

130 - 130 - HP II DOSE CALCULATOR: EMERGENCY PLAN- POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 07/01/2002

ADD MANUAL TABLE OF CONTENTS DATE: 07/15/2002

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-130

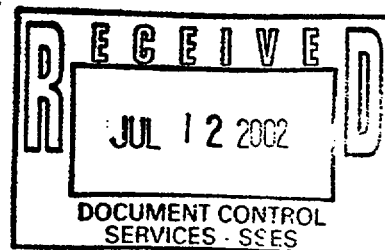
ADD: PCAF 2002-1478 REV: N/A

UPDATES FOR HARD COPY MANUALS WILL BE DISTRIBUTED WITHIN 5 DAYS IN ACCORDANCE WITH DEPARTMENT PROCEDURES. PLEASE MAKE ALL CHANGES AND ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX UPON RECEIPT OF HARD COPY. FOR ELECTRONIC MANUAL USERS, ELECTRONICALLY REVIEW THE APPROPRIATE DOCUMENTS AND ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX.

A045

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2002-1478</u>	2. PAGE 1 OF <u>3</u>	3. PROC. NO. <u>EP-PS-130</u> REV. <u>14</u>
4. FORMS REVISED - <u>A</u> R. <u>4</u> , - <u> </u> R. <u> </u> , - <u> </u> R. <u> </u> , - <u> </u> R. <u> </u> , - <u> </u> R. <u> </u>		
5. PROCEDURE TITLE HP II DOSE CALCULATOR: Emergency-Plan-Position-Specific Instruction		
6. REQUESTED CHANGE PERIODIC REVIEW <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES INCORPORATE PCAFS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES # <u> </u> # <u> </u> # <u> </u> # <u> </u> REVISION <input type="checkbox"/> PCAF <input checked="" type="checkbox"/> DELETION <input type="checkbox"/> (CHECK ONE ONLY)		
7. SUMMARY OF / REASON FOR CHANGE Tab A, Task 1a, deleted reference to obtaining key for Door 159 access. Note: Health Physics no longer uses door 159 for access into the Control Structure. Access is gained through the "old" unlocked count room door where the PCM(s) are located. <div style="text-align: right;">Continued <input type="checkbox"/></div>		
8. DETERMINE COMMITTEE REVIEW REQUIREMENTS (Refer to Section 6.1.4) PORC REVIEW REQ'D? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		9. PORC MTG# <u>NA</u>
BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM		
17. <u>William Tabor</u> / <u>3665</u> / <u>06/27/2002</u> PREPARER ETN DATE (Print or Type)		18. COMMUNICATION OF CHANGE REQUIRED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (TYPE) <u> </u>
19. <u><i>Michael E. Smith</i></u> <u>7/10/02</u> RESPONSIBLE SUPERVISOR DATE		SIGNATURE ATTESTS THAT RESPONSIBLE SUPERVISOR HAS CONDUCTED QADR AND TECHNICAL REVIEW UNLESS OTHERWISE DOCUMENTED IN BLOCK 16 OR ATTACHED REVIEW FORMS. CROSS DISCIPLINE REVIEW (IF REQUIRED) HAS BEEN COMPLETED BY SIGNATURE IN BLOCK 16 OR ATTACHED REVIEW FORMS.
20. <u><i>J. L. H. H. H. H. H.</i></u> <u>7/11/02</u> UFUM APPROVAL DATE		
21. RESPONSIBLE APPROVER <u><i>IA</i></u> <u>7/12/02</u> INITIALS DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2002-1478</u>	2. PAGE 2 OF <u>3</u>	3. PROC. NO. <u>EP-PS-130</u> REV. <u>14</u>
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11. This question documents the outcome of the 50.59 and 72.48 Review required by NDAP-QA-0726. Either 11a, b, c or d must be checked "YES" and the appropriate form attached or referenced.

a. This change is an Administrative Correction for which 50.59 and 72.48 are not applicable.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
b. This change is a change to any surveillance, maintenance or administrative procedure for which 50.59 and 72.48 are not applicable.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N/A
c. This change is bounded by a 50.59/72.48 Screen/Evaluation, therefore, no new 50.59/72.48 Evaluation is required. Screen/Evaluation No. _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N/A
d. 50.59 and/or 72.48 are applicable to this change and a 50.59/72.48 Screen/Evaluation is attached.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N/A

12. This change is consistent with the FSAR or an FSAR change is required. ☒ YES
Change Request No. _____

13. Should this change be reviewed for potential effects on Training Needs or Material? ☐ YES ☒ NO
If YES, enter an Action Item @ NIMS/Action/Gen Work Mech/PICN

14. Is a Surveillance Procedure Review Checklist required per NDAP-QA-0722? ☐ YES ☒ NO

15. Is a Special, Infrequent or Complex Test/Evolution Analysis Form required per NDAP-QA-0320? (SICT/E form does not need to be attached.) ☐ YES ☒ NO

16. Reviews may be documented below or by attaching Document Review Forms NDAP-QA-0101-1.

REVIEW	REVIEWED BY WITH NO COMMENTS	DATE
QADR	_____	_____
TECHNICAL REVIEW	_____	_____
REACTOR ENGINEERING/NUCLEAR FUELS *	_____	_____
IST **	_____	_____
OPERATIONS	_____	_____
NUCLEAR SYSTEMS ENGINEERING	_____	_____
NUCLEAR MODIFICATIONS	_____	_____
MAINTENANCE	_____	_____
HEALTH PHYSICS	_____	_____
NUCLEAR TECHNOLOGY	_____	_____
CHEMISTRY	_____	_____
OTHER <u>10 CFR 50.54g</u>	<u>W. L. ...</u>	<u>2-3-02</u>

* Required for changes that affect, or have potential for affecting core reactivity, nuclear fuel, core power level indication or impact the thermal power heat balance. ⁽⁵⁸⁾

** Required for changes to Section XI Inservice Test Acceptance Criteria.

MAJOR TASK:

Report to the Operations Support Center.

SPECIFIC TASKS:

HOW:

1. Obtain RO-2/2A and master keys for locked doors/gates.

- 1a. Go to the Health Physics office. Obtain the following:
(1) High Radiation Area master keys.

~~(2) Passage function key and magnetic placard holder~~

~~2 for Door 159.~~

(3) Source checked RO-2/2A.

2. Proceed to OSC.

PCAF