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## **USER INFORMATION:**

FLAIM\*LAUREL B EMPL#:23244 CA#: 0363

-Address: NUCSA2

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TO: FLAIM\*LAUREL B 08/23/2002
LOCATION: DOCUMENT CONTROL DESK
FROM: NUCLEAR RECORDS DOCUMENT CONTROL CENTER
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THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY
OR ELECTRONIC MANUAL ASSIGNED TO YOU:

354 - 354 - MEDIA OPERATIONS CENTER (MOC) COMMUNICATOR

REMOVE MANUAL TABLE OF CONTENTS DATE: 05/06/2002

ADD MANUAL TABLE OF CONTENTS DATE: 08/22/2002

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-354
REPLACE: REV:4

REPDACE: REV.4

REPLACE:

REMOVE: PCAF 2000-4989 REV: N/A

ADD: PCAF 2000-4989 REV: N/A

REV:4

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MA

Affected Unit	Control No
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## PROTECTIVE ACTION RECOMMENDATION FORM SUSQUEHANNA STEAM ELECTRIC STATION

☐ This is a Drill ☐	This is <b>NOT</b>	a Drill	Prep	parer:		
The EMERGENCY CLASSIFICATION is:						
☐ Unusual Event	□ Alert	☐ Site Aı	rea E	mergency	☐ General Emergency	
Basis: EAL #						
This represents:						
☐ Initial Classification	☐ Escalation	□ Reduct	ion	☐ No Chan	ge in the Classification Status	
Emergency Action(s) i	mplemented	l onsite:		•		
☐ Site Accountabil	Decal Area Evacuation  I Evacuation of non-essential personnel  I KI to onsite personnel  I Countability  I Other					
The	DDOTECTIV	/E ACTION	DEC	CMMENDA	TION in	
The PROTECTIVE ACTION RECOMMENDATION is:						
	No Protective Action Recommendation Required					
☐ Evacuate 0-2 miles and Shelter 2-10 miles				☐ Relocation ☐ Control of Access		
☐ Evacuate 0-10 miles				☐ Control of Access ☐ Contamination Controls/Decon		
☐ Divert Danville Drinki	ng Water*				·	
*Expected arrival of rele						
This represents:   Initial Change Downward No Change in the Protective Action  Recommendation						

The BASIS for the Prote	ctive Actio	n Recommend	lation is:					
Plant Status								
Radioactive Release:	☐ Monito	red	□ Unmoni	tored				
Sta	Status			ne	Liquid			
< Tech Requirements Limit (Routine)								
≥ Tech Requirements Lin								
Note: TRM Limits (μCi/m (Airborne releases	•	Sas 8.51E+5; Ic	dine 1.04E+	2; Particula	te 7.72 E+2			
Data measured in the fi	eld confirm	release rate e	stimations:	□ Yes □	] No			
Weather Conditions: V	Vind Speed		Wind Dire	ction				
	EDE > 1 ren	n or thyroid CDI n or thyroid CDI n and thyroid CI	E > 5 rem at	EPB				
Approval:	al: Date/Time:							
Emergency Director or R Protective Action Recom RPC or DASU approval i Recommendation.	mendation.			-				
Transmittal:	Verbal	☐ Electron	ic 🗆 🗄	3oth				
Communicated To:								
NAME		AGE	NCY		DATE/TIME			