

Sep. 17, 2002

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TO: ~~FLAIM\*LAUREL B~~ 09/17/2002  
LOCATION: DOCUMENT CONTROL DESK  
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THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY  
OR ELECTRONIC MANUAL ASSIGNED TO YOU:

212 - 212 - EOF COMMUNICATOR: EMERGENCY PLAN-  
POSITION SPECIFIC PROCEDURE

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

ADD MANUAL TABLE OF CONTENTS DATE: 09/16/2002

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-212

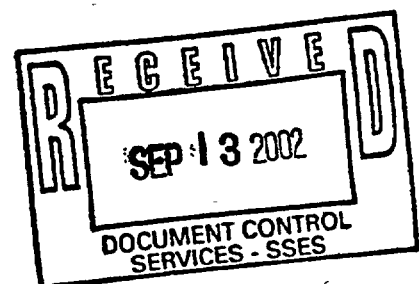
ADD: PCAF 2002-1580 REV: N/A

UPDATES FOR HARD COPY MANUALS WILL BE DISTRIBUTED  
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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  
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A045

## PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2002-1580</u>	2. PAGE 1 OF <u>8</u>	3. PROC. NO. <u>EP-PS-212</u> REV. <u>16</u>
4. FORMS REVISED - <u>2</u> R <u>13</u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u>		
5. PROCEDURE TITLE EOF COMMUNICATOR: 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 1) Tab D, action step 1a 3) - changed verbage from, "when site evacuation is complete" to "when site evacuation is ordered" This will mirror TSC Communicator's actions. 2) Tab D, action step 2b - added note to clarify what time is to be placed in section #1 of the Emergency Notification Report. 3) Tab D, action step sequence changed to eliminate confusion. Current step 5 moved to step 6 and current step 6 moved to step 5. <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>
<b>BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM</b>		
17. <u>William Tabor</u> / <u>3665</u> / <u>09/11/2002</u> PREPARER    ETN    DATE (Print or Type)		18. COMMUNICATION OF CHANGE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES    (TYPE) <u>e-mail</u>
19. <u>Jeffrey Hineswood</u> <u>9/14/02</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>Jeffrey Hineswood</u> <u>9/12/02</u> FUM APPROVAL    DATE		
21. RESPONSIBLE APPROVER <u>NA</u> INITIALS    DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



## PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2002-1580 | 2. PAGE 2 OF 8 | 3. PROC. NO. EP-PS-212 REV. 16

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.<br>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.

<b>REVIEW</b>	<b>REVIEWED BY WITH NO COMMENTS</b>	<b>DATE</b>
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50.54q DETERMINATION

EP-PS-212 PCAF to Tab D

Wording in action step 1, (significant event notification to PEMA), changed from "when site evacuation is complete" to "when site evacuation is directed". This change now mirrors the TSC Communicator's action step and provides sufficient time for PEMA to notify Traffic Control Points of additional traffic due to site evacuation.

Action step 2, added note to clarify what time to put in the Emergency Notification Report, line #1.

These are enhancements and do not decrease the effectiveness of the SSES Emergency Plan.

OTHER 10 CFR 50.54 g Willmiller 9-13-02

\* 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. <sup>(58)</sup>

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

**SPECIFIC TASKS:**

**HOW:**

2. Prepare the "Emergency Notification Report" for approval when the EOF assumes control.

4) When directed by the EOF Support Supervisor or Recovery Manager.

5) When the emergency event is terminated.

- 2a. Write the Control number in the top right hand corner.

**NOTE:**

The "Control Number" should include the EOF followed by a sequential number: (EOF-1)

- 2b. Check the appropriate block under the form title:  
(This is or is not a drill)

**NOTE:**

Record the time in section #1 on the form at the same moment you are making the call.

- 2c. LINE #1:

Fill in your name, call-back telephone number and military time you started off-site notification,

- 2d. LINE #2:

Check emergency classification block, Unit involved, (Unit I, UII or Units I and II), time and date of current classification declaration, and appropriate classification status block.

- 2e. LINE #3:

Under "Brief Non-Technical Description of the Event," write:

**SPECIFIC TASKS:**

**HOW:**

- (1) For **SIGNIFICANT EVENT:**

Information provided by the EOF  
Support Supervisor or Recovery  
Manager.

- (2) For **STATIC UPDATE:**

"No Change in classification"

- (3) For **CHANGE IN CLASSIFICATION:**

"current applicable EAL  
number only"

**HELP**

**BRIEF NON-TECHNICAL  
DESCRIPTION OF EAL**  
See TAB 7

**HELP**

**"EMERGENCY ACTION LEVEL  
OFFSITE REFERENCE MANUAL"**

- 2f. **LINE #4:**

Check one of the "Non-Routine  
Radiological Release in Progress"  
blocks.

- 2g. **LINE #5:**

Write NA

- 2h. **LINE #6:**

Fill in Wind Direction and Speed, using  
data obtained from ten meter primary  
meteorological tower.

**SPECIFIC TASKS:**

**HOW:**

**NOTE:**

Ten meter met tower data available on PICSY, (E-Plan Menu, Met Vent Display).

- |  |   |
|--|---|
| <p>3. <b>Edit the Emergency Notification Report.</b></p>               | <p>2i. Check appropriate block for "this is" or "is not" a drill.</p> <p>2j. Obtain ENR signature approval, providing time (military), and date form was approved.</p> <p>3a. Ensure the form is clear and easy to understand.</p> <p>3b. Avoid use of abbreviations and acronyms.</p> <p>3c. Ensure the Protective Action Recommendation <u>is not</u> included on the form.</p> |
| <p>4. <b>Obtain approval of the Emergency Notification Report.</b></p> | <p>4a. Review the completed form with the EOF Support Supervisor, Assistant Recovery Manager or Recovery Manager.</p> <p>4b. Assure agreement on technical content.</p> <p>4c. Obtain signature approval, filling in the time and date of his approval.</p>   |

**NOTE:**

The Recovery Manager can delegate approval responsibility of the ENR to the Assistant Recovery Manager or EOF Support Supervisor except for a change in classification.

5. **Transmit the Emergency Notification Report CCEMA, LCEMA and PEMA.**

**HELP**

**NOTIFICATION MATRIX**  
 See TAB 4

- 5a. Dial "191" on the EOF Communicator's telephone.

**SPECIFIC TASKS:**

**HOW:**

5b. Identify yourself as each party answers.

5c. Record time and contact(s) in your log.

**NOTE:**

If the MOC fails to answer, do not wait, begin notification.

5d. Inform the responders you will be transmitting an Emergency Notification Report.

5e. Transmit the report.

5f. Request one of the counties to read back the transmitted report.

**NOTE:**

If the "191" conference capability is not available, use one of the following backup telephone numbers.

<u>PEMA</u>	<u>LCEMA</u>	<u>CCEMA</u>
CTN-4960	CTN-4906	CTN-4955
CTN-4961	CTN-4907	CTN-4956
CTN-4908		

or

PEMA: 8-1-570-783-8150  
CCEMA: 8-1-570-389-5720  
LCEMA: 8-1-800-821-3715

or

Transmit the ENR via VHF radio, channel one.

6. Distribute the Emergency Notification Report.

6a. Distribute the three part ENR form:

1) White and pink copy to the Administrative Assistant for distribution:

\* White copy sent to TSC via fax.

**SPECIFIC TASKS:**

**HOW:**

\* Pink copy posted outside the  
EOF Support Office.

2) Yellow copy to EOF  
Communicator.

PCAF

7. Transmit the ENR to the Nuclear  
Regulatory Commission.

- 7a. Using the NRC/ENS telephone, dial one  
of the telephone numbers listed on the  
sticker located under the handset.
- 7b. Record time and contact in the EOF  
Communicator's Log.
- 7c. Identify yourself and transmit the ENR.
- 7d. Upon completion, provide the NRC with  
a call-back telephone number.

**NOTE:**

Transmit the ENR to the NRC as  
soon as possible after notification  
to the state and counties but not  
later than one hour after  
declaration. (10CFR50.72)

8. "Within two hours," transmit a  
change in the emergency  
classification to:

- \_\_\_ Institute of Nuclear Power
- \_\_\_ Transmission Power Dispatcher
- \_\_\_ Allegheny Electric Cooperative
- \_\_\_ American Nuclear Insurers
- \_\_\_ PPL Insurance Department

- 8a. Log time and contact in the "EOF  
Communicator's Log."
- 8b. Telephone and telefax numbers are  
located in the "Emergency Telephone  
Directory" located at each work station.
- 8c. Use the "Emergency Notification  
Report" to provide information for the  
update.
- 8d. Provide a call-back telephone number.
- 8e. Utilize the Administrative Assistant, NEP  
Duty Planner, or another communicator,  
(if available), to complete these  
notifications.