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THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY
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100 - 100 - EMERGENCY DIRECTOR/CONTROL ROOM:
EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 08/26/2002

ADD MANUAL TABLE OF CONTENTS DATE: 01/17/2003

CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-100
ADD: PCAF 2003-1038 REV: N/A

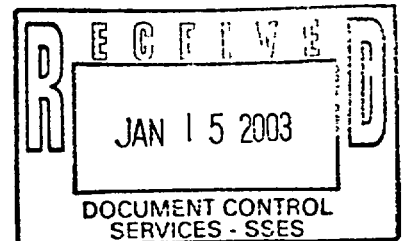
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A045

PROCEDURE CHANGE PROCESS FORM

102
100

| | | |
|--|---|---|
| 1. PCAF NO. <u>2003-1038</u> | 2. PAGE 1 OF <u>10</u> | 3. PROC. NO. <u>EP-PS-101-A</u> REV. <u>4</u> |
| 4. FORMS REVISED - <u>E R 10</u> , - <u>9 R/A</u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> | | |
| 5. PROCEDURE TITLE TSC Emergency Director: Emergency Plan Position Specific Procedure | | |
| 6. REQUESTED CHANGE PERIODIC REVIEW <input type="checkbox"/> NO <input checked="" 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 Revised procedure steps to insure that the Shift Manager fills out Event Notification Form. Also revised steps to clarify requirement to use PAR State Notification Form. Deleted PAR Notification form since it is no longer used by the Shift Manager - <u>EP-AD-000-110</u> | | |
| 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>N/A</u> | | Continued <input type="checkbox"/> |
| BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM | | |
| 17. <u>T.C. Dalpiaz</u> / <u>3227</u> / <u>12/30/2002</u> PREPARER ETN DATE (Print or Type) | 18. COMMUNICATION OF CHANGE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (TYPE) E Mail communication to ED's | |
| 19. <u>Jeffrey Reswood</u> / <u>1/2/03</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>[Signature]</u> / <u>1/6/03</u> FUM APPROVAL DATE | | |
| 21. RESPONSIBLE APPROVER <u>N/A</u> INITIALS DATE | ENTER N/A IF FUM HAS APPROVAL AUTHORITY | |



PROCEDURE CHANGE PROCESS FORM

110 RD

1. PCAF NO. 2003-1038 | 2. PAGE 2 OF 10810 | 3. PROC. NO. EP-PS-101-A REV. 4

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. YES 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. *A-01-786* YES 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. YES N/A
Screen/Evaluation No. _____
 - d. 50.59 and/or 72.48 are applicable to this change and a 50.59/72.48 Screen/Evaluation is attached. YES N/A
12. This change is consistent with the FSAR or an FSAR change is required. YES
Change Request No. N/A
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 50.54Q review</u> | <u><i>JC Lalpuz</i></u> | <u>12-30-02</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.

EMERGENCY DIRECTOR (ED) - CONTROL ROOM: Emergency Plan-Position Specific Procedure

WHEN: Anytime an abnormal event is occurring
HOW NOTIFIED: On shift
REPORT TO: Duty Manager
WHERE TO REPORT: Control Room

OVERALL DUTY:

Take charge of the plant from the Control Room during an emergency condition, assigning duties and directing operations as necessary to return to a safe plant condition (NDAP-QA-300).

MAJOR TASKS:

TAB: REVISION:

| MAJOR TASKS: | TAB: | REVISION: |
|--|-------------|------------------|
| Classify the emergency as conditions indicate. | TAB A | 8 |
| Manage the UNUSUAL EVENT. | TAB B | 12 |
| Manage the ALERT EMERGENCY. | TAB C | 10 |
| Manage the SITE AREA EMERGENCY. | TAB D | 12 |
| Manage the GENERAL EMERGENCY. | TAB E | 8/10 |
| Manage the Security Threat or Event EAL series 16. | TAB G | 1 |

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SUPPORTING INFORMATION:

TAB:

| | |
|--|-------|
| Emergency Telephone Instructions | TAB 1 |
| Emergency Organization | TAB 2 |
| Brief Non-Technical Description of EAL's | TAB 3 |
| Emergency Classification | TAB 4 |
| Public Protective Action Recommendation Guide | TAB 5 |
| PPL Emergency Personnel Dose Assessment and Protective Action Recommendation (PAR) Guide | TAB 6 |
| Personnel Accountability | TAB 7 |
| Restoration Organization Guidelines | TAB 8 |
| Emergency Forms | TAB 9 |
| ◦ Protective Action State Notification Form | |
| ◦ Emergency Notification Report | |
| ◦ Potassium Iodide Tracking Form | |

MAJOR TASK

Manage the General Emergency.

SPECIFIC TASK:

HOW

1. Document and Communicate the Emergency Classification.

1a. Announce to Control Room Personnel:

(1) You are assuming the duties of Emergency Director. _____

(2) Emergency Classification _____

(3) Time and Date of classification _____

1b. Appoint a Control Room Communicator and instruct him to immediately perform EP-PS-126 CR Communicator.

2. When a General Emergency is declared make a Protective Action Recommendation (PAR) within 15 minutes

2a. Go to Tab 5 "Public Protective Action Recommendation Guide". _____

2b. Choose appropriate PAR. _____

2c. Generate and approve the Emergency Notification Report _____

2d. Provide the ENR form to the Control Room Communicator. _____

2e. The Shift Manager shall notify the Senior State Official, using the PAR State Notification Form, at 717 651-2148. _____

HELP

**Protective Action Recommendation State
Notification Form
See Tab 9**

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SPECIFIC TASKS:

HOW

3. Approve Press Releases prior to issuance.

3a. Verbal Approval is acceptable for Press Releases

4. Communicate the need for employee emergency exposure considerations/KI tablet issuance.

NOTE:

Twelve vials of Potassium Iodide, (KI), are stored in the cabinet outside the Control Room kitchen area and one hundred vials are stored in the Health Physics Instrument Shop.

HELP

**PPL Emergency Personnel Dose Assessment
And Protective Action Recommendation
Guide
See TAB 6**

5. Direct US/AUS to assume responsibility of OSC Coordinator per EP-PS-132.

5a. AUS notified to assume OSC responsibilities.

6. Manage the emergency until relieved by TSC Emergency Director.

6a. Monitor and obtain updates on:
(1) Plant Status
(2) Plant priorities
(3) Corrective actions
(4) Radiological releases

7. Initiate emergency medical response, search and rescue when required.

7a. Reference SP-00-308 (Emergency Medical Response, Search/Rescue)

8. Initiate Core Damage Assessment.

8a. Notify OSC Coordinator to obtain a Rx Coolant sample.

10 NO

SPECIFIC TASKS:

HOW:

9. If Rad release suspected/in progress, initiate off-site dose calculations.

9a. Notify HP Dose Calculator/OSC that off-site dose calculations required. _____

10. When contacted, brief the following managers of events:
 - Duty Manager
 - Recovery Manager
 - Public Info Manager (if time permits)

10a. Brief Manager on:
 (1) Plant status
 (2) Radiological condition
 (3) Emergency classification level

11. If plant conditions change reclassify emergency and enter appropriate tab for classification level:
 - For DOWNGRADING emergency:
 UNUSUAL EVENT TAB "B"
 ALERT TAB "C"
 SITE AREA TAB "D"

HELP

Emergency Classifications
 See TAB 4

12. If conditions indicate that the emergency can be downgraded or terminated, provide a recommendation to the TSC/ED or EOF/RM as appropriate.

13. Transfer Emergency Management duties to TSC Emergency Director.

13a. Review the following with TSC Emergency Director:
 (1) Classification of Emergency _____
 (2) Radiological conditions in-plant/offsite/projected _____
 (3) Priorities and corrective actions taken _____
 (4) Plant status _____
 (5) Offsite Notifications _____

SPECIFIC TASKS:

HOW: 10 RA

- 14. Emergency Termination
 - (1) Return Ops to normal organization
OR
 - (2) Recommend creating a restoration organization

- 14a. Instruct STA to collect and organize paperwork for reconstructing the emergency and its management.

HELP
Restoration Organization Guidelines
See TAB 8

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Affected Unit _____

Control No. _____

PROTECTIVE ACTION RECOMMENDATION FORM SUSQUEHANNA STEAM ELECTRIC STATION

This is a Drill This is **NOT** a Drill Preparer: _____

| The EMERGENCY CLASSIFICATION is: | | | |
|--|--------------------------------|--|--|
| <input type="checkbox"/> Unusual Event | <input type="checkbox"/> Alert | <input type="checkbox"/> Site Area Emergency | <input type="checkbox"/> General Emergency |

Basis: EAL # _____

This represents:

Initial Classification Escalation Reduction No Change in the Classification Status

Emergency Action(s) implemented onsite:

- None
 - Local Area Evacuation
 - Site Accountability
 - Evacuation of non-essential personnel
 - KI to onsite personnel
 - Other _____
- Bases: _____

DELETED

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| The PROTECTIVE ACTION RECOMMENDATION is: | |
|--|---|
| <input type="checkbox"/> No Protective Action Recommendation Required | |
| <input type="checkbox"/> Evacuate 0-2 miles and Shelter 2-10 miles | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Evacuate 0-10 miles | <input type="checkbox"/> Control of Access |
| | <input type="checkbox"/> Contamination Controls/Decon |
| <input type="checkbox"/> Divert Danville Drinking Water* | <input type="checkbox"/> Other _____ |
| *Expected arrival of release at Danville: _____ | |
| This represents: <input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> No Change in the Protective Action Recommendation | |

The BASIS for the Protective Action Recommendation is:

Plant Status

Radioactive Release: Monitored Unmonitored

| Status | Airborne | Liquid |
|---|--------------------------|--------------------------|
| < Tech Requirements Limit (Routine) | <input type="checkbox"/> | <input type="checkbox"/> |
| ≥ Tech Requirements Limit (Event Related) | <input type="checkbox"/> | <input type="checkbox"/> |

Note: TRM Limits ($\mu\text{Ci}/\text{min}$): Noble Gas $8.51\text{E}+5$; Iodine $1.04\text{E}+2$; Particulate $7.72\text{E}+2$
(Airborne releases)

Data measured in the field confirm release rate estimations: Yes No

Weather Conditions: Wind Speed _____ Wind Direction _____

Dose Projections: TEDE > 1 rem or thyroid CDE > 5 rem at 2 miles
 TEDE > 1 rem or thyroid CDE > 5 rem at EPB
 TEDE \leq 1 rem and thyroid CDE \leq 5 rem at EPB

Other:

Approval: _____ Date/Time: _____

Emergency Director or Recovery Manager approval required if change in Classification or Protective Action Recommendation.
RPC or DASU approval if no change in the Classification or Protective Action Recommendation.

Transmittal: Verbal Electronic Both

Communicated To:

_____ _____ _____
NAME AGENCY DATE/TIME

DELETED

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