

Jan. 20, 2003

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

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

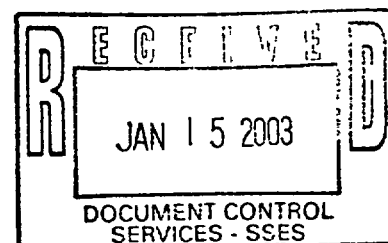
ADD: PCAF 2003-1038 REV: N/A

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
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ELECTRONICALLY REVIEW THE APPROPRIATE DOCUMENTS AND
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A045

PROCEDURE CHANGE PROCESS FORM

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</u> R <u>10</u> , - <u>9</u> R <u>11A</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>
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 <u> </u>
19. <u>Jeffrey H. Hester</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> </u> / <u>1/6/03</u> FUM APPROVAL DATE		
21. RESPONSIBLE APPROVER <u> </u> / <u> </u> INITIALS DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



PROCEDURE CHANGE PROCESS FORM

110 R28

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>TC Lalpuz</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:

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

810

Manage the Security Threat or Event
EAL series 16.

TAB G

1

PGAF

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.

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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 _____

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TAB E
EP-PS-100-E
Revision 8/0
Page 4 of 4

PCAF

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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FILE 9 OF 10

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:

☐ Unusual Event

☐ Alert

☐ Site Area Emergency

☐ 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: _____

The PROTECTIVE ACTION RECOMMENDATION is:

☐ No Protective Action Recommendation Required

☐ Evacuate 0-2 miles and Shelter 2-10 miles

☐ Evacuate 0-10 miles

☐ Relocation

☐ Control of Access

☐ Contamination Controls/Decon

☐ Divert Danville Drinking Water*

☐ Other _____

*Expected arrival of release at Danville: _____

This represents: ☐ Initial

☐ Change

☐ 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 ≤ 1 rem and thyroid CDE ≤ 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

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