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DAEC EMERGENCY PLANNING DEPARTMENT PROCEDURE TRANSMITTAL ACKNOWLEDGEMENT MEMO (TAM-25)

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	REMOVE	INSERT
EPIP Table of Contents Revision	Rev. 133	Rev. 134
EPIP 4.5 (PWR: 19615)	Rev. 6	Rev. 7

PERFORMED BY:

Print Name _____ Sign Name _____ Date _____

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PSC/Emergency Planning
3313 DAEC Rd.
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A045

Procedure	Title	Revision Number	Date
1.1	Determination of Emergency Action Levels	19	09/12/01
1.2	Notification	27	9/2/02
1.3	Plant Assembly and Site Evacuation	9	09/12/01
1.4	Release of Emergency-Related Information	4	09/04/02
1.5	Activation and Operation of the EOF	3	10/16/00
2.1	Activation and Operation of the OSC	13	09/12/01
2.2	Activation and Operation of the TSC	23	10/23/02
2.3	Operation of the FTS-2001 Phone Network	6	09/04/02
2.4	Activation and Operation of the ORAA	8	09/12/01
2.5	Control Room Emergency Response Operation	14	10/15/01
2.6	Activation and Operation of the ORAL	9	12/30/02
2.7	Activation and Operation of the ODEF	6	10/15/01
2.8	Security Threat	1	11/16/01
3.1	In-Plant Radiological Monitoring	12	9/2/02
3.2	Field Radiological Monitoring	13	9/2/02
3.3	Dose Assessment and Protective Action	18	9/2/02
4.2	First Aid, Decontamination and Medical Support	7	8/23/02
4.3	Rescue and Emergency Repair Work	11	8/23/02
4.5	Administration of Potassium Iodide (KI)	7	2/10/03
5.2	Recovery and Re-entry	9	10/15/01

Form Number	Title	Revision Number	Referencing Procedure
CR-01	OSM/OSS Checklist	Rev. 2	EPIP 2.5
CR-02	Back Panel Communicator Checklist	Rev. 1	EPIP 2.5
CR-03	Dose Projection & ARM Data Sheet	Rev. 0	EPIP 2.5
CR-04	Control Room to TSC Command and Control Transfer Checklist	Rev. 1	EPIP 2.5
EAL-01	Abnormal Rad Levels/Radioactive Effluent Table	Rev. 3	EPIP 1.1
EAL-02	Fission Barrier Table	Rev. 3	EPIP 1.1
EAL-03	Hazards & Other Conditions Affecting Plant Safety	Rev. 2	EPIP 1.1
EAL-04	System Malfunction Table	Rev. 3	EPIP 1.1
EOF - 02	NRC - HPN Communicator Checklist	Rev. 3	EPIP 1.5
EOF - 03	Technical Recorder Checklist	Rev. 2	EPIP 1.5
EOF - 04	Summary of Computer Data Backup Collection Activities	Rev. 1	EPIP 1.5
EOF - 05	EOF Information Services Representative Checklist	Rev. 3	EPIP 1.5
EOF - 06	DAEC Key Parameter Log	Rev. 0	EPIP 1.5
EOF - 07	Emergency Response and Recovery Director Checklist	Rev. 3	EPIP 1.5
EOF - 08	Rad & EOF Manager Checklist	Rev. 6	EPIP 1.5, 3.3
EOF – 09	EOF STA/OPS Liaison Checklist	Rev. 0	EPIP 1.5
EOF – 10	EOF-TSC Communicator Checklist	Rev. 3	EPIP 1.5
EOF – 11	Support Services Coordinator Checklist	Rev. 2	EPIP 1.5
EOF – 12	Field Team Director Checklist	Rev. 0	EPIP 1.5, 3.3
EOF – 13	Radiological Data Communicator Checklist	Rev. 0	EPIP 1.5, 3.3

EOF – 14	EOF MIDAS Operator Checklist	Rev. 1	EPIP 1.5, 3.3
EOF – 15	Radiological Data Plotter Checklist	Rev. 0	EPIP 1.5, 3.3
EOF – 16	Radiological Assessment Coordinator Checklist	Rev. 1	EPIP 1.5, 3.3
EOF – 17	EOF Security Access Clerk Checklist	Rev. 2	EPIP 1.5
EOF – 18	EOF Staffing Accountability Roster	Rev. 2	EPIP 1.5
EOF – 19	Drill Announcement Message	Rev. 0	EPIP 1.4, 1.5
EOF – 20	Emergency Announcement Message	Rev. 1	EPIP 1.4, 1.5
EOF – 21	Personnel Access Log	Rev. 1	EPIP 1.4, 1.5
EOF – 22	Registration Form	Rev. 0	EPIP 14, 1.5
EOF – 23	Security Post Log	Rev. 2	EPIP 1.4, 1.5
EOF – 24	First Floor Security Post Description	Rev. 2	EPIP 1.4, 1.5
EOF – 25	Fourteenth Floor Security Post Description	Rev. 11	EPIP 1.5
EOF – 27	Status Update Message – EOF Communicator	Rev. 0	EPIP 1.5
EOF – 28	Verbal Closeout Summary	Rev. 0	EPIP 1.5
EOP – 29	Written Closeout Summary	Rev. 0	EPIP 1.5
EOF – 30	Status Board	Rev. 0	EPIP 1.5
EOF – 31	Access B adge Example	Rev. 0	EPIP 1.5
EOF – 32	EOF Staff Response	Rev. 2	EPIP .15
EOF – 33	Recovery Issues	Rev. 0	EPIP 5.2
EOF – 34	EOF Activities	Rev. 0	EPIP 5.2
EOF – 35	Recovery Phase Plan Outline Guidance	Rev. 0	EPIP .52
EOF – 36	RE-Entry Briefing Guide	Rev. 0	EPIP 5.2
EOF – 37	RE-Entry Debriefing Guide	Rev. 0	EPIP 5.2
EOF – 38	EOF Messenger Checklist	Rev. 0	EPIP 1.5
EOF – 39	Plant Status Recorder Checklist	Rev. 0	EPIP 1.5
JPIC – 01	JPIC Manager Checklist	Rev. 4	EPIP 1.4
JPIC – 03	Alliant Spokesperson Checklist	Rev. 3	EPIP 1.4

ORAA-01	Offsite Relocation and Assembly Area Supervisor's Checklist	Rev. 1	EPIP 2.4
ORAA-02	Health Physics Support for the Offsite Relocation and Assembly Area	Rev. 0	EPIP 2.4
ORAA-03	Security Support for the Offsite Relocation and Assembly Area	Rev. 0	EPIP 2.4
ORAA-04	Offsite Relocation and Assembly Area	Rev. 0	EPIP 2.4
ORAA-05	Offsite Relocation and Assembly Area Parking and Vehicle Monitoring	Rev. 0	EPIP 2.4
OSC-01	OSC Layout	Rev. 0	EPIP 2.1
OSC-02	OSC Organization Chart	Rev. 0	EPIP 2.1
OSC-03	Minimum Staffing Level	Rev. 0	EPIP 2.1
OSC-04	Recommended Log Entry Topics	Rev. 0	EPIP 2.1
OSC-05	Emergency Event Log Sheet	Rev. 0	EPIP 2.1
OSC-06	Personal Statement Concerning Incident	Rev. 0	EPIP 2.1
OSC-07	Emergency Exposure Tracking Log	Rev. 0	EPIP 2.1
OSC-08	OSC Supervisor Checklist	Rev. 0	EPIP 2.1
OSC-09	Health Physics Supervisor Checklist	Rev. 0	EPIP 2.1
OSC-10	Electrical, Mechanical, I&C Maintenance Supervisor Checklist	Rev. 0	EPIP 2.1

OSC-11	Emergency Assignment Staffing Board Duties	Rev. 0	EPIP 2.1
OSC-12	External Exposure Limits	Rev. 0	EPIP 4.3
OSC-13	Guidance on Dose Limits for Workers Performing Emergency Services	Rev. 0	EPIP 4.3
OSC-14	Guidelines Regarding Selection of Volunteers	Rev. 0	EPIP 4.3
OSC-15	OSC Repair Team Work Order	Rev. 0	EPIP 4.3
OSC-16	Repair Team Datasheet Flowpath	Rev. 0	EPIP 4.3
PAR – 01	PAR Decision Making – Recommendations	Rev. 0	EPIP 3.3
PAR – 02	PAR Decision Making – Flowchart	Rev. 0	EPIP 3.3
PASE-02	Onsite Assembly Locations	Rev. 2	EPIP 1.3
PASE-05	Site Evacuation Routes	Rev. 1	EPIP 1.3
SAM-01	EOP-SAG Transition Checklist	Rev. 0	EPIP 2.2
TSC-01	Emergency Coordinator Checklist	Rev. 3	EPIP 2.2
TSC-02	TSC Supervisor Checklist	Rev. 2	EPIP 2.2
TSC-03	Site Radiation Protection Coordinator Checklist	Rev. 1	EPIP 2.2
TSC-04	Technical & Engineering Supervisor Checklist	Rev. 3	EPIP 2.2
TSC-05	Quality Assurance Checklist	Rev. 1	EPIP 2.2
TSC-06	Security & Support Supervisor Checklist	Rev. 1	EPIP 2.2
TSC-07	Administrative Supervisor Checklist	Rev. 1	EPIP 2.2
TSC-08	Material Management Supervisor Checklist	Rev. 1	EPIP 2.2
TSC-09	TSC-CR-OSC Communicator Checklist	Rev. 2	EPIP 2.2
TSC-10	CR-TSC-OSC Communicator Checklist	Rev. 2	EPIP 2.2
TSC-11	TSC-EOF-JPIC Communicator Checklist	Rev. 1	EPIP 2.2
TSC-12	ENS Communicator Checklist	Rev. 2	EPIP 2.2
TSC-13	HPN Communicator Checklist	Rev. 1	EPIP 2.2
TSC-14	TSC/OSC Operations Liaison Checklist	Rev. 2	EPIP 2.2
TSC-15	Radiological Support Staff Checklist	Rev. 1	EPIP 2.2
TSC-16	Radio Operator – Offsite Checklist	Rev. 0	EPIP 2.2

TSC-17	Radio Operator – Onsite Checklist	Rev. 0	EPIP 2.2
TSC-18	TSC MIDAS Operator Checklist	Rev. 0	EPIP 2.2
TSC-19	Technical & Analysis Engineer Checklist	Rev. 1	EPIP 2.2
TSC-20	TSC Operations Supervisor	Rev. 2	EPIP 2.2
TSC-21	Electrical Engineer Checklist	Rev. 0	EPIP 2.2
TSC-22	I & C Engineer Checklist	Rev. 0	EPIP 2.2
TSC-23	Mechanical Engineer Checklist	Rev. 0	EPIP 2.2
TSC-24	Reactor Engineer Checklist	Rev. 2	EPIP 2.2
TSC-25	SPDS Operator Checklist	Rev. 1	EPIP 2.2
TSC-26	Information Services Representative Checklist	Rev. 2	EPIP 2.2
TSC-27	Fire Marshall Checklist	Rev. 1	EPIP 2.2
TSC-28	NRC Roles During A Nuclear Power Plant Emergency Checklist	Rev. 0	EPIP 2.2
TSC-29	TSC Minimum Staffing Level	Rev. 2	EPIP 2.2
TSC-30	Emergency Action Request Log	Rev. 0	EPIP 2.2
TSC-31	Radio Operator Log	Rev. 0	EPIP 2.2
TSC-32	Status Board Recorder	Rev. 1	EPIP 2.2
TSC-33	Typical Organization of the NRC Site Team	Rev. 0	EPIP 2.2
TSC-34	TSC Organization Chart	Rev. 3	EPIP 2.2
TSC-35	Assignment Form	Rev. 0	EPIP 5.2
TSC-36	Deactivation Report	Rev. 0	EPIP 5.2
TSC-37	Plant Operations Status	Rev. 0	EPIP 5.2
TSC-38	TSC/Control Room/OSC Activities	Rev. 0	EPIP 5.2
TSC-39	TSC Clerical Checklist	Rev. 0	EPIP 2.2
TSC-40	ARM Locations	Rev. 0	EPIP 3.1/4.3
TSC-41	PASS Capabilities	Rev. 0	EPIP 3.1
TSC-42	On-Site Map	Rev. 0	EPIP 3.2
TSC-43	ESB Logon Instructions (TSC/CR/EOF)	Rev. 0	EPIP 2.2

EMERGENCY PLAN IMPLEMENTING PROCEDURE	EPIP 4.5
ADMINISTRATION OF POTASSIUM IODIDE (KI)	Rev. 7 Page 1 of 6

Effective Date: 2/10/03

TECHNICAL REVIEW

Prepared by: Don A. Johnson Date: 1/31/03

Reviewed by: Jon Newman Date: 1/31/03
Independent Reviewer

PROCEDURE APPROVAL

I am responsible for the technical content of this procedure.

Approved by: Pamela Sullivan Date: 1/31/3
Manager, Emergency Planning

Table of Contents

1.0 PURPOSE

(1) This procedure provides guidance for recommending and supervising the administration of potassium iodide (KI) to emergency workers who have been, or are expected to be exposed to airborne radioiodine.

2.0 DEFINITIONS

(1) None

3.0 INSTRUCTIONS

3.1 ADMINISTRATION OF POTASSIUM IODIDE

(1) In the event of fuel cladding failure combined with a plant related Emergency Declaration of a Site Area Emergency or General Emergency, the Site Radiation Protection Coordinator (SRPC) should identify the population(s) of emergency workers at risk of exposure to airborne radioiodine.

NOTE

Fuel failure can be identified in a variety of ways, including but not limited to:

- High drywell ARM readings
- High Torus ARM readings
- KAMAN sample analysis
- Field airborne readings

(2) In determining the population(s) at risk, the SRPC should consider the following:

(a) Has an exposure occurred?

(b) Is the individual or group expected to be exposed to airborne radioiodine because of entry into the power block?

(c) Is there an indication of airborne radioiodine in the TSC, OSC, Control Room, or Assembly Areas?

(d) Is there an indication of significant airborne radioiodine concentration in areas that field monitoring teams are exposed to?

(3) The SRPC should obtain approval from the Emergency Coordinator (EC) to initiate a dose regimen of one tablet of KI each day for the at-risk population(s).

(4) The SRPC shall notify the Medical Consultant(s) if the KI dose regimen needs to extend beyond 10 days and if the projected or confirmed thyroid doses exceed 25 REM (CEDE).

(5) Each individual to be provided KI shall be issued one tablet. Use Attachment 1 to document the administration of KI. Ensure that each recipient reads the pharmaceutical information provided with the KI tablets. An individual who refuses to take the KI should not be allowed to enter an environment where KI is necessary. Disposition of this individual shall be at the discretion of the EC and SRPC.

(a) A supply of KI is stored in locker 9, shelf 4 in the TSC.

(b) KI has an approved shelf-life with the expiration date listed on each bottle. However, the expiration date may be extended. Documentation of extensions are available in the TSC.

(c) To ensure that the KI supply is valid, these dates will be inspected during the inventory of the TSC and emergency lockers and the KI replaced as necessary.

(6) The dose regimen of KI should be discontinued when airborne conditions post-fuel break have been remediated.

(7) The dose regimen of KI should not be continued for a period of time in excess of 10 days unless directed otherwise by the Medial Consultant.

4.0 RECORDS

(1) All records generated by this procedure shall be maintained IAW QA Record Retention requirements, exception is for records generated during drills and exercises.

5.0 REFERENCES

(1) DAEC Emergency Plan

(2) Medical Consultant's letter dated 2/15/93 to Iowa Electric

(3) NG 93-1628 memorandum dated 4/16/93

(4) FDA "Guidance for Industry KI in Radiation Emergencies – Questions and Answers" Rev. 1, December 2002, from http://fda.gov/cder/guidance/5386fnl.htm

6.0 ATTACHMENTS

ATTACHMENT 1, "KI ISSUANCE LOG"

ATTACHMENT 1

KI ISSUANCE LOG

NAME	SSN	DATE/TIME OF ISSUANCE	ISSUED BY