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~~TO:~~ ~~FLAIM*LAUREL B~~ 02/27/2003
LOCATION: DOCUMENT CONTROL DESK
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THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:

243 - 243 - RADIOLOGICAL LIAISON

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

ADD MANUAL TABLE OF CONTENTS DATE: 02/26/2003

CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-243
REPLACE: REV:4

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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 RECEIPT OF HARD COPY. FOR ELECTRONIC MANUAL USERS, ELECTRONICALLY REVIEW THE APPROPRIATE DOCUMENTS AND ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX.

A045

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	☐ Relocation
☐ **Evacuate** 0-10 miles	☐ 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

_____

_____

Status of Radioactive Release:

Status	Airborne	Liquid
< Tech Requirements Limit (Routine)	☐	☐
≥ Tech Requirements Limit (Event Related)	☐	☐

NOTE: TRM Limits (µCi/min): Noble Gas 8.51E+5; Iodine 1.04E+2; Particulate 7.72 E+2 (Airborne releases)

Based on: ☐ Effluent Monitors ☐ Field Measurements ☐ Engineering Judgement

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
_____	_____	_____

COMMENTARY ON FILLING OUT THE PROTECTIVE ACTION RECOMMENDATION FORM

1. **Emergency Classification, Basis** – The intent is to list each EAL that led to the current Classification.

2. **Emergency Actions, Bases** – The intent is to describe the bases for the Actions implemented, especially if they are not a mandatory result of the EAL and Classification described above. For the EOF, completion of this line is optional.

   Example wording for a local area evacuation may be "local hi rad and hi temp alarms in HPCI pump room." Example wording for administration of KI may be "dose projections > 25 rem to team crimping release path piping."

3. **Plant Status as Basis for PAR** – The intent is to briefly describe key elements of plant status and/or prognosis that entered into the decision making for the PAR that was adopted. Examples to consider may include: operating status (shut down, ATWS, etc.), indications of fuel (or cladding) degradation, ability to cool the core, integrity of primary and secondary containment, status of ventilation treatment (filtration, etc.) and status of remedial or mitigating actions.

   An example completed statement for EAL 3.4 may be: High reactor coolant activity and inability to terminate coolant leak outside primary containment within several hours.

4. **Radioactive Release as Basis for PAR** – The rationale for documentation of the basis for the decision regarding release rates being > TRM Limits is as follows:

   a. Valid SPING or equivalent effluent monitor information is available and indicates the release exceeds TRM limits, and/or

   b. Valid in-field readings equal to or greater than 0.1 mrem/hr. whole body, 68.4 mrem/hr. thyroid CDE, or 100 ncpm on an Iodine cartridge are available.

   c. If valid effluent monitoring is not available, the "Engineering Judgement" box should be checked if EOF/TSC/CR facility management has judged that SSES is releasing above the TRM limits, even though definitive information is not available. This box should not be checked if effluent monitoring or field measurements indicate a release is in progress.

   Examples of information to be included on the blank line may be the duration of the release, whether release rates are increasing or decreasing, and/or if there was a puff release. The vent(s) that is(are) the primary release point(s) may also be included if relevant to the discussion process. The intent is to document information used in the PAR decision making.

   For the field data confirmation line, the "yes" block should be checked if the correlation between field data and projected data is reasonable (ratio of measured to projected data is between 0.1 and 5.0).

COMMENTARY ON FILLING OUT THE PROTECTIVE ACTION RECOMMENDATION FORM

5. **Weather Conditions as Basis for PAR** – Weather conditions that contributed to the PAR decision making should be described. Examples of information to include may be wind direction (or affected sector), wind speed, stability class, precipitation level, and/or ice/snow conditions. If a dose projection printout is to be attached, there is no need to write on information that is on that form.

6. **Dose Projections as Basis for PAR** – The intent is to indicate whether projected doses are less than or greater than values used in the PAR decision making flowchart. Specific listing of calculated TEDE and/or child thyroid CDE values is discouraged. An example supplemental comment may be "controlling dose is child thyroid CDE from releases of radioiodines."

7. **Approval of Form Contents** – The "Facility Lead" (ED or RM) is to approve if changes in Classification or PAR have occurred since the form was last transmitted. If no change has occurred, the "dose assessment lead" (RPC or DASU) normally would approve the form, although the Facility Lead always has the authority to sign the form.