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FLAIM*LAUREL B EMPL#:23244 CA#: 0363
Address: NUCSA2
Phone#: 254-3658

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

245 - 245 - DOSE ASSESSMENT SUPERVISOR
REMOVE MANUAL TABLE OF CONTENTS DATE: 01/08/2003
ADD MANUAL TABLE OF CONTENTS DATE: 02/26/2003
CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-245
REPLACE: REV:4
REPLACE: REV:4

UPDATES FOR HARD COPY MANUALS WILL BE DISTRIBUTED
WITHIN 5 DAYS IN ACCORDANCE WITH DEPARTMENT
PROCEDURES. PLEASE MAKE ALL CHANGES AND
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ELECTRONICALLY REVIEW THE APPROPRIATE DOCUMENTS AND
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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:			
<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 Evacuation of non-essential personnel
 Local Area Evacuation KI to onsite personnel
 Site Accountability Other _____
Bases: _____

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

Status of Radioactive Release:

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)

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 \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