

Feb. 27, 2003

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

212 - 212 - EOF COMMUNICATOR: EMERGENCY PLAN-  
POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 09/25/2002

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

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-212

ADD: PCAF 2003-1097 REV: N/A

REMOVE: PCAF 2002-1592 REV: N/A

UPDATES FOR HARD COPY MANUALS WILL BE DISTRIBUTED  
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PROCEDURES. PLEASE MAKE ALL CHANGES AND  
ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX UPON  
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# PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1097 2. PAGE 1 OF 9 3. PROC. NO. EP-PS-212 REV. 16

4. FORMS REVISED - D R 15 , -    R    , -    R    , -    R    , -    R    , -    R   

5. PROCEDURE TITLE  
EOF Communicator-Emergency Plan Position Specific Instruction

## 6. REQUESTED CHANGE

PERIODIC REVIEW ☒ NO ☐ YES

INCORPORATE PCAFS ☐ NO ☒ YES # 2002-1592 #    #    #   

REVISION ☐ PCAF ☒ DELETION ☐ (CHECK ONE ONLY)

## 7. SUMMARY OF / REASON FOR CHANGE

PCAF adds clarification on obtaining Rad release information  
PCAF incorporates previous PCAF 2002-1592

Since this PCAF incorporates a previously approved PCAF and adds clarifying information, it can be considered administrative in nature and can be approved by the Responsible Supervisor.

Continued ☐

## 8. DETERMINE COMMITTEE REVIEW REQUIREMENTS

(Refer to Section 6.1.4)

PORC REVIEW REQ'D? ☒ NO ☒ YES

9. PORC MTG# N/A

BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM

17. T.C. Dalpiaz / 3227 / 02/20/2003  
PREPARER ETN DATE  
(Print or Type)

18. COMMUNICATION OF CHANGE REQUIRED?  
☐ NO ☒ YES (TYPE) E mail to EOF Communicators

19. Jeffrey Hisewood 2/24/03  
RESPONSIBLE SUPERVISOR DATE

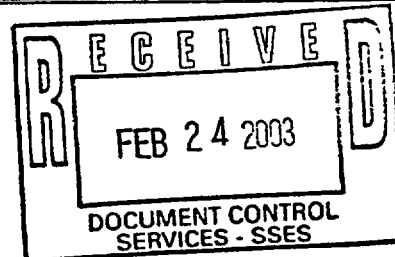
SIGNATURE ATTESTS THAT RESPONSIBLE SUPERVISOR HAS CONDUCTED QADR AND TECHNICAL REVIEW UNLESS OTHERWISE DOCUMENTED IN BLOCK 16 OR ATTACHED REVIEW FORMS. CROSS DISCIPLINE REVIEW (IF REQUIRED) HAS BEEN COMPLETED BY SIGNATURE IN BLOCK 16 OR ATTACHED REVIEW FORMS.

20. Jeffrey Hisewood 2/24/03  
FUM APPROVAL DATE

## 21. RESPONSIBLE APPROVER

ENTER N/A IF FUM HAS APPROVAL AUTHORITY

N/A  
INITIALS DATE



## PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1097 | 2. PAGE 2 OF 9 | 3. PROC. NO. EP-PS-212 REV. 16

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. ☒ 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>50.54Q review</u>	<u>J.P. Halpin</u>	<u>2/21/03</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. <sup>(58)</sup>

\*\* Required for changes to Section XI Inservice Test Acceptance Criteria.

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EP-PS-212  
Revision 16  
Page 2 of 3

**EOF COMMUNICATOR:**

Emergency Plan Position-Specific Procedure

**WHEN:** Emergency Operations Facility (EOF) is activated.  
**HOW NOTIFIED:** Paged/Telephoned  
**REPORT TO:** EOF Support Supervisor  
**WHERE TO REPORT:** EOF Support Office

**OVERALL DUTY:**

Prepare the Emergency Notification Report and transmit information about the emergency to offsite organizations, relieving the TSC of this responsibility.

**MAJOR TASKS:**

**TAB:**

**REVISION:**

Initial actions upon arrival.	TAB A	11
Verify communications equipment is working.	TAB B	8
When directed by the Recovery Manager or EOF Support Supervisor, assume the responsibility for communications and notifications from the TSC.	TAB C	10
Prepare, obtain approval, and distribute the Emergency Notification Report.	TAB D	12/5
Transmit Status of the radiological release from the Protective Action Recommendation Form to the NRC when the EOF is in command and control.	TAB E	7
Document questions and messages received, providing responses when required.	TAB F	2
Support smooth transition of the EOF during Shift Turnover.	TAB G	3
Communicate termination of the emergency.	TAB H	6

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**MAJOR TASK:**

Prepare, obtain approval, and distribute the "EMERGENCY NOTIFICATION REPORT."

**SPECIFIC TASKS:**

**HOW:**

1. Assume responsibility for the Emergency Notification Report upon turn-over of communications and notifications from the TSC Communicator.

- 1a. Use the following schedule for distribution of the "Emergency Notification Report."

\* **UPGRADE/DOWNGRADE:**

Complete and transmit the ENR within fifteen minutes of classification or reclassification.

\* **STATIC UPDATES:**

Complete and transmit the ENR every hour on the half hour.  
(0730, 0830, 0930, etc.)

**NOTE:**

When the initial notifications regarding classifications are completed during the first half of an hour, the static update is not required until the next hour on the half hour.

\* **SIGNIFICANT EVENTS:**

Complete and transmit the ENR when:

- 1) Recovery Manager has assumed command and control from the Emergency Director.
- 2) Site accountability is completed.
- 3) Evacuation of non-essential personnel is completed.

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HOW:

**SPECIFIC TASKS:**

2. Prepare the "Emergency Notification Report" for approval when the EOF assumes control.

- 4) When directed by the EOF Support Supervisor or Recovery Manager.  
5) When the emergency event is terminated.

- 2a. Write the Control number in the top right hand corner.

**NOTE:**

The "Control Number" should include the EOF followed by a sequential number: (EOF-1)

- 2b. Check the appropriate block under the form title:  
(This is or is not a drill)

**NOTE:**

Record the time in section #1 on the form at the same moment you are making the call.

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- 2c. LINE #1:

Fill in your name, call-back telephone number and military time you started off-site notification,

- 2d. LINE #2:

Check emergency classification block, Unit involved, (Unit I, UII or Units I and II), time and date of current classification declaration, and appropriate classification status block.

- 2e. LINE #3:

Under "Brief Non-Technical Description of the Event," write:

**SPECIFIC TASKS:**

**HOW:**

(1) For **SIGNIFICANT EVENT:**

Information provided by the EOF  
Support Supervisor or Recovery  
Manager.

(2) For **STATIC UPDATE:**

Provide the current applicable  
EAL number only

(3) For **CHANGE IN CLASSIFICATION:**

"current applicable EAL  
number only"

**HELP**

**BRIEF NON-TECHNICAL  
DESCRIPTION OF EAL**  
See TAB 7

**HELP**

**"EMERGENCY ACTION LEVEL  
OFFSITE REFERENCE MANUAL"**

2f. **LINE #4:**

Check one of the "Non-Routine  
Radiological Release in Progress"  
blocks.

Obtain this information from  
the Dose Assessment Supervisor

2g. **LINE #5:** (or designee)

Write NA

2h. **LINE #6:**

Fill in Wind Direction and Speed, using  
data obtained from ten meter primary  
meteorological tower.

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**SPECIFIC TASKS:**

**HOW:**

**NOTE:**

Ten meter met tower data  
available on PICSY, (E-Plan Menu,  
Met Vent Display).

- 2i. Check appropriate block for "this is" or "is not" a drill.
- 2j. Obtain ENR signature approval, providing time (military), and date form was approved.
3. **Edit the Emergency Notification Report.**
  - 3a. Ensure the form is clear and easy to understand.
  - 3b. Avoid use of abbreviations and acronyms.
  - 3c. Ensure the Protective Action Recommendation is not included on the form.
4. **Obtain approval of the Emergency Notification Report.**
  - 4a. Review the completed form with the EOF Support Supervisor, Assistant Recovery Manager or Recovery Manager.
  - 4b. Assure agreement on technical content.
  - 4c. Obtain signature approval, filling in the time and date of his approval.
5. **Transmit the Emergency Notification Report CCEMA, LCEMA and PEMA.**

**NOTE:**  
The Recovery Manager can delegate ENR approval responsibility to another qualified RM located in the facility.

He can also delegate approval responsibility to the EOF Support Supervisor except for a change in classification.

**HELP**

**NOTIFICATION MATRIX**

See TAB 4

- 5a. Dial "191" on the EOF Communicator's telephone.

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**SPECIFIC TASKS:**

**HOW:**

5b. Identify yourself as each party answers.

5c. Record time and contact(s) in your log.

**NOTE:**

If the MOC fails to answer, do not wait, begin notification.

5d. Inform the responders you will be transmitting an Emergency Notification Report.

5e. Transmit the report.

5f. Request one of the counties to read back the transmitted report.

**NOTE:**

If the "191" conference capability is not available, use one of the following backup telephone numbers.

<u>PEMA</u>	<u>LCEMA</u>	<u>CCEMA</u>
CTN-4960	CTN-4906	CTN-4955
CTN-4961	CTN-4907	CTN-4956
CTN-4908		

or

PEMA: 8-1-570-783-8150  
CCEMA: 8-1-570-389-5720  
LCEMA: 8-1-800-821-3715

or

Transmit the ENR via VHF radio, channel one.

6. Distribute the Emergency Notification Report.

6a. Distribute the three part ENR form:

1) White and pink copy to the Administrative Assistant for distribution:

\* White copy sent to TSC via fax.

**SPECIFIC TASKS:**

**HOW:**

7. Transmit the ENR to the Nuclear Regulatory Commission.

- \* Pink copy posted outside the EOF Support Office.
- 2) Yellow copy to EOF Communicator.
- 7a. Using the NRC/ENS telephone, dial one of the telephone numbers listed on the sticker located under the handset.
- 7b. Record time and contact in the EOF Communicator's Log.
- 7c. Identify yourself and transmit the ENR.
- 7d. Upon completion, provide the NRC with a call-back telephone number.

**NOTE:**

Transmit the ENR to the NRC as soon as possible after notification to the state and counties but not later than one hour after declaration. (10CFR50.72)

8. "Within two hours," transmit a change in the emergency classification to:
- \_\_\_ Institute of Nuclear Power
- \_\_\_ Transmission Power Dispatcher
- \_\_\_ Allegheny Electric Cooperative
- \_\_\_ American Nuclear Insurers
- \_\_\_ PPL Insurance Department

- 8a. Log time and contact in the "EOF Communicator's Log."
- 8b. Telephone and telefax numbers are located in the "Emergency Telephone Directory" located at each work station.
- 8c. Use the "Emergency Notification Report" to provide information for the update.
- 8d. Provide a call-back telephone number.
- 8e. Utilize the Administrative Assistant, NEP Duty Planner, or another communicator, (if available), to complete these notifications.

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                              ☐ Evacuation of non-essential personnel  
☐ Local Area Evacuation      ☐ KI to onsite personnel  
☐ Site Accountability        ☐ 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**

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**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 \_\_\_\_\_

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**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

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**Other:**

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**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