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THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY
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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

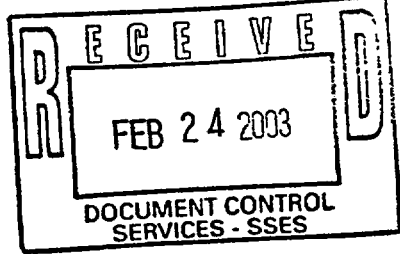
REMOVE: PCAF 2002-1592 REV: N/A

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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.

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PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1097</u>	2. PAGE 1 OF <u>9</u>	3. PROC. NO. <u>EP-PS-212</u> REV. <u>16</u>
4. FORMS REVISED - <u>D</u> <u>R</u> <u>15</u> , - <u> </u> <u>R</u> <u> </u> , - <u> </u> <u>R</u> <u> </u> , - <u> </u> <u>R</u> <u> </u> , - <u> </u> <u>R</u> <u> </u> , - <u> </u> <u>R</u> <u> </u>		
5. PROCEDURE TITLE EOF Communicator-Emergency Plan Position Specific Instruction		
6. REQUESTED CHANGE PERIODIC REVIEW <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES INCORPORATE PCAFS <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES # <u>2002-1592</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 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 <input type="checkbox"/>		
8. DETERMINE COMMITTEE REVIEW REQUIREMENTS (Refer to Section 6.1.4) PORC REVIEW REQ'D? <input checked="" type="checkbox"/> NO <input checked="" 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>02/20/2003</u> PREPARER ETN DATE (Print or Type)		18. COMMUNICATION OF CHANGE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (TYPE) <u>E mail to EOF Communicators</u>
19. <u>Jeffrey G. Resenwood</u> <u>2/24/03</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>Jeffrey G. Resenwood</u> <u>2/24/03</u> FUM APPROVAL DATE		
21. RESPONSIBLE APPROVER <u>N/A</u> INITIALS DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



PROCEDURE CHANGE PROCESS FORM

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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>
<p>* 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⁾</p> <p>** Required for changes to Section XI Inservice Test Acceptance Criteria.</p>		

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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	12/15
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.

PCAF

- 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, Ull 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>CEEMA</u>
CTN-4960	CTN-4906	CTN-4955
CTN-4961	CTN-4907	CTN-4956
CTN-4908		

or

PEMA: 8-1-570-783-8150
CEEMA: 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.

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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.**

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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.**

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