

Nuclear Power Business Unit
TEMPORARY CHANGE REVIEW AND APPROVAL

Note: Refer to NP 1.2.3, Temporary Procedure Changes, for requirements.

I - INITIATION

Doc Number ECA-0.0 Current Rev 31 Unit PB1 Temp Change No. 2002-0751
 Document Title Loss Of All AC Power
 Existing Effective Temporary Changes N/A
 Brief Description Revise AFW Minimum Flow requirement fold out page Criteria
 (Identify specific changes on Form PBF-0026c, Document Review and Approval Continuation, and include with the package)
 Initiate PBF-0026h and include with the change.
 Other documents required to be effective concurrently with the temporary change: N/A
 Changes pre-screened according to NP 5.1.8? NO YES (Provide documentation according to NP 5.1.8)
 Screening completed according to NP 5.1.8? NA YES (Attach copy)
 Safety Evaluation Required? NO YES (If Yes, a revision may be processed or final reviews and approvals shall be obtained before implementing)

Determine if the change constitutes a Change Of Intent to the procedure by evaluating the following questions.
 (If any answers are YES, a revision may be processed or final reviews and approvals shall be obtained before implementing)

Will the proposed change:	YES	NO
1. Require a change to, affect or invalidate a requirement, commitment, evaluation or description in the Current or ISFSI Licensing Basis (as defined in NP 5.1.8 and NP 5.1.7)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Cause an increase in magnitude, significance or impact such that it should be processed as a revision?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Delete or modify a prerequisite, initial condition, precaution, limitation or other steps that could have safety significance or affect the procedure's margin of safety?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Delete QC hold points, Independent Verification or Concurrent Check steps without the related step(s) that require the performance also being deleted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Change Tech Spec or other regulatory acceptance criteria other than for re-baselining purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Require a change to the procedure Purpose or change the procedure classification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Initiated By (print/sign) Ross Groehler [Signature] Date 10/29/2002

II - INITIAL APPROVAL

This change is correct and complete, can be performed as written, and does not adversely affect personnel or nuclear safety, or Plant operating conditions.

Group Supervisor (print/sign) [Signature] Date 10/29/02
 (Cannot be the Initiator)

This change does not adversely affect Plant operating conditions. (Safety Related procedures only)

Senior Reactor Operator (print/sign) [Signature] Date 10/29/02
 (Cannot be the Initiator or Group Supervisor)

III - PROCEDURE OWNER REVIEW

Permanent One-time Use Expiration Date, Event or Condition: _____
 Hold change until procedure completed (final review and approval still required within 14 days of initial approval)
 QR/MSS Review NOT Required (Admin/NNSR only) QR Review Required MSS Review Required (Reference NP 1.6.5)
 Procedure Owner (print/sign) [Signature] Date 10/29/02
 This Change and supporting requirements correctly completed and processed

IV - FINAL REVIEW AND APPROVAL

(Must be completed within 14 days of initial approval) (The Initiator, QR and Approval Authority shall be independent from each other)

QR/MSS (print/sign) [Signature] Date 10/29/02
 Indicates 50.59/72.48 applicability assessed, any necessary screenings/evaluations performed, determination made as to whether additional cross-disciplinary review required, and if required, performed.

MSS Meeting No. _____
 Approval Authority (print/sign) [Signature] Date 10-29-02

V - REVISION INFORMATION FOR PERMANENT CHANGES

Post Typing Review (print/sign) 1 Date _____
 Indicates temporary change(s) incorporated exactly as approved and no other changes made to document.
 Incorporated into Revision Number _____ Effective Date _____

[Handwritten initials]

TEMPORARY CHANGE AFFECTED MANUAL LOCATION

Procedure Number ECA-0.0 Revision 31 Unit PB1
 Title LOSS OF ALL AC POWER
 Temporary Change Number 2002-0751

I - IMMEDIATELY AFTER INITIAL APPROVAL ON PBF-0026e (Non-Intent changes)
 (after Final Approval if change of intent involved)

This procedure change has been processed as follows: (Manual/Location)	Date Performed
<input type="checkbox"/> Copy included in work package for field implementation. (WO No. _____)	
<input checked="" type="checkbox"/> Copy filed in Control Room temp change binder (Operations only).	10-29-02
<input checked="" type="checkbox"/> Original change package provided to <u>TGV</u> to obtain Procedure Owner Review (e.g., Owner review may be coordinated by In-Group OA II, Procedure Writer, Procedure Supervisor, etc.).	10-29-02
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Performed By (print and sign) Carol Schneider / Carol Schneider Date 10-29-02

II - PROCEDURE OWNER REVIEW ON PBF-0026e
 (may be performed by OA II, Procedure Writer, etc.)

This procedure change has been processed as follows: (Manual/Location)	Date Performed
<input checked="" type="checkbox"/> Copy sent to Document Control Distribution Lead for Master File. (Not required for one-time use change)	10-29-02
<input type="checkbox"/> Copy filed in Group satellite file. (Not required for one-time use changes.)	
<input type="checkbox"/> Copy filed in Group one-time use file.	
<input checked="" type="checkbox"/> Original Temp Change provided to <u>DDS</u> to obtain Final Approvals (e.g., final approval may be coordinated by In-Group OA II, Procedure Writer, Procedure Supervisor, etc.)	10-29-02
<input checked="" type="checkbox"/> <u>U1/U2</u>	10-29-02
<input checked="" type="checkbox"/> <u>PAB</u>	↓
<input checked="" type="checkbox"/> <u>Ops Shop</u>	
<input checked="" type="checkbox"/> <u>Ops Office</u>	
<input checked="" type="checkbox"/> <u>Simulator (ing OA II)</u>	
<input type="checkbox"/>	

Performed By (print and sign) Carol Schneider / Carol Schneider Date 10-29-02

LOSS OF ALL AC POWER

A. PURPOSE

1. This procedure provides directions to respond to a loss of all 480 Vac power for plant conditions greater than or equal to 350°F and RHR not in service.
2. This procedure is applicable for all plant conditions where RCS hot leg temperature is greater than or equal to 350°F with accumulators in service, and assumes the RHR system is not in service for decay heat removal and all SI system components are aligned for normal power operation.

B. SYMPTOMS OR ENTRY CONDITIONS

1. The symptom of a loss of all AC power is the indication that both 4160 Vac safeguards buses or both 480 Vac safeguards buses are deenergized.
2. This procedure is entered directly on indication that safeguards buses are deenergized or from the following procedures on the indication that safeguards buses are deenergized:
 - o EOP-0 UNIT 1, REACTOR TRIP OR SAFETY INJECTION, Step 3
 - o EOP-0.0 UNIT 1, REDIAGNOSIS, Step 2
 - o CSP-S.1 UNIT 1, RESPONSE TO NUCLEAR POWER GENERATION/ATWS, Step A1
 - o CSP-H.1 UNIT 1, RESPONSE TO LOSS OF SECONDARY HEAT SINK, Step C1

C. REFERENCES

1. Technical Specifications for Point Beach Nuclear Plant
2. Final Safety Analysis Report for Point Beach Nuclear Plant
3. As-built plant drawings
4. Generic Technical Guidelines developed by the Westinghouse Owners Group (WOG). This consists of the following documents:
 - a. Low pressure version of the WOG Optimal Recovery Guidelines, Status Trees, and Functional Restoration Guidelines
 - b. Background documents for each low pressure version Optimal Recovery Guideline, Status Tree, and Functional Restoration Guideline
 - c. WOG Emergency Response Guideline Executive Volume
 - d. WOG Emergency Response Guideline Maintenance Program Summary