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

351 - 351 - NEWS MANAGER: EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 04/16/2003

ADD MANUAL TABLE OF CONTENTS DATE: 06/23/2003

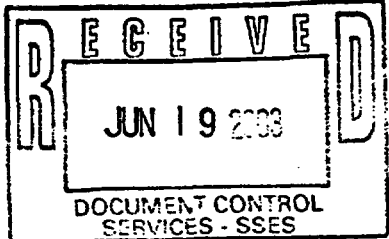
CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-351
ADD: PCAF 2003-1450 REV: N/A

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.

1045

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1450</u>	2. PAGE 1 OF <u>3</u>	3. PROC. NO. <u>EP-PS-351</u> REV. <u>9</u>
4. FORMS REVISED - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u> , - <u> </u> R <u> </u>		
5. PROCEDURE TITLE MOC News Writer Emergency Plan Position Specific Instruction		
6. REQUESTED CHANGE PERIODIC REVIEW <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES INCORPORATE PCAFS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES # <u> </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 Periodic review Completed-no changes to body of procedure Revised cover sheet to make procedure review requirement every two years <div style="text-align: right;">Continued <input type="checkbox"/></div>		
8. DETERMINE COMMITTEE REVIEW REQUIREMENTS (Refer to Section 6.1.4) PORC REVIEW REQ'D? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		9. PORC MTG# <u> </u>
BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM		
17. <u>T.C. Dalpiaz</u> / <u>3227</u> / <u>06/01/2003</u> PREPARER ETN DATE (Print or Type)		18. COMMUNICATION OF CHANGE REQUIRED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (TYPE) <u> </u>
19. <u>[Signature]</u> RESPONSIBLE SUPERVISOR <u>6-9-03</u> 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>[Signature]</u> FUM APPROVAL <u>6/11/03</u> DATE		
21. RESPONSIBLE APPROVER _____ INITIALS _____ DATE		ENTER N/A IF FUM HAS APPROVAL AUTHORITY



PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1450 | 2. PAGE 2 OF 3 | 3. PROC. NO. EP-PS-351 REV. 9

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. _____
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>10 CFR 50.54Q</u>	<u>JC Delpis</u>	<u>5/30/03</u>

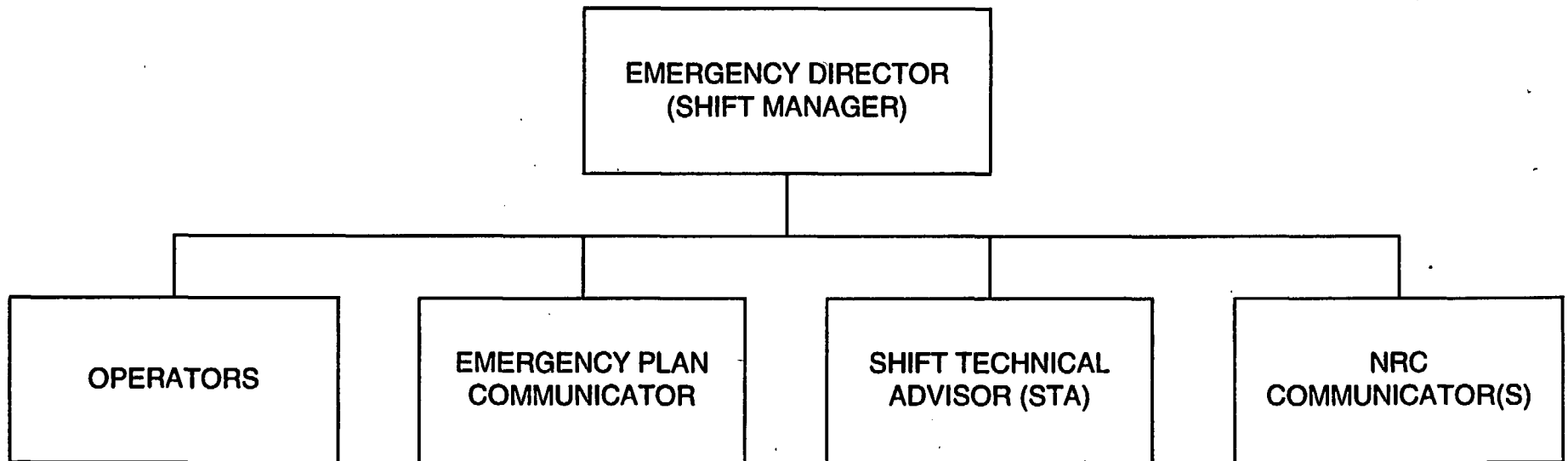
* Required for changes that affect, or have potential for affecting core reactivity, nuclear fuel, core power level indication or impact the thermal power heat balance. ⁽⁵⁸⁾

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

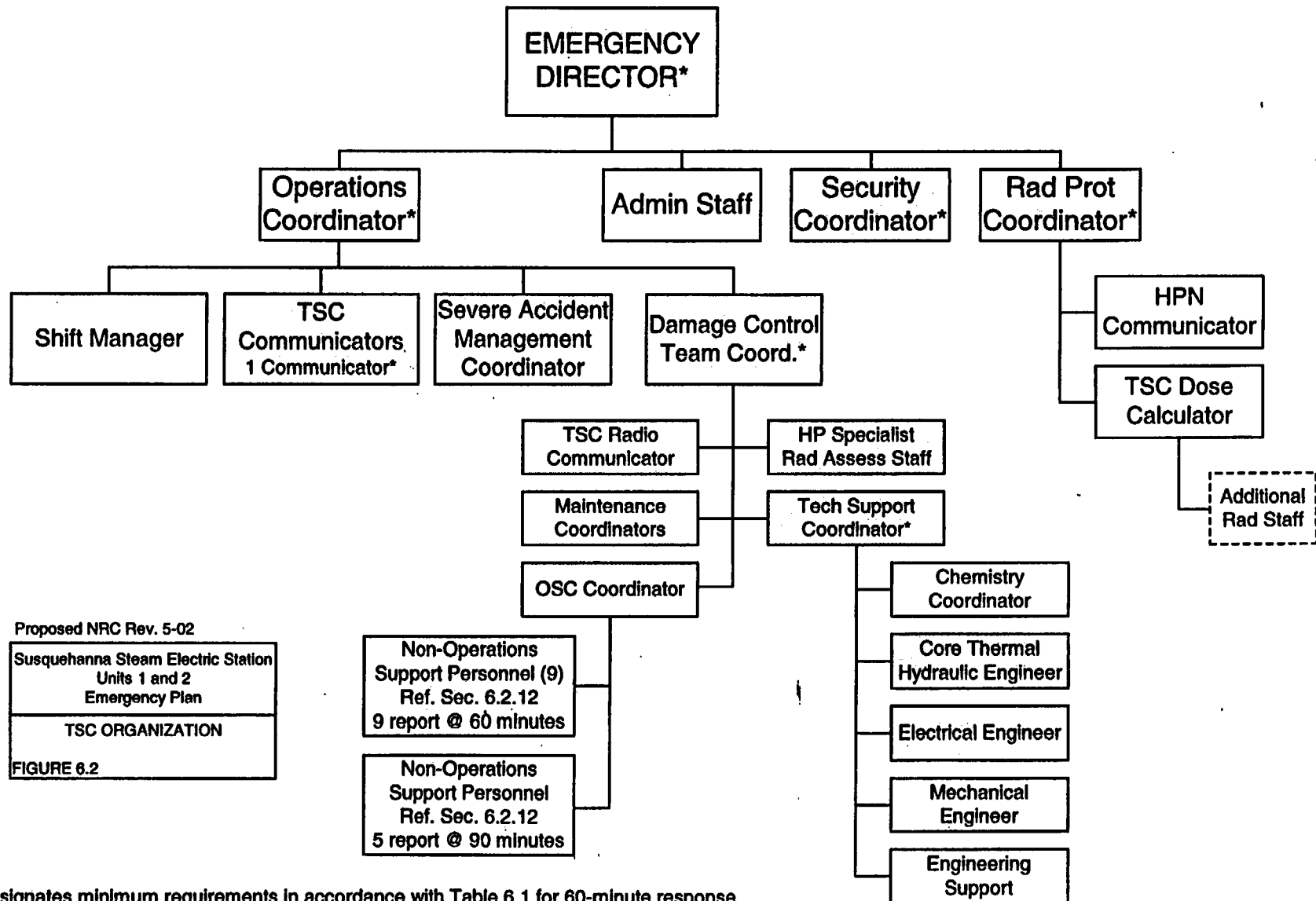
PROCEDURE COVER SHEET

PPL SUSQUEHANNA, LLC	NUCLEAR DEPARTMENT PROCEDURE	
MOC News Manager: Emergency Plan Position Specific Instruction		EP-PS-351 Revision 9 Page 1 of 3
<u>QUALITY CLASSIFICATION:</u> <input type="checkbox"/> QA Program <input checked="" type="checkbox"/> Non-QA Program		<u>APPROVAL CLASSIFICATION:</u> <input type="checkbox"/> Plant <input type="checkbox"/> Non-Plant <input checked="" type="checkbox"/> Instruction
EFFECTIVE DATE: <u>12-13-2000</u> PERIODIC REVIEW FREQUENCY: <u>Two Year</u> PERIODIC REVIEW DUE DATE: <u>6-28-2005</u>		
<u>RECOMMENDED REVIEWS:</u> <p style="text-align: center;">All</p>		
Procedure Owner: <u>Nuclear Emergency Planning</u> Responsible Supervisor: <u>Primary Public Information manager</u> Responsible FUM: <u>Supervisor Nuclear Emergency Planning</u> Responsible Approver: <u>General manager-Plant Support</u>		

**EMERGENCY ORGANIZATION
CONTROL ROOM**



TSC ORGANIZATION



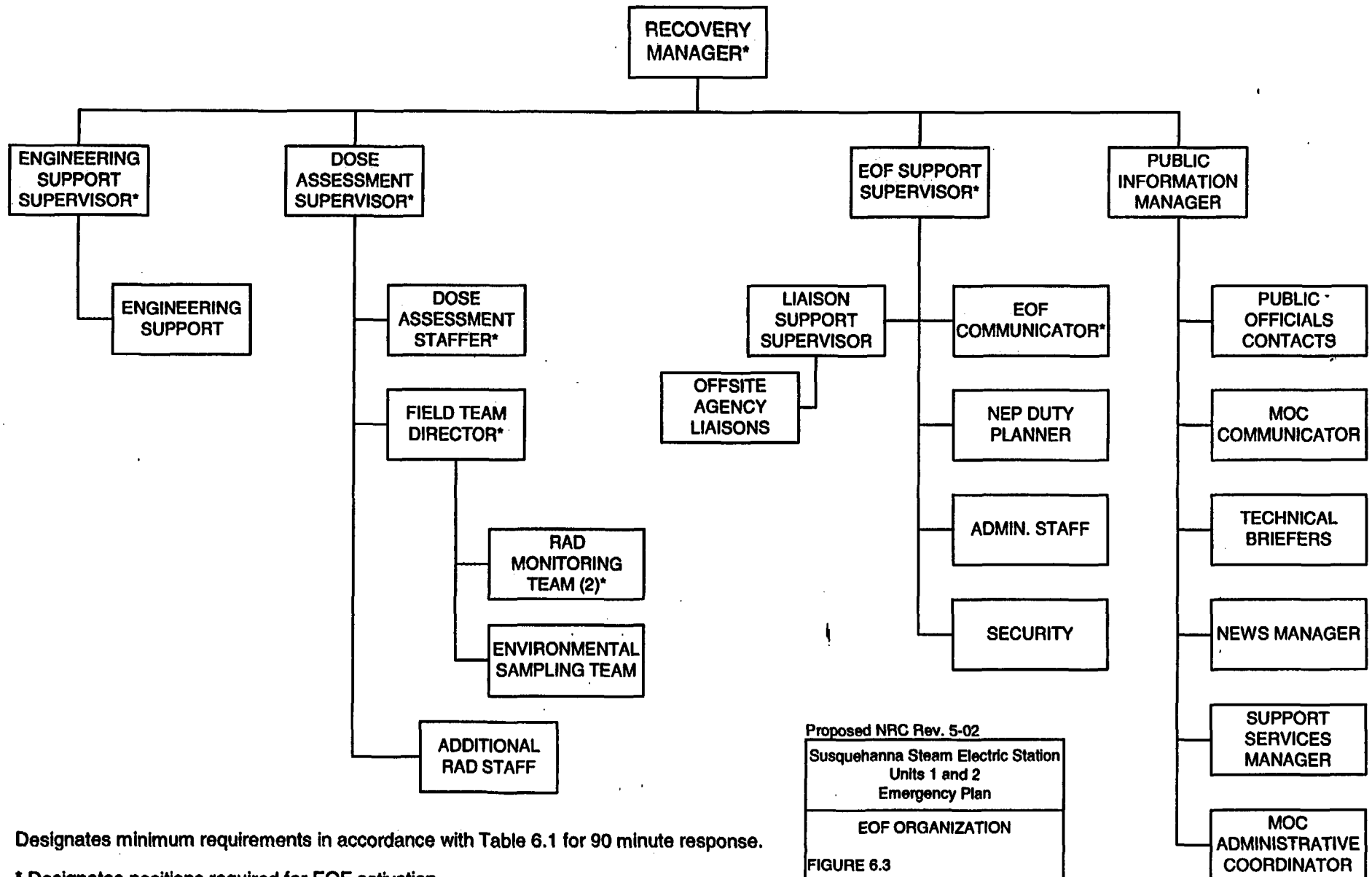
Proposed NRC Rev. 5-02
Susquehanna Steam Electric Station
Units 1 and 2
Emergency Plan
TSC ORGANIZATION
FIGURE 6.2

Designates minimum requirements in accordance with Table 6.1 for 60-minute response.

----- Individuals may be located in the OSC, TSC, or Field.

* Designates positions required for TSC activation.

EOF ORGANIZATION



Proposed NRC Rev. 5-02
Susquehanna Steam Electric Station
Units 1 and 2
Emergency Plan
EOF ORGANIZATION
FIGURE 6.3

Designates minimum requirements in accordance with Table 6.1 for 90 minute response.

* Designates positions required for EOF activation.