

**MANUAL HARD COPY DISTRIBUTION
DOCUMENT TRANSMITTAL 2003-29799**

USER INFORMATION:

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TRANSMITTAL INFORMATION:

TO: ~~GERLACH*ROSE M~~ 06/24/2003
LOCATION: DOCUMENT CONTROL DESK
FROM: NUCLEAR RECORDS DOCUMENT CONTROL CENTER (NUCSA-2)
THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:

353 - 353 - SUPPORT SERVICES MANAGER: EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

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

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

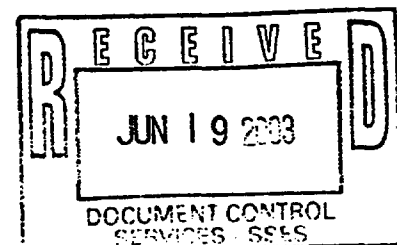
CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-353
ADD: PCAF 2003-1452 REV: N/A

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>203-1452</u>	2. PAGE 1 OF <u>3</u>	3. PROC. NO. <u>EP-PS-353</u> REV. <u>4</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 Support services manager 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. T.C. Dalpiaz / 3227 / 06/01/2003 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> / 6-9-03 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. <u>[Signature]</u> / 6/17/03 FUM APPROVAL DATE		
21. RESPONSIBLE APPROVER <div style="display: flex; justify-content: space-between;"> <div>INITIALS <u> </u></div> <div>DATE <u> </u></div> </div> <div style="text-align: right;">ENTER N/A IF FUM HAS APPROVAL AUTHORITY</div>		



PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2013-1452</u>	2. PAGE 2 OF <u>3</u>	3. PROC. NO. <u>EP-PS-353</u> REV. <u>4</u>
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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.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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. Screen/Evaluation No. _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N/A
d. 50.59 and/or 72.48 are applicable to this change and a 50.59/72.48 Screen/Evaluation is attached.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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><i>R. Dalpus</i></u>	<u>5/30/03</u>

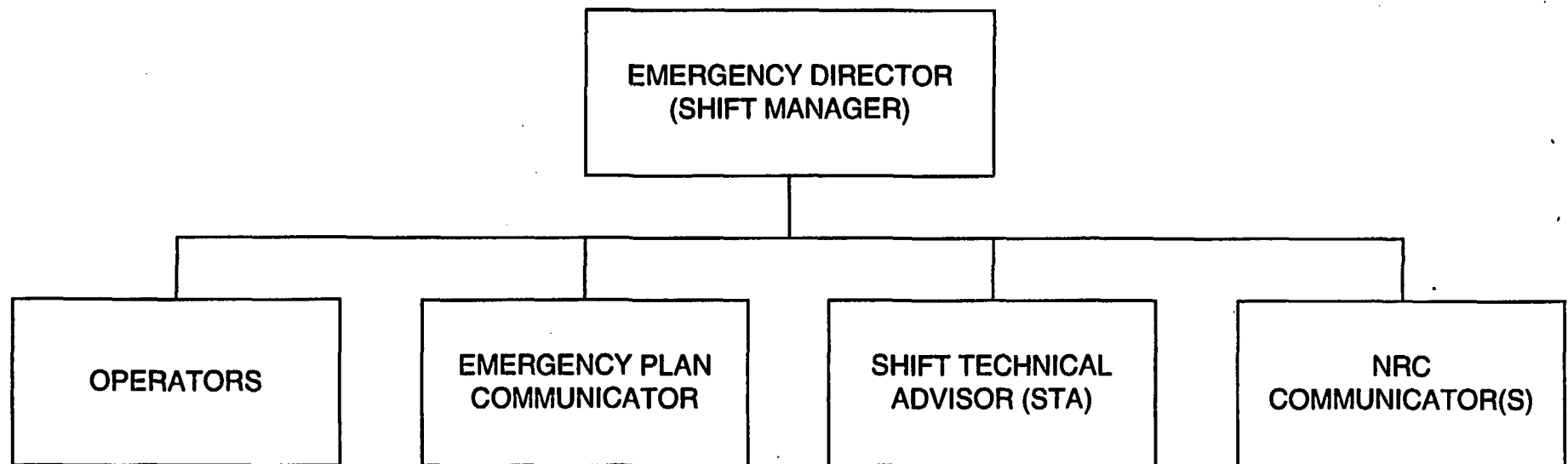
* Required for changes that affect, or have potential for affecting core reactivity, nuclear fuel, core power level indication or impact the thermal power heat balance. ⁽⁵⁸⁾

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

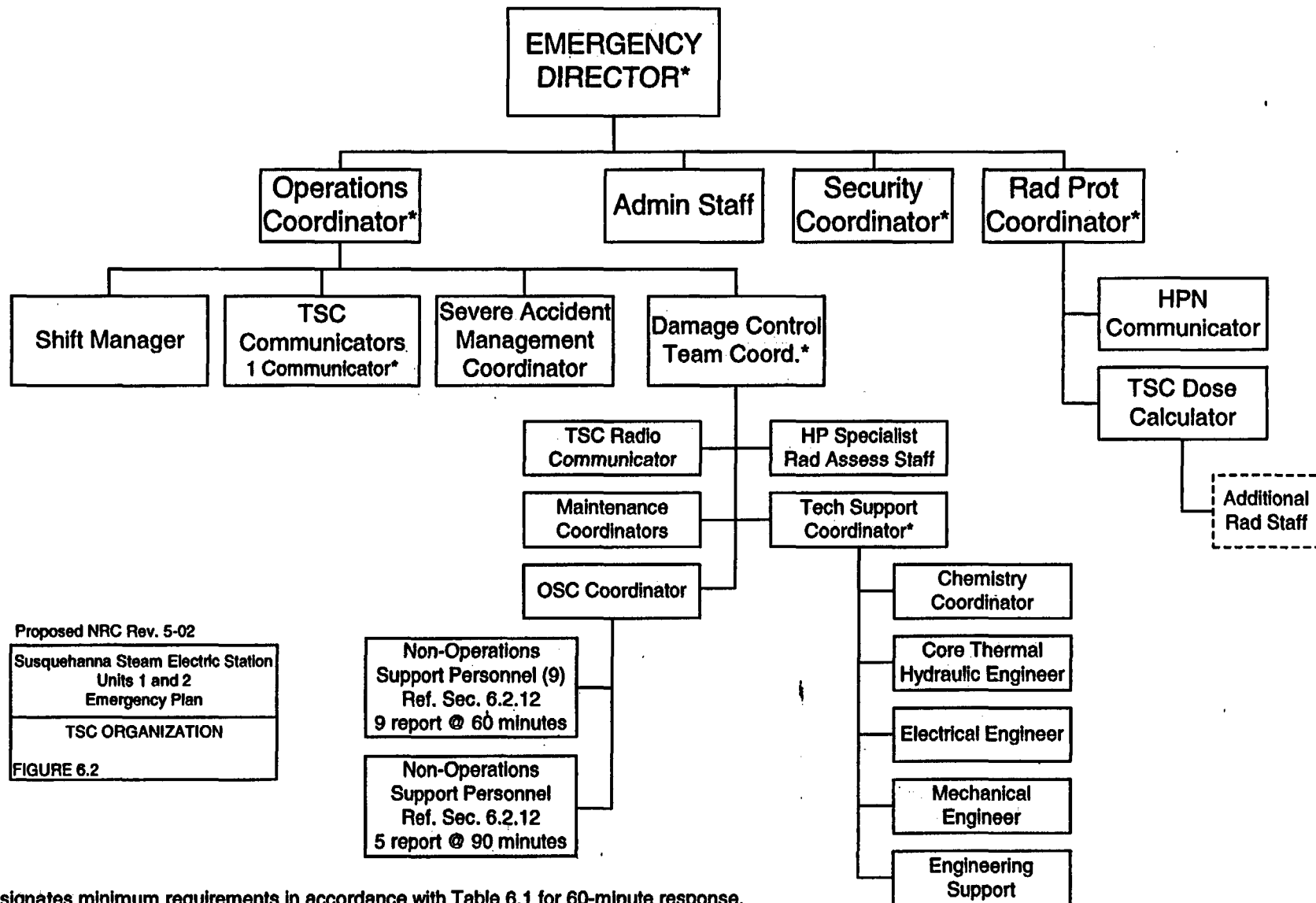
PROCEDURE COVER SHEET

PPL SUSQUEHANNA, LLC		NUCLEAR DEPARTMENT PROCEDURE	
Support services manager: Emergency Plan Position Specific Instruction			EP-PS-353 Revision 4 Page 1 of 2
QUALITY CLASSIFICATION: <input type="checkbox"/> QA Program <input checked="" type="checkbox"/> Non-QA Program		APPROVAL CLASSIFICATION: <input type="checkbox"/> Plant <input type="checkbox"/> Non-Plant <input checked="" type="checkbox"/> Instruction	
EFFECTIVE DATE: <u>6-19-2001</u> PERIODIC REVIEW FREQUENCY: <u>Two Year</u> PERIODIC REVIEW DUE DATE: <u>6-19-2005</u>			
RECOMMENDED REVIEWS: All			
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

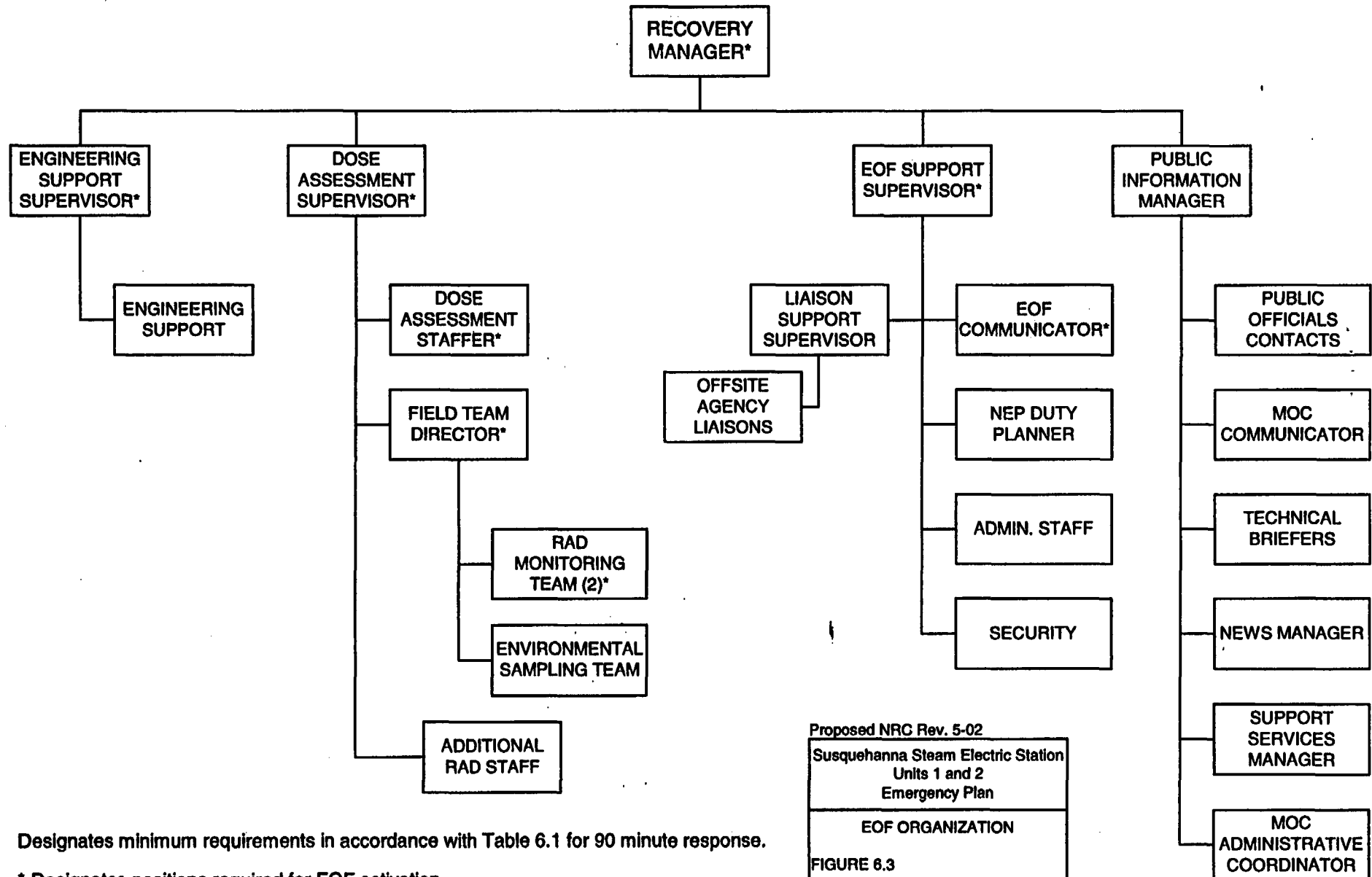


Designates minimum requirements in accordance with Table 6.1 for 60-minute response.

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

* Designates positions required for TSC activation.

EOF ORGANIZATION



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

* Designates positions required for EOF activation.