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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:

354 - 354 - MEDIA OPERATIONS CENTER (MOC) COMMUNICATOR

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-354
REMOVE: PCAF 2003-1456 REV: N/A

~~ADD: PCAF 2000-4989 REV: N/A~~

ADD: PCAF 2003-1456 REV: N/A

ADD: PCAF 2003-1456 REV: N/A

REPLACE: REV:4

REPLACE: REV:4

~~REMOVE: PCAF 2000-4989 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.

A2045

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1456 | 2. PAGE 1 OF 3 | 3. PROC. NO. EP-PS-354 REV. 4

4. FORMS REVISED - ___ R___ , - ___ R___ , - ___ R___ , - ___ R___ , - ___ R___ , - ___ R___

5. PROCEDURE TITLE
MOC Communicator Emergency Plan Position Specific Instruction

6. REQUESTED CHANGE
PERIODIC REVIEW ☐ NO ☒ YES
INCORPORATE PCAFS ☒ NO ☐ YES # _____ # _____ # _____ # _____
REVISION ☐ PCAF ☒ DELETION ☐ (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

Continued ☐

8. DETERMINE COMMITTEE REVIEW REQUIREMENTS
(Refer to Section 6.1.4)
PORC REVIEW REQ'D? ☒ NO ☐ YES

9. PORC MTG# _____

BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM

17. T.C. Dalpiaz / 3227 / 06/01/2003
PREPARER (Print or Type) / ETN / DATE

18. COMMUNICATION OF CHANGE REQUIRED?
☒ NO ☐ YES (TYPE) _____

19. J. Scopelliti per Telecon by TC Dalpiaz
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 Gasewood 6/20/03
FUM APPROVAL / DATE

21. RESPONSIBLE APPROVER
N/A
INITIALS / DATE

ENTER N/A IF FUM HAS APPROVAL AUTHORITY

RECEIVED
JUN 23 2003
DOCUMENT CONTROL SERVICES

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1456 | 2. PAGE 2 OF 3 | 3. PROC. NO. EP-PS-354 REV. 4

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. Screen/Evaluation No. _____	☐ YES	☒ N/A
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 10 CFR 50.54Q	[signature]	6/20/03

* 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.

PCAF #2003-456
PAGE 3 OF 3

PROCEDURE COVER SHEET

PPL SUSQUEHANNA, LLC	NUCLEAR DEPARTMENT PROCEDURE	
MOC Communicator:Emergency Plan Position Specific Instruction		EP-PS-354 Revision 4 Page 1 of 3

QUALITY CLASSIFICATION:	APPROVAL CLASSIFICATION:
☐ QA Program ☒ Non-QA Program	☐ Plant ☐ Non-Plant ☒ Instruction

EFFECTIVE DATE: 7-01-1996

PERIODIC REVIEW FREQUENCY: Two Years

PERIODIC REVIEW DUE DATE: 6-30-2005

RECOMMENDED REVIEWS:

ALL

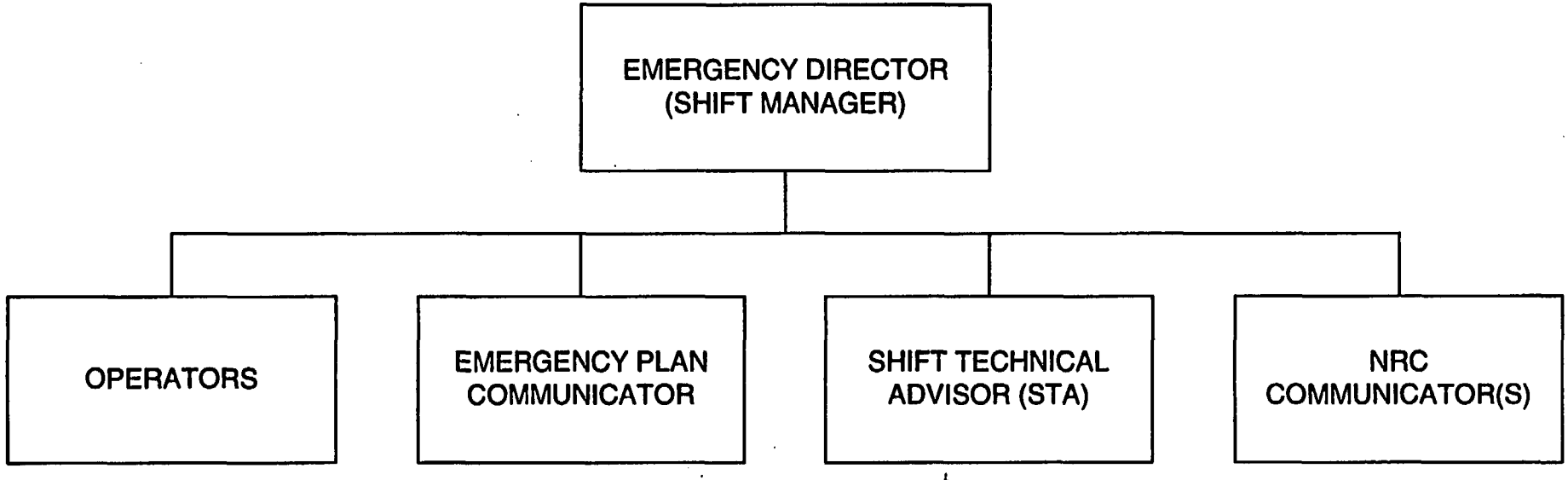
Procedure Owner: Nuclear Emergency Planning

Responsible Supervisor: Primary Liaison Supervisor

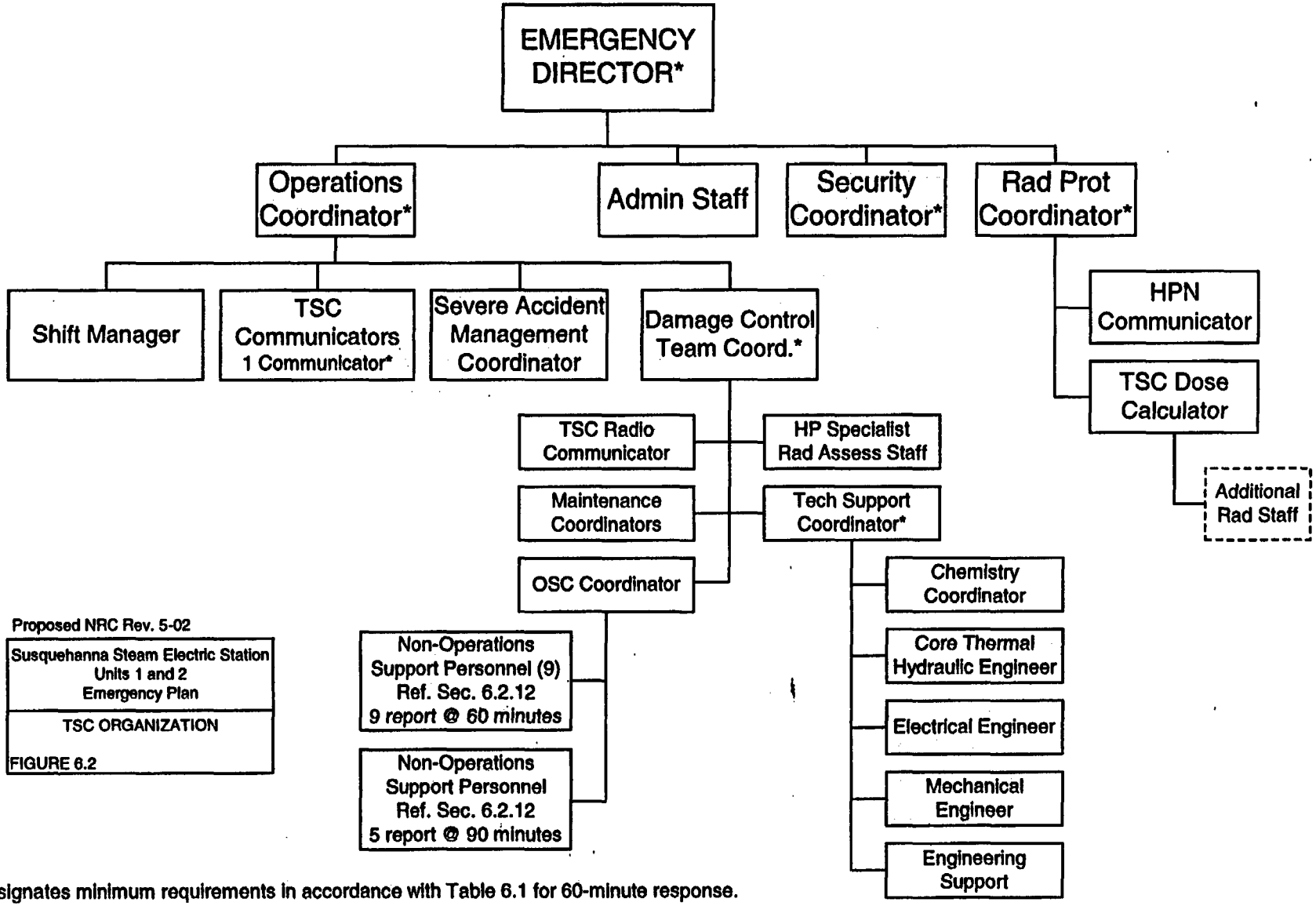
Responsible FUM: Supv-Nuclear Emergency Planning

Responsible Approver: General manager-Plant Support

EMERGENCY ORGANIZATION
CONTROL ROOM



TSC ORGANIZATION



Proposed NRC Rev. 5-02

Susquehanna Steam Electric Station
Units 1 and 2
Emergency Plan

TSC ORGANIZATION

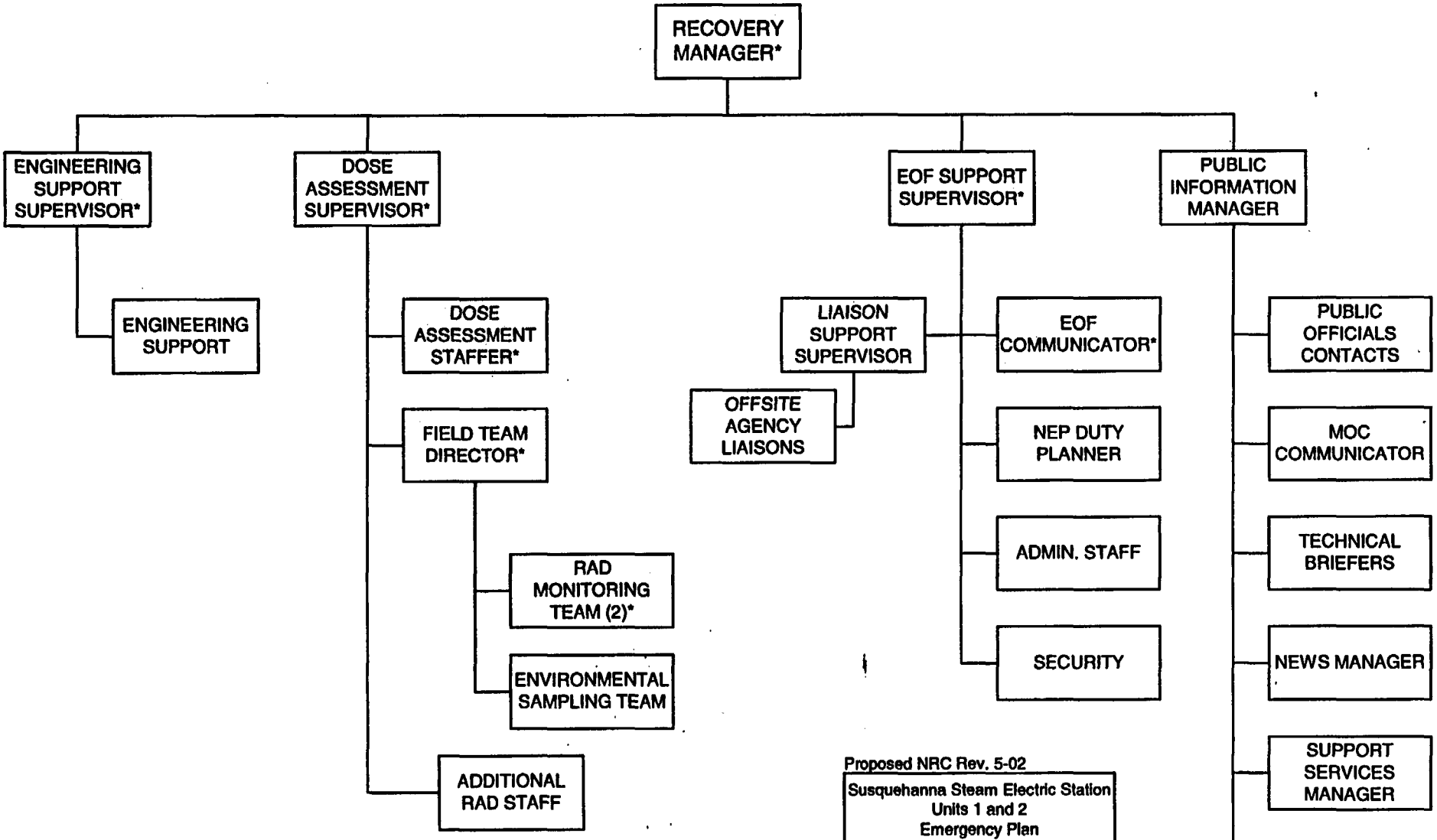
FIGURE 6.2

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



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

* Designates positions required for EOF activation.

Proposed NRC Rev. 5-02

Susquehanna Steam Electric Station
Units 1 and 2
Emergency Plan

EOF ORGANIZATION

FIGURE 6.3

Tab 6
EP-PS-354-6

Control # _____

EMERGENCY NOTIFICATION REPORT

☐ **THIS IS A DRILL** ☐ **THIS IS NOT A DRILL**

1. This is: _____ at Susquehanna Steam Electric Station.
(Communicator's Name)
My telephone number is: _____. The time is _____.
(Callback telephone number) (Time notification initiated)

2. **EMERGENCY CLASSIFICATION:**
☐ **UNUSUAL EVENT**
☐ **ALERT**
☐ **The event has been terminated.**
☐ **SITE AREA EMERGENCY**
☐ **GENERAL EMERGENCY**

UNIT: ☐ **ONE** ☐ **TWO** ☐ **ONE & TWO**
TIME: _____ (Time classification/ termination declared)
DATE: _____ (Date classification/ termination declared)

THIS REPRESENTS A/AN: ☐ **INITIAL DECLARATION** ☐ **ESCALATION** ☐ **NO CHANGE** } **IN CLASSIFICATION STATUS**

3. **BRIEF NON-TECHNICAL DESCRIPTION OF THE EVENT:**

- For initial declaration, static update, or escalation, provide current EAL number only.
- For status reports, significant events, or when directed by the ED, RM, or EOFSS, provide a brief description.
- For termination, write emergency has been terminated.

_____
_____
_____

4. **THERE IS:** ☐ **NO** ☐ **AN AIRBORNE** ☐ **A LIQUID** } **NON-ROUTINE RADIOLOGICAL RELEASE IN PROGRESS**

5. **WHEN GENERAL EMERGENCY IS THE INITIAL EVENT, PROVIDE PROTECTIVE ACTION RECOMMENDATIONS BELOW:** **(Control Room Use only, TSC and EOF mark N/A.)**

_____
_____

6. **WIND DIRECTION IS FROM:** _____. **WIND SPEED IS:** _____ **mph.**
(Data from 10 meter meteorological tower, available on PICSY.)

☐ **THIS IS A DRILL** ☐ **THIS IS NOT A DRILL**

APPROVED: _____ (ED, RM, or EOFSS) **Time:** _____ (Time form approved) **Date:** _____ (Date form approved)

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

_____

_____

Status of Radioactive Release: Event-related release in progress? ☐ Yes ☐ No

Total Site Release Rate	Airborne	Liquid
< Tech Requirements Limit	☐	☐
≥ Tech Requirements Limit	☐	☐

NOTE: TRM Limits (µCi/min): Noble Gas 1.00E+6; Iodine 1.04E+2; Particulate 7.72 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 ≤ 1 rem and thyroid CDE ≤ 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

BOMB FACTS CHECKLIST

INSTRUCTIONS: **Be calm. Listen. Do not interrupt the caller.**

THREAT RECEIVER: _____ TIME:_____ DATE:_____

ORIGIN OF CALL: Local:_____ Long Distance:_____ On-Site:_____

IDENTIFYING DATA: Male:_____ Female:_____ Adult:_____ Juvenile:_____ Age:___

Keep caller talking. If caller seems agreeable to further conversation, ask questions like:

When will it go off? Certain Hour:_____ Time Remaining: _____

Where is it located? Building: _____ Areas:_____

What does it look like? _____ Where are you now?_____

How do you know so much about the bomb?_____

_____

_____

What is your name and address?_____

_____

Inform the caller that detonation could cause death or injury._____

_____

Did the caller appear familiar with site or building by his description of bomb location?_____

_____

Write out the exact language of the threat:_____

_____

_____

_____

_____

(CONTINUED ON NEXT PAGE)

BOMB FACTS CHECKLIST
(CONTINUED)

BACKGROUND DATA ✓

Voice Characteristics:

_____LOUD
_____HIGH PITCH
_____RASPY
_____INTOXICATED
_____SOFT
_____DEEP
_____PLEASANT

Specify:

_____FAST
_____DISTANT
_____STUTTER
_____SLURRED
_____SLOW
_____DISTORTED
_____NASAL
_____LISP

Language:

_____EXCELLENT
_____FAIR
_____GOOD
_____FOUL

Accent:

_____LOCAL
_____FOREIGN
_____NOT LOCAL (region)
_____RACE

Manner:

_____CALM
_____RATIONAL
_____COHERENT
_____DELIBERATE
_____RIGHTEOUS
_____ANGRY
_____IRRATIONAL
_____INCOHERENT
_____EMOTIONAL
_____LAUGHING

Background Noises:

_____FACTORY NOISES
_____BEDLAM
_____MUSIC
_____QUIET
_____MIXED
_____AIRPLANES
_____HOUSE NOISES
_____TRAINS
_____ANIMALS
_____OFFICE MACHINES
_____VOICES
_____STREET TRAFFIC
_____PARTY ATMOSPHERE

NOTIFY SECURITY