

MANUAL HARD COPY DISTRIBUTION
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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.

ADUS

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1450 | 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. 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>TP Halpin</u>	<u>6/26/03</u>

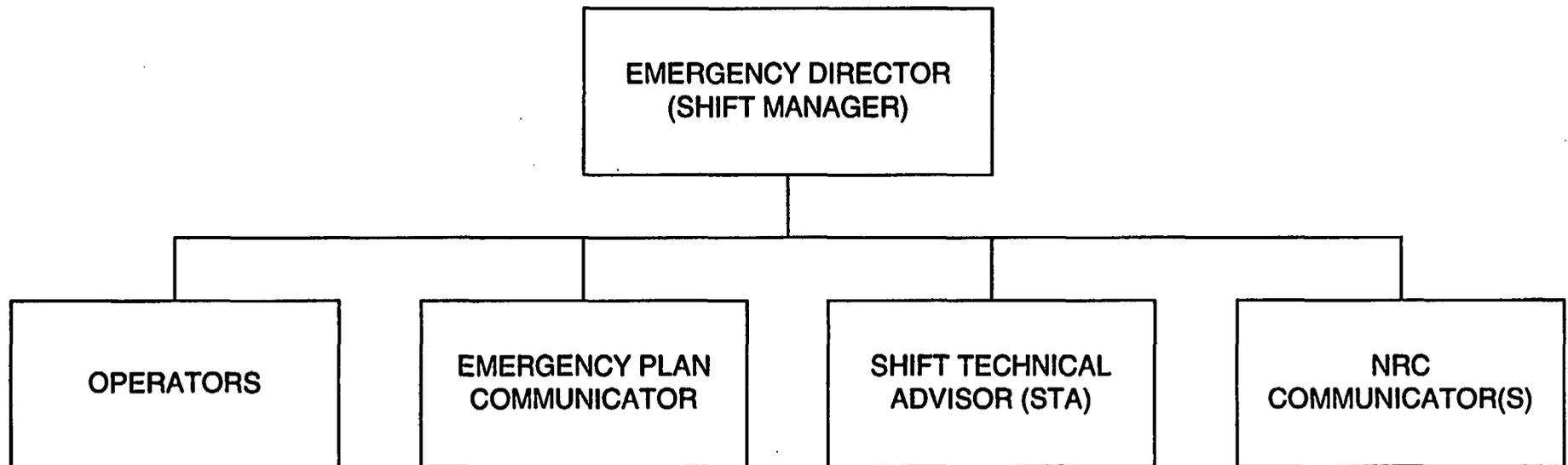
* Required for changes that affect, or have potential for affecting core reactivity, nuclear fuel, core power level indication or impact the thermal power heat balance. ⁽⁵⁸⁾

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

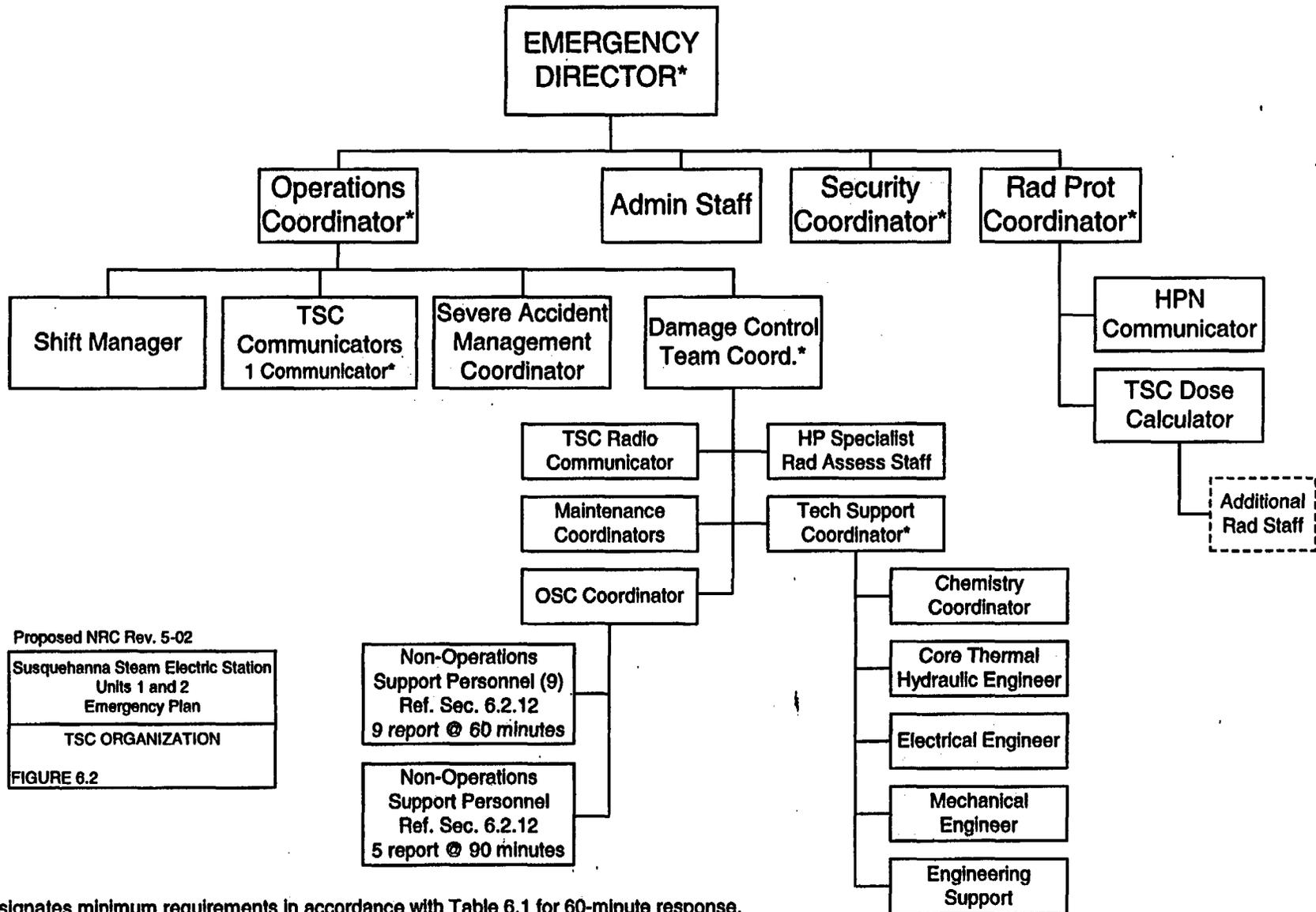
PROCEDURE COVER SHEET

PPL SUSQUEHANNA, LLC		NUCLEAR DEPARTMENT PROCEDURE	
MOC Communicator:Emergency Plan Position Specific Instruction			EP-PS-354 Revision 4 Page 1 of 3
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>7-01-1996</u>	
PERIODIC REVIEW FREQUENCY:		<u>Two Years</u>	
PERIODIC REVIEW DUE DATE:		<u>6-30-2005</u>	
RECOMMENDED REVIEWS: ALL			
Procedure Owner:		<u>Nuclear Emergency Planning</u>	
Responsible Supervisor:		<u>Primary Liaison Supervisor</u>	
Responsible FUM:		<u>Supv-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

Non-Operations
Support Personnel (9)
Ref. Sec. 6.2.12
9 report @ 60 minutes

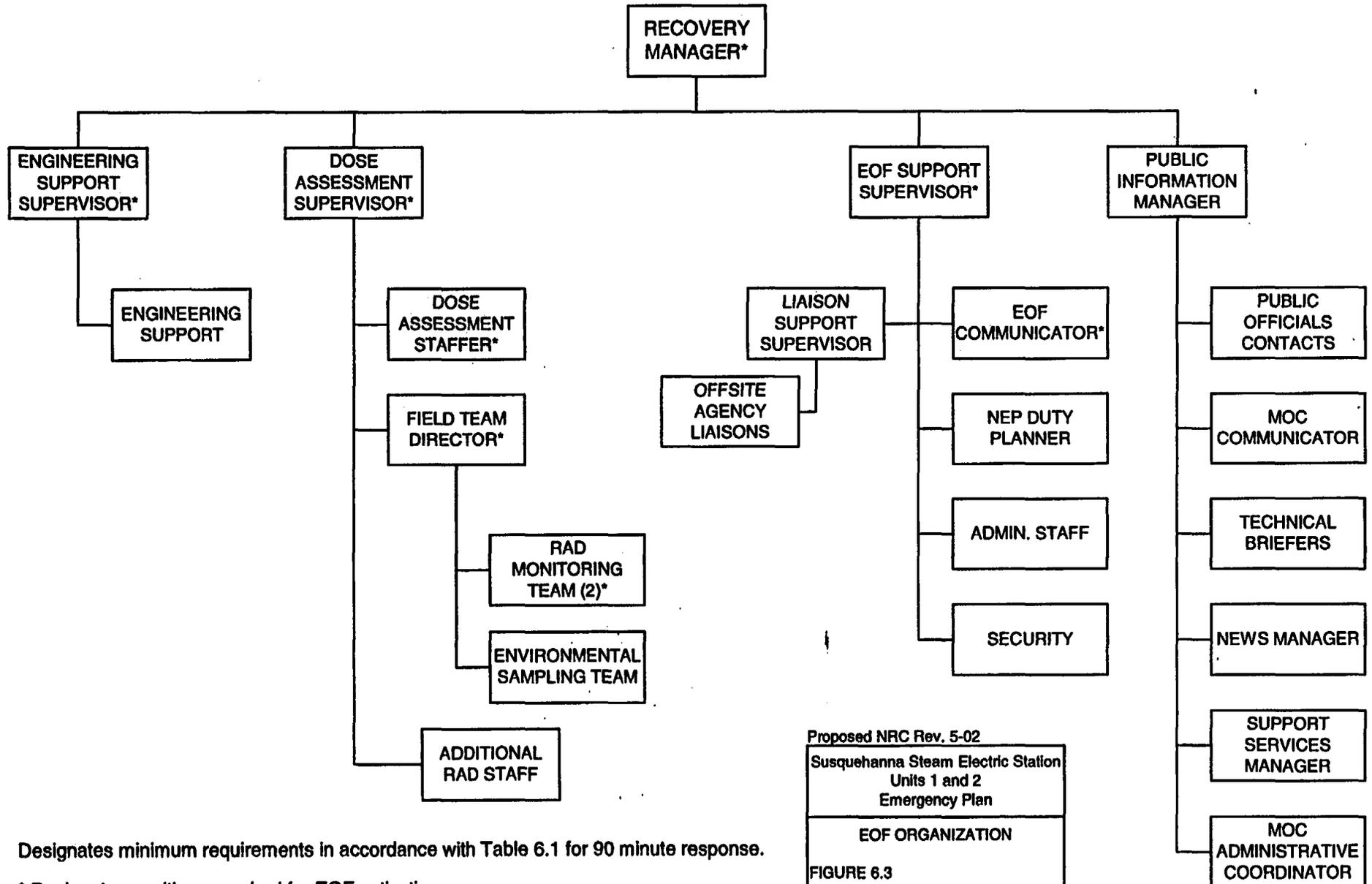
Non-Operations
Support Personnel
Ref. Sec. 6.2.12
5 report @ 90 minutes

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

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/VAN:

- INITIAL DECLARATION
- ESCALATION
- NO CHANGE

} IN CLASSIFICATION STATUS

- 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.

3. BRIEF NON-TECHNICAL DESCRIPTION OF THE EVENT:

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

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: _____ Time: _____ Date: _____
(ED, RM, or EOFSS) (Time form approved) (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:			
<input type="checkbox"/> Unusual Event	<input type="checkbox"/> Alert	<input type="checkbox"/> Site Area Emergency	<input type="checkbox"/> General Emergency

Basis: EAL # _____

This represents:

Initial Classification Escalation Reduction No Change in the Classification Status

Emergency Action(s) implemented onsite:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Evacuation of non-essential personnel |
| <input type="checkbox"/> Local Area Evacuation | <input type="checkbox"/> KI to onsite personnel |
| <input type="checkbox"/> Site Accountability | <input type="checkbox"/> Other _____ |

Bases: _____

The PROTECTIVE ACTION RECOMMENDATION is:	
<input type="checkbox"/> No Protective Action Recommendation Required	
<input type="checkbox"/> Evacuate 0-2 miles and Shelter 2-10 miles	<input type="checkbox"/> Relocation
<input type="checkbox"/> Evacuate 0-10 miles	<input type="checkbox"/> Control of Access
	<input type="checkbox"/> Contamination Controls/Decon
<input type="checkbox"/> Divert Danville Drinking Water*	<input type="checkbox"/> Other
*Expected arrival of release at Danville: _____	
This represents: <input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>
≥ Tech Requirements Limit	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: TRM Limits ($\mu\text{Ci}/\text{min}$): 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 SOFT
 HIGH PITCH DEEP
 RASPY PLEASANT
 INTOXICATED

Specify:

FAST SLOW
 DISTANT DISTORTED
 STUTTER NASAL
 SLURRED LISP

Language:

EXCELLENT GOOD
 FAIR FOUL

Accent:

LOCAL NOT LOCAL (region)
 FOREIGN RACE

Manner:

CALM ANGRY
 RATIONAL IRRATIONAL
 COHERENT INCOHERENT
 DELIBERATE EMOTIONAL
 RIGHTEOUS LAUGHING

Background Noises:

FACTORY NOISES
 BEDLAM TRAINS
 MUSIC ANIMALS
 QUIET OFFICE MACHINES
 MIXED VOICES
 AIRPLANES STREET TRAFFIC
 HOUSE NOISES PARTY ATMOSPHERE

NOTIFY SECURITY