
Document Update Notification

COPYHOLDER NO: 103

TO: ANO-NRC (EMERGENCY RESPONSE
COORD.) - WASHINGTON

ADDRESS: OS-DOC CNTRL DESK MAIL STOP OP1-
17 WASHINGTON DC 20555-DC

DOCUMENT NO: OP-1903.021

TITLE: NORAM NATURAL GAS LINE RUPTURE

CHANGE NO: 006-01-0

ADDITIONAL INFO:

← *If this box is checked, please sign, date, and return within 5 days.*



ANO-1 Docket 50-313

ANO-2 Docket 50-368

Signature

Date

SIGNATURE CONFIRMS UPDATE HAS BEEN MADE

RETURN TO:

**ATTN: DOCUMENT CONTROL-(N-ADMIN-24)
ARKANSAS NUCLEAR ONE
1448 SR 333
RUSSELLVILLE, AR 72801**

ADPS

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: NORAM NATURAL GAS LINE RUPTURE

DOCUMENT NO.
1903.021

CHANGE NO.
006-01-0

WORK PLAN EXP. DATE
N/A

TC EXP. DATE
N/A

SET # 103

SAFETY-RELATED
 YES NO

IPTE
 YES NO

TEMP ALT
 YES NO

When you see these TRAPS

Get these TOOLS

- Time Pressure
- Distraction/Interruption
- Multiple Tasks
- Overconfidence
- Vague or Interpretive Guidance
- First Shift/Last Shift
- Peer Pressure
- Change/Off Normal
- Physical Environment
- Mental Stress (Home or Work)

- Effective Communication
- Questioning Attitude
- Placekeeping
- Self Check
- Peer Check
- Knowledge
- Procedures
- Job Briefing
- Coaching
- Turnover

VERIFIED BY

DATE

TIME

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

FORM TITLE:

VERIFICATION COVER SHEET

FORM NO.
1000.006A

CHANGE NO.
050-00-0

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: NORAM NATURAL GAS LINE RUPTURE	DOCUMENT NO. 1903.021	CHANGE NO. 006-01-0
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AFFECTED UNIT: <input checked="" type="checkbox"/> UNIT 1 <input checked="" type="checkbox"/> UNIT 2	<input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/> ELECTRONIC DOCUMENT	SAFETY-RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> WORK PLAN, EXP. DATE _____

TYPE OF CHANGE:

<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> PC	<input type="checkbox"/> TC	<input type="checkbox"/> DELETION
<input type="checkbox"/> REVISION	<input checked="" type="checkbox"/> EZ	EXP. DATE: _____	

- DOES THIS DOCUMENT:
- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| 1. Supersede or replace another procedure?
(If YES, complete 1000.006B for deleted procedure.) (OCAN058107) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2. Alter or delete an existing regulatory commitment?
(If YES, coordinate with Licensing before implementing.) (OCNA128509)(OCAN049803) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3. Require a 50.59 review per LI-101? (See also 1000.006, Attachment 15)
(If 50.59 evaluation, OSRC review required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 4. Cause the MTCL to be untrue? (See Step 8.5 for details.)
(If YES, complete 1000.009A) (1CAN108904, 0CAN099001, 0CNA128509, 0CAN049803) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. Create an Intent Change?
(If YES, Standard Approval Process required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6. Implement or change IPTE requirements?
(If YES, complete 1000.143A. OSRC review required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7. Implement or change a Temporary Alteration?
(If YES, then OSRC review required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Was the Master Electronic File used as the source document? YES NO

INTERIM APPROVAL PROCESS	STANDARD APPROVAL PROCESS
ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: _____	ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: 6-19-03 <i>Roger Freeman</i>
Print and Sign name: _____ PHONE #: _____	Print and Sign name: Roger Freeman PHONE #: 4994
SUPERVISOR APPROVAL: * <i>N/A</i> DATE: _____	INDEPENDENT REVIEWER: <i>Robert D. Jankla</i> DATE: 6/23/03
SRO UNIT ONE: ** <i>A</i> DATE: _____	ENGINEERING: <i>N/A</i> DATE: _____
SRO UNIT TWO: ** DATE: _____	QUALITY: <i>N/A</i> DATE: _____
Interim approval allowed for non-intent changes requiring no 50.59 evaluation that are stopping work in progress.	UNIT SURVEILLANCE COORDINATOR (OCNA049803): DATE: _____
Standard Approval required for intent changes or changes requiring a 50.59 evaluation.	SECTION LEADER: <i>Robert Haleyfield</i> DATE: 6/24/03
*If change not required to support work in progress, Department Head must sign.	QUALITY ASSURANCE: <i>N/A</i> DATE: _____
**If both units are affected by change, both SRO signatures are required. (SRO signature required for safety related procedures only.)	OTHER SECTION LEADERS: <i>N/A</i> DATE: _____
	OTHER SECTION LEADERS: _____ DATE: _____
	OTHER SECTION LEADERS: _____ DATE: _____
	OTHER SECTION LEADERS: _____ DATE: _____
OSRC CHAIRMAN/TECHNICAL REVIEWER: (OCNA049312) DATE: _____	OTHER SECTION LEADERS: _____ DATE: _____
FINAL APPROVAL: <i>Robert Haleyfield for S. Cotton</i> Date: 6/24/03	OTHER SECTION LEADERS: _____ DATE: _____
REQUIRED EFFECTIVE DATE: 7-9-03	OTHER SECTION LEADERS: _____ DATE: _____

FORM TITLE: PROCEDUREWORK PLAN APPROVAL REQUEST	FORM NO. 1000.006B	CHANGE NO. 051-00-0
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**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: NORAM NATURAL GAS LINE RUPTURE	DOCUMENT NO. 1903.021	CHANGE NO. 006-01-0
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<input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/> WORK PLAN, EXP. DATE _____ <input type="checkbox"/> ELECTRONIC DOCUMENT	PAGE <u>1</u> OF <u>1</u>
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TYPE OF CHANGE:			
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> PC	<input type="checkbox"/> TC	<input type="checkbox"/> DELETION
<input type="checkbox"/> REVISION	<input checked="" type="checkbox"/> EZ	EXP. DATE: _____	

AFFECTED SECTION: (Include step # if applicable)	DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe reason for the change.)
Step 7.3.2 page 3	Added option 2 to telephone number to reflect the answering machines option to report a gas line rupture.
Step 7.3.5 Page 3	Changed Shift Superintendent to Shift Manager to reflect current title. No 50.59 required as per LI-101.

FORM TITLE: DESCRIPTION OF CHANGE	FORM NO. 1000.006C	CHANGE NO. 050-00-0
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PROC./WORK PLAN NO. 1903.021	PROCEDURE/WORK PLAN TITLE: NORAM NATURAL GAS LINE RUPTURE	PAGE: 1 of 3 CHANGE: 006-01-0
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1.0 PURPOSE

The purpose of this procedure is to describe the actions to be taken if the 10-inch NORAM natural gas line that traverses the site ruptures or a leak is discovered.

2.0 SCOPE

This procedure is limited to response to NORAM natural gas line rupture due to the nature of the follow-up actions. The precautions, symptoms and immediate actions may apply to situations involving other gaseous fuels.

The NORAM gas line crosses Entergy property approximately 200 feet southwest of the Unit II cooling tower and crosses the Unit 1 discharge canal. The line is 10 inches in size and carries 475 psig to 500 psig gas pressure.

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

3.1.1 Arkansas Nuclear One Unit 1 and Unit 2 Final Safety Analysis Reports.

3.1.2 Emergency Plan.

3.2 REFERENCES USED IN CONJUNCTION WITH THIS PROCEDURE:

3.2.1 1903.010, "Emergency Action Level Classification"

3.2.2 1903.011, "Emergency Response/Notifications"

3.3 RELATED ANO PROCEDURES:

None

3.4 REGULATORY CORRESPONDENCE CONTAINING NRC COMMITMENTS WHICH ARE IMPLEMENTED IN THIS PROCEDURE:

None

4.0 DEFINITIONS

None

5.0 RESPONSIBILITY AND AUTHORITY

As described in Sections 7.2 and 7.3.

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6.0 LIMITS AND PRECAUTIONS

- 6.1 There should be no smoking or other open flames in the vicinity of the leak.
- 6.2 Leaking natural gas could be ignited by the corona on electric transmission lines or by automobile engine spark leaks.

7.0 INSTRUCTIONS

7.1 SYMPTOMS

7.1.1 Small Gas Leaks

- A. Dead Grass
- B. Ground cracked and gray in color
- C. Bubbles in wet places
- D. Bubbles toward the end of the discharge canal
- E. Gaseous Odors

7.1.2 Large Gas Leaks

- A. Audible sound ranging in magnitude from a hissing sound to a roar.
- B. Hole in the ground with blowing dust and other debris.

7.2 IMMEDIATE ACTIONS

- 7.2.1 Personnel should immediately extinguish all smoking materials and exit the area by the most direct means.
- 7.2.2 Personnel should immediately notify either Control Room of the leak and remain available to prevent unsuspecting persons from approaching the area.

7.3 FOLLOW-UP ACTIONS

- 7.3.1 Control room personnel should announce the following message on the public address system:

MESSAGE: "Attention all personnel! Attention all personnel! A NORAM Natural Gas Line Rupture has occurred in the ... (location) ... due to ... (nature of rupture) ... All personnel stay clear of the area."

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- 7.3.2 The Control Room should notify the NORAM Energy Corporation by telephone as follows: 1-800-230-8004 - option 2
- 7.3.3 Shift operations personnel not involved with controlling the emergency should report to the Control Room.
- 7.3.4 The notified Shift Superintendent should designate personnel to cordon off the area, maintain surveillance and warn others that may approach the affected area.
- 7.3.5 The Shift Manager shall declare a Notification of Unusual Event Emergency Class if a plant evacuation is required as a result of the release as required by procedure 1903.010, "Emergency Action Level Classification".

8.0 ATTACHMENTS AND FORMS

None