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

244 - 244 - DOSE ASSESSMENT STAFFER

REMOVE MANUAL TABLE OF CONTENTS DATE: 06/26/2003

ADD MANUAL TABLE OF CONTENTS DATE: 07/02/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-244

ADD: PCAF 2003-1484 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.

A045

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1484</u>	2. PAGE 1 OF <u>Y</u>	3. PROC. NO. <u>EP-PS-244</u>	REV. <u>7</u>
4. FORMS REVISED - <u>15 R NA</u> - <u>17 R 1</u> - <u> </u> R <u> </u> - <u> </u> R <u> </u> - <u> </u> R <u> </u> - <u> </u> R <u> </u>			
5. PROCEDURE TITLE <u>Deleted Deleted</u> EOF Dose Assessment Staffer: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 checked="" type="checkbox"/> PCAF <input type="checkbox"/> DELETION <input type="checkbox"/> (CHECK ONE ONLY)			
7. SUMMARY OF / REASON FOR CHANGE Deleted Numeric Tab 15, 17 Deleted Tab E-This is an administrative PCAF. Revision 7 of EP-PS-244 deleted Tabs 15 and 17. This PCAF is to replace the existing information with a page that indicates that the Tab was deleted. The 50.54Q rvaluation for deletion was approved as part of Rev 7 of the procedure.			
Continued <input checked="" type="checkbox"/>			
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>NA</u>	
BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM			
17. <u>T.C. Dalpiaz</u> / <u>3227</u> / <u>07/01/2003</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>Jebben Dusewood</u> RESPONSIBLE SUPERVISOR		<u>7/1/03</u> DATE	
20. <u>Jebben Dusewood</u> FUM APPROVAL		<u>7/1/03</u> DATE	
21. RESPONSIBLE APPROVER		ENTER N/A IF FUM HAS APPROVAL AUTHORITY	
<u> </u> INITIALS		<u> </u> DATE	

PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2003-1484 | 2. PAGE 2 OF Y | 3. PROC. NO. EP-PS-244 REV. 7

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><i>[Signature]</i></u>	<u>7/1/03</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.

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TAB 15
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TAB 17
EP-PS-244-17

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