VIRGINIA ELECTRIC AND POWER COMPANY
RICHMOND, VIRGINIA 23261

July 9,2003

United States Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D. C. 20555-0001

Serial No. 03-410
SS&L/BAG R0
Docket No. 50-280
50-281
License No. DPR-32
DPR-37

Gentlemen:

VIRGINIA ELECTRIC AND POWER COMPANY
SURRY POWER STATION UNITS 1 AND 2
REVISION TO EMERGENCY PLAN IMPLEMENTING PROCEDURE

Pursuant to 10 CFR 50.54(q), enclosed is a revision to a Surry Power Station Emergency Plan Implementing Procedure. The revision does not implement actions that decrease the effectiveness of our Emergency Plan. The Emergency Plan and Implementing Procedures continue to meet the standards of 10 CFR 50.47(b). Please update your manual by performing the actions described in the enclosed tabulation of changes.

Very truly yours,

RB Bowers for

Richard H. Blount, Site Vice President
Surry Power Station

Enclosure

Commitments contained in this letter: None.

cc: U. S. Nuclear Regulatory Commission, Region II (2 copies)
Sam Nunn Atlanta Federal Center
61 Forsyth Street S.W., Suite 23 T85
Atlanta, Georgia 30303-8931

Mr. R. A. Musser
NRC Senior Resident Inspector
Surry Power Station

A045

Serial No. 03-410
Surry EPIP Revision

VIRGINIA ELECTRIC AND POWER COMPANY
REVISION TO SURRY POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

Enclosed is a revision to a Surry Power Station Emergency Plan Implementing Procedure. Please take the following actions in order to keep your manual updated with the most recent revisions.

REMOVE AND DESTROY:	EFFECTIVE DATE:	INSERT:	EFFECTIVE DATE:
EPIP-5.07, Rev. 11	02/21/02	EPIP-5.07, Rev. 12	07/01/03

Emergency Plan Privacy and Proprietary Material have been removed.
Reference Generic Letter No. 81-27

VIRGINIA POWER
SURRY POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER	PROCEDURE TITLE	REVISION
EPIP-5.07	ADMINISTRATION OF RADIOPROTECTIVE DRUGS (With 2 Attachments)	12 PAGE 1 of 5

PURPOSE

To obtain authorization and medical advice concerning administration of radioprotective drugs, and to provide information regarding dose and side effects to individuals who may be asked to take KI.

ENTRY CONDITIONS

Any one of the following:

1. Activation by another EPIP.
2. Activation by CPIP-6.2, RADIOLOGICAL ASSESSMENT COORDINATOR.
3. Survey results indicate inhalation dose may have exceeded 25 Rem.
4. Entry into high airborne activity area where inhalation dose may exceed 25 Rem.

Approvals on File

Effective Date 07/01/03

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED

_____ 1 INITIATE PROCEDURE:

- Initiated By: _____

Date: _____

Time: _____

NOTE: The Recovery Manager (RM) may authorize administration of KI for Offsite Monitoring Teams and LEOF personnel.

_____ 2 OBTAIN AUTHORIZATION FROM SEM/RM:

IF authorization NOT granted, THEN GO TO Step 11.

a) Review criteria for administering radioprotective drugs from controlling procedure with SEM/RM:

- EPIP-4.01, RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE
- CPIP-6.2, RADIOLOGICAL ASSESSMENT COORDINATOR

b) Record name and identification number of personnel selected to receive KI on Attachment 2

c) Record SEM/RM approval on Attachment 2

NOTE: Offsite Monitoring Team members complete Attachment 1 prior to dispatch in accordance with EPIP-4.02, RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE.

_____ 3 CHECK RADIOPROTECTIVE DRUG DOSAGE, SIDE EFFECTS AND MEDICAL STATEMENT - PREVIOUSLY COMPLETED

IF Radioprotective Drug Dosage, Side Effects and Medical Statement NOT completed, THEN GO TO Step 5.

_____ 4 GO TO STEP 6

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 5	HAVE INDIVIDUAL(s) RECEIVING KI READ AND COMPLETE ATTACHMENT 1, RADIOPROTECTIVE DRUG DOSAGE, SIDE EFFECTS AND MEDICAL STATEMENT	IF individual does NOT sign Attachment 1, THEN do the following: a) Do NOT issue KI to individual b) IF other individual(s) selected, THEN continue procedure for processing other individuals. IF NO other individual requires KI, THEN GO TO Step 11.

NOTE: Copies of the Emergency Personnel Notification List (EPNL) are maintained by Security, in the TSC, and in the LEOF/CEOF.

_____ 6	NOTIFY MEDICAL STAFF: a) Use EPNL (Position 291) to get telephone number for medical staff b) Notify medical staff of decision to issue KI and to whom it will be issued c) Ask if KI should be issued to individual(s) who checked box 2, 3 or 4 of Attachment 1, Section III	IF medical staff can NOT be notified immediately, THEN do the following: 1) Continue this procedure. 2) Repeat attempts to contact medical staff.

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 7	CHECK EITHER OF THE FOLLOWING CONDITIONS EXISTS: • Individual(s) checked Box 1 • Medical consent given for individual(s) who checked Box 2, 3 or 4	IF Box 5 checked, THEN do the following: a) Do NOT consider individual for emergency work. b) Do NOT issue KI. c) GO TO Step 11. IF medical consent NOT given, THEN GO TO Step 11.

* *

CAUTION: Potassium iodide should not be used by people allergic to iodine without prior medical consent.

* *

NOTE:
- Potassium Iodine tablets are maintained in the TSC and LEOF Supply Cabinets, and in each offsite monitoring Emergency Kit. Alternate supplies are available from North Anna Power Station.
- Administration of radioprotective drugs is preferably done prior to exposure, although administration within 2 hours after exposure is considered acceptable.

_____ 8 GIVE RADIOPROTECTIVE DRUGS TO DESIGNATED INDIVIDUAL(s)

_____ 9 COMPLETE ATTACHMENT 2, POTASSIUM IODINE ISSUE LOG

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED

_____ 10 DO FOLLOW-UP ASSESSMENT IAW NORMAL STATION PROCEDURES:

a) Wait at least 24 hours after exposure was received

b) Do follow-up assessment

_____ 11 TERMINATE EPIP-5.07:

- Give EPIP-5.07, forms, and other applicable records to the Radiological Assessment Director/Radiological Assessment Coordinator

- Completed by: _____
  Date: _____
  Time: _____

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-5.07	RADIOPROTECTIVE DRUG DOSAGE,	12
ATTACHMENT 1	SIDE EFFECTS AND MEDICAL STATEMENT	PAGE 1 of 1

SECTION I: DOSAGE AND SIDE EFFECTS

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CAUTION

Potassium Iodide should not be used by people allergic to Iodine. Keep out of reach of children. In case of overdose or allergic reaction, contact a physician or public health authority.

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DIRECTIONS FOR USE: *ADULTS: One (1) tablet once a day. DO NOT take tablet for more than 10 days.*

SIDE EFFECTS:

Usually, side effects occur when people take higher doses for longer periods of time. Do not take more than the recommended dose and do not take dose for longer than the time that is recommended to you. Side effects are unlikely due to low doses over short periods of time.

Possible side effects are skin rashes, swelling of salivary glands, and "iodism" (metallic taste, burning of mouth and throat, sore teeth and gums, symptoms of head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, swelling of parts of the face and body, and severe shortness of breath, requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

WHAT TO DO IF SIDE EFFECTS OCCUR:

If side effects are severe or if you have an allergic reaction, stop taking potassium iodide and call a doctor.

SECTION II:

1. [ ] I have read Section I, "DOSAGE AND SIDE EFFECTS".

SECTION III:

Note: Items 1 through 4 below should be answered to the best of your knowledge.

1. [ ] I have no known sensitivity to Iodine, nor do I have a medical condition that would make me reluctant to take Iodine tablets.

2. [ ] I have a known sensitivity to Iodine.

3. [ ] I have a medical condition that may negate my being able to take KI tablets, e.g., hyperthyroidism, hypothyroidism, etc.

4. [ ] I am currently taking thyroid hormone tablets.

5. [ ] I am a Declared Pregnant Worker under provisions of, or hereby state my intent to declare pregnancy in accordance with, VPAP-2101, Radiation Protection Program.

NAME: _____ (print); _____ (signature); DATE: _____

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-5.07	POTASSIUM IODINE ISSUE LOG	12
ATTACHMENT 2		PAGE 1 of 1

NAME	ID NUMBER	APPROVED (SEM/RM)	TIME OF EXPOSURE	TIME OF INITIAL KI DOSE	ISSUED BY