

**MANUAL HARD COPY DISTRIBUTION  
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TO: GERLACH\*ROSE M      07/31/2003

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

243 - 243 - RADIOLOGICAL LIAISON

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

ADD      MANUAL TABLE OF CONTENTS      DATE: 07/30/2003

CATEGORY: PROCEDURES      TYPE: EP

ID: EP-PS-243

ADD: PCAF 2003-1552 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>2003-1552</u>   |  | 2. PAGE 1 OF <u>3</u> |   | 3. PROC. NO. <u>EP-PS-243</u> REV. <u>5</u> |  |
| 4. FORMS REVISED - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u> , - <u>  </u> R <u>  </u>   |  |                       |   |   |  |
| 5. PROCEDURE TITLE<br>Radiological Liaison: Emergency Plan Position Specific Instruction   |  |                       |   |   |  |
| 6. REQUESTED CHANGE<br>PERIODIC REVIEW <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br>INCORPORATE PCAFS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES # <u>      </u> # <u>      </u> # <u>      </u> # <u>      </u><br>REVISION <input type="checkbox"/> PCAF <input checked="" type="checkbox"/> DELETION <input type="checkbox"/> (CHECK ONE ONLY) |  |                       |   |   |  |
| 7. SUMMARY OF / REASON FOR CHANGE<br>Adds a listing for Tabs 6 and 10 to the list of supporting information. This is an administrative PCAF since the actual tabs are already included in the procedure.<br><div style="text-align: right;">Continued <input type="checkbox"/></div>   |  |                       |   |   |  |
| 8. DETERMINE COMMITTEE REVIEW REQUIREMENTS<br>(Refer to Section 6.1.4)<br>PORC REVIEW REQ'D? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES   |  |                       |   | 9. PORC MTG# <u>                    </u>    |  |
| BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM  |  |                       |   |   |  |
| 17. T.C. Dalpiaz / <u>3227</u> / <u>07/25/2003</u><br>PREPARER<br>(Print or Type) ETN DATE   |  |                       | 18. COMMUNICATION OF CHANGE REQUIRED?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (TYPE) <u>                    </u>   |   |  |
| 19. <u>Jeffrey Hessewood</u><br>RESPONSIBLE SUPERVISOR <u>7/24/03</u><br>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. <u>Jeffrey Hessewood</u><br>FUM APPROVAL <u>7/24/03</u><br>DATE  |  |                       |   |   |  |
| 21. RESPONSIBLE APPROVER<br><u>                    </u><br>INITIALS  |  |                       | ENTER N/A IF FUM HAS APPROVAL AUTHORITY<br><u>                    </u><br>DATE  |   |  |

# PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. 2013-1552 | 2. PAGE 2 OF 3 | 3. PROC. NO. EP-PS-243 REV. 5

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>TH Halpern</u>            | <u>7/25/03</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. <sup>(58)</sup>

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

**SUPPORTING INFORMATION:**

**TAB:**

|   |               |
|---|---------------|
| Emergency Organization  | TAB 1         |
| Intentionally Blank   | TAB 2         |
| Emergency Classifications   | TAB 3         |
| Public Protective Action Recommendation Guide                       | TAB 4         |
| Response Levels for Protective Action Guides                        | TAB 5         |
| <del>Intentionally Blank</del> <u>Liquid Discharge Data Sheets</u>  | TAB 6         |
| Environmental Sampling Locations                                    | TAB 7         |
| Emergency Forms   | TAB 8         |
| • Protective Action Recommendation Form                             |               |
| • Supplemental Radiological Data Comparison                         |               |
| • Identification of Release in Progress                             |               |
| Commentary on filling out the Protective Action Recommendation Form | TAB 9         |
| <u>Identification Of Release In Progress</u>                        | <u>Tab 10</u> |

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