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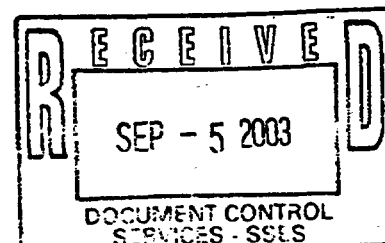
~~USER INFORMATION:~~~~Name: GERLACH*ROSE M EMPL#: 28401 CA#: 0363~~~~Address: NUCSA2~~~~Phone#: 254-3194~~~~TRANSMITTAL INFORMATION:~~~~TO: GERLACH*ROSE M 09/10/2003~~~~LOCATION: DOCUMENT CONTROL DESK~~~~FROM: NUCLEAR RECORDS DOCUMENT CONTROL CENTER (NUCSA-2)~~~~THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:~~~~245 - 245 - DOSE ASSESSMENT SUPERVISOR~~~~REMOVE MANUAL TABLE OF CONTENTS DATE: 06/26/2003~~~~ADD MANUAL TABLE OF CONTENTS DATE: 09/09/2003~~~~CATEGORY: PROCEDURES TYPE: EP~~~~ID: EP-PS-245~~~~ADD: PCAF 2003-1638 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>2013-1638</u>		2. PAGE 1 OF <u>5</u>		3. PROC. NO. <u>EP-PS-245</u> REV. <u>5</u>	
4. FORMS REVISED - <u>B</u> <u>R</u> <u>2</u> , - <u> </u> <u>R</u> <u> </u> , - <u> </u> <u>R</u> <u> </u> , - <u> </u> <u>R</u> <u> </u> , - <u> </u> <u>R</u> <u> </u>					
5. PROCEDURE TITLE Dose Assessment Supervisor 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 type="checkbox"/> PCAF <input checked="" type="checkbox"/> DELETION <input type="checkbox"/> (CHECK ONE ONLY)					
7. SUMMARY OF / REASON FOR CHANGE Added step 3 to provide guidance in referring to Tab J to determine if there is a non-routine radiological release in progress. This is an administrative PCAF since it provides a reference step to an existing Tab.					
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> </u>	
BLOCKS 11 THRU 16 ARE ON PAGE 2 OF FORM					
17. <u>T.C. Dalpiaz</u> / <u>3227</u> / <u>09/04/2003</u> PREPARER (Print or Type) ETN DATE			18. COMMUNICATION OF CHANGE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (TYPE) <u>E Mail notification</u>		
19. <u>[Signature]</u> RESPONSIBLE SUPERVISOR <u>9/4/2003</u> 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>[Signature]</u> FUM APPROVAL <u>9/4/2003</u> DATE					
21. RESPONSIBLE APPROVER <u>MA</u> INITIALS <u> </u> DATE <u> </u>			ENTER N/A IF FUM HAS APPROVAL AUTHORITY		



PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1638</u>	2. PAGE 2 OF <u>5</u>	3. PROC. NO. <u>EP-PS-245</u> REV. <u>5</u>
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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.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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. Screen/Evaluation No. _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N/A
d. 50.59 and/or 72.48 are applicable to this change and a 50.59/72.48 Screen/Evaluation is attached.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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 Dalry</u>	<u>9/9/2003</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.

DOSE ASSESSMENT SUPERVISOR: Emergency-Plan-Position-Specific Instruction

WHEN: EOF is activated
HOW NOTIFIED: Paged/telephone
REPORT TO: Recovery manager
WHERE TO REPORT: Emergency Operations Facility

OVERALL DUTY:

Manage radiological functions in the EOF, which includes providing radiological component of protective action recommendations to the Recovery Manager.

MAJOR TASKS: **TAB:** **REVISION:**

Obtain, then keep current, information you will need to manage the radiological functions in the EOF.

TAB A 3

Recommend changes to the emergency classification to the Recovery Manager, if needed.

TAB B X 2

Recommend public protective actions to the Recovery Manager.

TAB C 3

Manage assessing and communicating radiological information from the EOF.

TAB D 4

Recommend protective actions for PPL emergency personnel to the Recovery Manager.

TAB E 3

Provide direction for field monitoring strategy.

TAB F 1

Support termination activities.

TAB G 0

Assist re-entry/recovery efforts.

TAB H 0

Make sure information and functions that are in progress during shift relief are turned over smoothly.

TAB I 1

Determine if there is a non-routine Radiological Release In Progress.

TAB J 0

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MAJOR TASK:

Recommend changes in the emergency classification to the Recovery Manager, when required.

SPECIFIC TASKS:

HOW:

- | | |
|--|--|
| 1. Evaluate all radiological information. | 1a. Obtain and evaluate the following:

(1) Monitoring Team and RMS results

(2) PICSY vent release data

(3) dose projection results

(4) "study case" calculations |
| 2. Help classify emergency according to radiological data. | 2a. If there is a release in progress, determine the appropriate Emergency Classification.

2b. If there is potential for a release, utilize the study case results criteria given in the Emergency Classification matrix. |

HELP

EMERGENCY CLASSIFICATION
See TAB 2

3. Assess if there is a non-routine Radiological release in progress.

- 3a. Refer to Tab J for assistance in determining if there is a non-routine Radiological release in progress.
- 3b. If there is a non-routine Radiological release in progress, insure the EOF Communicator indicates that on the ENR form.
- 3c. Insure that information is communicated to the recovery manager and EOF personnel.

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SPECIFIC TASKS:

HOW:

4. Recommend changes in classification.
- 4a. Keep presentation clear, concise, and in perspective. Address the following, where applicable:
- (1) Impact(s) on classification and protective action recommendations.
 - (a) Specify the EAL which has been exceeded.
 - (2) Release:
 - (a) yes or no
 - (b) monitored or unmonitored
 - (3) Dose rates (at EPB and/or two miles)
 - (a) Use few significant figures
 - (b) Use "REM" vs. mrem as dose units for General Emergency declaration and PAR discussions.
 - (4) Type of calculation and/or field monitoring used to estimate dose.
 - (a) Present key assumptions or limitations, when relevant.
 - (5) Impact(s) on classification and protective action recommendations.