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TO: ~~GERLACH*ROSE M~~ 09/10/2003
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THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:

212 - 212 - EOF COMMUNICATOR: EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 08/27/2003

ADD MANUAL TABLE OF CONTENTS DATE: 09/09/2003

CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-212
ADD: PCAF 2003-1637 REV: N/A

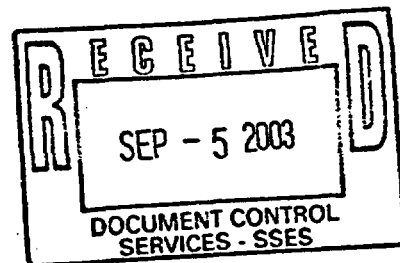
REMOVE: PCAF 2003-1616 REV: N/A

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.

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PROCEDURE CHANGE PROCESS FORM

1. PCAF NO. <u>2003-1637</u>	2. PAGE 1 OF <u>11</u>	3. PROC. NO. <u>EP-PS-212</u> REV. <u>18</u>
4. FORMS REVISED - <u>D</u> R <u>19</u> , - <u>I</u> R <u>0</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>ADDED</u> Emergency Plan Position Specific Instruction: EOF Communicator		
6. REQUESTED CHANGE PERIODIC REVIEW <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES INCORPORATE PCAFS <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES # <u>2003-1616</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 Incorporate PCAF 2003-1616 Added steps to provide guidance in referring to Tab I to determine if there is a non-routine radiological release in progress. This is an administrative PCAF since it provides additional guidance to an existing requirement-i.e. identifying on the ENR form if there is a non-routine radiological release in progress. <div style="text-align: right;">Continued <input checked="" type="checkbox"/></div>		
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 ETN DATE (Print or Type)	18. COMMUNICATION OF CHANGE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (TYPE) <u>E Mail notification</u>	
19. <u>Jeffrey Reswood</u> RESPONSIBLE SUPERVISOR <u>9/5/2003</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>Jeffrey Reswood</u> FUM APPROVAL <u>9/5/2003</u> DATE		
21. RESPONSIBLE APPROVER <u>MA</u> INITIALS _____ DATE	ENTER N/A IF FUM HAS APPROVAL AUTHORITY	



PROCEDURE CHANGE PROCESS FORM

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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. 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>TC Halpin</u>	<u>9/4/13</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. ⁽³⁸⁾

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

EOF COMMUNICATOR:

Emergency Plan Position-Specific Procedure

WHEN: Emergency Operations Facility (EOF) is activated.
HOW NOTIFIED: Paged/Telephoned
REPORT TO: EOF Support Supervisor
WHERE TO REPORT: EOF Support Office

OVERALL DUTY:

Prepare the Emergency Notification Report and transmit information about the emergency to offsite organizations, relieving the TSC of this responsibility.

MAJOR TASKS:

TAB:

REVISION:

Initial actions upon arrival.	TAB A	11
Verify communications equipment is working.	TAB B	9
When directed by the Recovery Manager or EOF Support Supervisor, assume the responsibility for communications and notifications from the TSC.	TAB C	12
Prepare, obtain approval, and distribute the Emergency Notification Report.	TAB D	17 19
TAB E DELETED	TAB E	
Document questions and messages received, providing responses when required.	TAB F	2
Support smooth transition of the EOF during Shift Turnover.	TAB G	4
Communicate termination of the emergency.	TAB H	8
Determine if there is a Non-Routine Radiological release in Progress	TAB I	0

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MAJOR TASK:

Prepare, obtain approval, and distribute the "EMERGENCY NOTIFICATION REPORT."

SPECIFIC TASKS:

HOW:

1. Assume responsibility for the Emergency Notification Report upon turn-over of communications and notifications from the TSC Communicator.

- 1a. Use the following schedule for distribution of the "Emergency Notification Report."

* **UPGRADE/DOWNGRADE:**

Complete and transmit the ENR within fifteen minutes of classification or reclassification.

* **STATIC UPDATES:**

Complete and transmit the ENR every hour.

NOTE:

When the initial notifications regarding classifications are completed during the first half of an hour, the static update is not required until the next hour.

* **SIGNIFICANT EVENTS:**

Complete and transmit the ENR when:

- 1) Recovery Manager has assumed command and control from the Emergency Director.
- 2) Site accountability is completed.
- 3) Evacuation of non-essential personnel is initiated.

NOTE:

This information should be provided by the TSC E-Plan communication.

SPECIFIC TASKS:

HOW:

2. Prepare the "Emergency Notification Report" for approval when the EOF assumes control.
- 4) When directed by the EOF Support Supervisor or Recovery Manager.
- 5) When the emergency event is terminated.
- 2a. Write the Control number in the top right hand corner.

NOTE:

The "Control Number" should include the EOF followed by a sequential number: (EOF-1)

- 2b. Check the appropriate block under the form title:
(This is or is not a drill)

NOTE:

Record the time in section #1 on the form at the same moment you are making the call.

- 2c. **LINE #1:**

Fill in your name, call-back telephone number and military time you started off-site notification,

- 2d. **LINE #2:**

Check emergency classification block, Unit involved, (Unit I, UII or Units I and II), time and date of current classification declaration, and appropriate classification status block.

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SPECIFIC TASKS:

HOW:

2e. LINE #3:

Under "Brief Non-Technical Description of the Event," write:

(1) For SIGNIFICANT EVENT:

Information provided by the EOF Support Supervisor or Recovery Manager.

(2) For STATIC UPDATE:

"Provide the current applicable EAL number only."

(3) For CHANGE IN CLASSIFICATION:

"current applicable EAL number only"

HELP

BRIEF NON-TECHNICAL
DESCRIPTION OF EAL
See TAB 7

Line #4:

2f. Check one of the "Non-Routine Radiological Release in Progress" blocks.

NOTE refer to Tab I for guidance in making this determination

2g. Confirm your assessment with the Dose Assessment Supervisor or designee.

2h. Line #5:
Write N/A

2i. Line #6:

Fill in Wind Direction and Speed, using data obtained from ten meter primary meteorological tower

NOTE:

Ten meter met tower data available on PICSY, (E-Plan menu. Met vent Display)

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SPECIFIC TASKS:

HOW:

2j. Line #7:

Check appropriate block for "this is" or "is not" a drill.

2k Line #8:

Obtain ENR signature approval, providing time (military), and date form was approved.

3. Edit the Emergency Notification Report.

3a. Ensure the form is clear and easy to understand.

3b. Avoid use of abbreviations and acronyms.

3c. Ensure the Protective Action Recommendation is not included on the form.

4. Obtain approval of the Emergency Notification Report.

4a. Review the completed form with the EOF Support Supervisor, or Recovery Manager.

4b. Assure agreement on technical content.

4c. Obtain signature approval, filling in the time and date of his approval.

NOTE:

The Recovery Manager can delegate ENR approval responsibility to another qualified RM located in the facility.

He can also delegate approval responsibility to the EOF Support Supervisor except for a change in classification.

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SPECIFIC TASKS:

HOW:

5. Transmit the Emergency Notification Report CCOPS, LCEMA and PEMA

HELP

NOTIFICATION MATRIX

See TAB 4

- 5a. Dial "191" on the EOF Communicator's telephone.
- 5b. Identify yourself as each party answers.
- 5c. Record time and contact(s) in your log.

NOTE:

If the MOC fails to answer, do not wait, begin notification.

- 5d. Inform the responders you will be transmitting an Emergency Notification Report.
- 5e. Transmit the report.
- 5f. Request one of the counties to read back the transmitted report.

NOTE:

If the "191" conference capability is not available, use one of the following backup telephone numbers.

<u>PEMA</u>	<u>LCEMA</u>	<u>CCOPS</u>
CTN-4960	CTN-4906	CTN-4955
CTN-4961	CTN-4907	CTN-4956
CTN-4908		

or

PEMA:	8-1-570-783-8150
CCOPS:	8-1-570-389-5720
LCEMA:	8-1-800-821-3715

or

Transmit the ENR via VHF radio, channel one.

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SPECIFIC TASKS:

HOW:

6. Distribute the Emergency Notification Report.

6a. Distribute the three part ENR form:

NOTE: In lieu of using a three-part colored form, distribution can be made using copies of the original form

(1) White and pink copy to the Administrative Assistant for distribution:

- White copy sent to TSC via fax.
- Pink copy posted outside the EOF Support Office.

(2) Yellow copy to EOF Communicator.

7. "Within two hours," transmit a change in the emergency classification to:

- ___ Institute of Nuclear Power
- ___ Transmission Power Dispatcher
- ___ PA Rural Electric Association
- ___ American Nuclear Insurers
- ___ PPL Insurance Department

7a. Log time and contact in the "EOF Communicator's Log."

7b. Telephone and telefax numbers are located in the "Emergency Telephone Directory" located at each work station.

7c. Use the "Emergency Notification Report" to provide information for the update.

7d. Provide a call-back telephone number.

7e. Utilize the Administrative Assistant, or another communicator, (if available), to complete these notifications.

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MAJOR TASK:

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

SPECIFIC TASKS:

HOW:

1. Determine if there is a non-routine Radiological release in progress.

1a. There is a release in progress if ANY of the following are true:

- (1) Any release rates above Technical Specifications or Technical Requirements Manual limits, OR
- (2) Entry into the Emergency Plan for the listed EALs:
 - 3 fuel Clad Degradation
 - 15 Radiological Effluents
 - 17 Spent Fuel Related Incident
 - 18 Steam Line Break
- (3) Any radiological release to the environment, detected by effluent monitors or environmental monitoring, above normal levels and is attributable to a declared event, OR

NOTE:

Normal levels are the highest reading in the last 24 hours prior to the emergency, excluding the current peak value.

- (4) If the Shift Manager/ED/RM has reason to believe that an Unmonitored release is in progress even though plant indications are otherwise normal, OR
- (5) Entry into the E Plan under EAL 21 Dry Fuel Storage or EAL 16 Security Event, AND the Dry Storage Cask has been breached.

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TAB I
EP-PS-212-I
- Revision 0
Page 2 of 2

SPECIFIC TASKS:

HOW:

2. If there is a non-routine Radiological release in progress, ensure performance of the following actions.

2a. Provide that information to the EOF Communicators to transmit the information to offsite agencies.

2b. Direct Dose Assessment personnel to initiate dose calculations and field monitoring.

(6) Initiation of SGBT System due to Radiological release.

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Control # _____

EMERGENCY NOTIFICATION REPORT

THIS IS A DRILL THIS IS NOT A DRILL

1. This is: _____ at Susquehanna Steam Electric Station.
(Communicator's Name)

My telephone number is: _____ . The time is _____
(Callback telephone number) (Time notification initiated)

2. EMERGENCY CLASSIFICATION:

- UNUSUAL EVENT
- ALERT
- The event has been terminated.
- SITE AREA EMERGENCY
- GENERAL EMERGENCY

UNIT: ONE
 TWO
 ONE & TWO

TIME: _____
(Time classification/
termination declared)

DATE: _____
(Date classification/
termination declared)

THIS REPRESENTS A/AN: INITIAL DECLARATION
 ESCALATION
 NO CHANGE } IN CLASSIFICATION STATUS

- For initial declaration, static update, or escalation, provide current EAL number only.
- For status reports, significant events, or when directed by the ED, RM, or EOFSS, provide a brief description.
- For termination, write emergency has been terminated.

3. BRIEF NON-TECHNICAL DESCRIPTION OF THE EVENT:

4. THERE IS: No
 AN AIRBORNE
 A LIQUID } NON-ROUTINE RADIOLOGICAL RELEASE IN PROGRESS

5. WHEN GENERAL EMERGENCY IS THE INITIAL EVENT, PROVIDE PROTECTIVE ACTION RECOMMENDATIONS BELOW: (Control Room Use only, TSC and EOF mark N/A.)

6. WIND DIRECTION IS FROM: _____ . WIND SPEED IS: _____ mph.
(Data from 10 meter meteorological tower, available on PICSY.)

THIS IS A DRILL THIS IS NOT A DRILL

APPROVED: _____ Time: _____ Date: _____
(ED, RM, or EOFSS) (Time form approved) (Date form approved)