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TO: ~~GERLACH ROSE M~~ 09/17/2003
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:

243 - 243 - RADIOLOGICAL LIAISON

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

ADD MANUAL TABLE OF CONTENTS DATE: 09/16/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EF-PS-243

REPLACE: REV: 5

REPLACE: REV: 5

REMOVE: PCAF 2003-1605 REV: N/A

ADD: PCAF 2003-1605 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.

ADYS

Affected Unit _____

Control No. _____

**PROTECTIVE ACTION RECOMMENDATION FORM
SUSQUEHANNA STEAM ELECTRIC STATION**

This is a Drill This is NOT a Drill Preparer: _____

The EMERGENCY CLASSIFICATION is:			
<input type="checkbox"/> Unusual Event	<input type="checkbox"/> Alert	<input type="checkbox"/> Site Area Emergency	<input type="checkbox"/> General Emergency

Basis: EAL # _____

This represents:

Initial Classification Escalation Reduction No Change in the Classification Status -

Emergency Action(s) implemented onsite:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Evacuation of non-essential personnel |
| <input type="checkbox"/> Local Area Evacuation | <input type="checkbox"/> KI to onsite personnel |
| <input type="checkbox"/> Site Accountability | <input type="checkbox"/> Other _____ |

Bases: _____

The PROTECTIVE ACTION RECOMMENDATION is:	
<input type="checkbox"/> No Protective Action Recommendation Required	
<input type="checkbox"/> Evacuate 0-2 miles and Shelter 2-10 miles	<input type="checkbox"/> Relocation
<input type="checkbox"/> Evacuate 0-10 miles	<input type="checkbox"/> Control of Access
<input type="checkbox"/> Divert Danville Drinking Water*	<input type="checkbox"/> Contamination Controls/Decon
	<input type="checkbox"/> Other _____
*Expected arrival of release at Danville: _____	
This represents: <input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> No Change in the Protective Action Recommendation	

The BASIS for the Protective Action Recommendation is:

Plant Status

Status of Radioactive Release: Event-related release in progress? Yes No

Total Site Release Rate	Airborne	Liquid
< Tech Requirements Limit	<input type="checkbox"/>	<input type="checkbox"/>
≥ Tech Requirements Limit	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: TRM Limits ($\mu\text{Ci}/\text{min}$): Noble Gas $1.00\text{E}+6$; Iodine $1.04\text{E}+2$; Particulate $7.72\text{E}+2$ (Airborne releases)

Based on: Effluent Monitors Field Measurements Engineering Judgement

Data measured in the field confirm release rate estimations: Yes No N/A

Weather Conditions: Wind Speed _____ Wind Direction _____

**Dose Projections: TEDE > 1 rem or thyroid CDE > 5 rem at 2 miles
 TEDE > 1 rem or thyroid CDE > 5 rem at EPB
 TEDE ≤ 1 rem and thyroid CDE ≤ 5 rem at EPB**

Other:

Approval: _____ Date/Time: _____

**Emergency Director or Recovery Manager approval required if change in Classification or Protective Action Recommendation.
RPC or DASU approval if no change in the Classification or Protective Action Recommendation.**

Transmittal: Verbal Electronic Both

Communicated To:

NAME AGENCY DATE/TIME