

MANUAL HARD COPY DISTRIBUTION

DOCUMENT TRANSMITTAL 2003-42440

USER INFORMATION:

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TRANSMITTAL INFORMATION:

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:

127 - 127 - TECHNICAL SUPPORT CENTER (TSC)
 COMMUNICATOR: EMERGENCY PLAN-POSITION SPECIFIC
 PROCEDURE

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

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

CATEGORY: PROCEDURES TYPE: EP
 ID: EP-PS-127
 REPLACE: REV:16

REPLACE: REV:16

REMOVE: PCAF 2003-1482 REV: N/A

REMOVE: PCAF 2003-1553 REV: N/A

REMOVE: PCAF 2003-1641 REV: N/A

ADD: PCAF 2003-1482 REV: N/A

ADD: PCAF 2003-1553 REV: N/A

ADD: PCAF 2003-1641 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,

A045

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 (μCi/min): Noble Gas 1.00E+6; Iodine 1.04E+2; Particulate 7.72 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