

MANUAL HARD COPY DISTRIBUTION

DOCUMENT TRANSMITTAL 2003-42408

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USER INFORMATION:

~~GERBACH\*ROSE M   EMPL#:28401   CA#: 0363  
Address: NUCSA2  
Phone#: 254-3124~~

TRANSMITTAL INFORMATION:

TO: ~~GERBACH\*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:

- 126 - 126 - CONTROL ROOM (CR) COMMUNICATOR
- REMOVE MANUAL TABLE OF CONTENTS   DATE: 07/02/2003
- ADD   MANUAL TABLE OF CONTENTS   DATE: 09/16/2003
- CATEGORY: PROCEDURES   TYPE: EP
- ID: EP-PS-126
- REPLACE:   REV:19
- REPLACE:   REV:19
- REMOVE: PCAF 2003-1481 REV: N/A
- ADD: PCAF 2003-1481 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

Affected Unit \_\_\_\_\_

Control No. \_\_\_\_\_

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

This is a Drill       This is NOT a Drill      Preparer: \_\_\_\_\_

<b>The EMERGENCY CLASSIFICATION is:</b>			
<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: \_\_\_\_\_

<b>The PROTECTIVE ACTION RECOMMENDATION is:</b>	
<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**

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

<b>Total Site Release Rate</b>	<b>Airborne</b>	<b>Liquid</b>
<b>&lt; Tech Requirements Limit</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>≥ Tech Requirements Limit</b>	<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 \_\_\_\_\_

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**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

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**Other:**

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**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