

MANUAL HARD COPY DISTRIBUTION  
DOCUMENT TRANSMITTAL 2003-51512

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USER INFORMATION:

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Name: ~~GERBLACH\*ROSE M~~ EMPL#: 28401 CA#: 0363  
Address: NUCSAL  
Phone#: ~~354-319~~

TRANSMITTAL INFORMATION:

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TO: ~~GERBLACH\*ROSE M~~ 10/31/2003  
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:

354 - 354 - MEDIA OPERATIONS CENTER (MOC) COMMUNICATOR

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

ADD MANUAL TABLE OF CONTENTS DATE: 10/30/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-354

REPLACE: REV:4

REPLACE: REV:4

REMOVE: PCAF 2003-1547 REV: N/A

ADD: PCAF 2003-1547 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 an Actual Event      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 and advise citizens to take KI in accordance with the State's emergency plans.	<input type="checkbox"/> Divert Danville Drinking Water*
<input type="checkbox"/> Evacuate 0-10 miles and advise citizens to take KI in accordance with the State's emergency plans	<input type="checkbox"/> Relocation
	<input type="checkbox"/> Control of Access
	<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>
< 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 \_\_\_\_\_

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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

# BOMB FACTS CHECKLIST

INSTRUCTIONS: Be calm. Listen. Do not interrupt the caller.

THREAT RECEIVER: \_\_\_\_\_ TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

ORIGIN OF CALL: Local: \_\_\_\_\_ Long Distance: \_\_\_\_\_ On-Site: \_\_\_\_\_

IDENTIFYING DATA: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Adult: \_\_\_\_\_ Juvenile: \_\_\_\_\_ Age: \_\_\_\_\_

Keep caller talking. If caller seems agreeable to further conversation, ask questions like:

When will it go off? Certain Hour: \_\_\_\_\_ Time Remaining: \_\_\_\_\_

Where is it located? Building: \_\_\_\_\_ Areas: \_\_\_\_\_

What does it look like? \_\_\_\_\_ Where are you now? \_\_\_\_\_

How do you know so much about the bomb? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your name and address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inform the caller that detonation could cause death or injury. \_\_\_\_\_  
\_\_\_\_\_

Did the caller appear familiar with site or building by his description of bomb location? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write out the exact language of the threat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON NEXT PAGE)

## BOMB FACTS CHECKLIST (CONTINUED)

### BACKGROUND DATA

#### Voice Characteristics:

LOUD                     SOFT  
 HIGH PITCH            DEEP  
 RASPY                    PLEASANT  
 INTOXICATED

#### Specify:

FAST                     SLOW  
 DISTANT                 DISTORTED  
 STUTTER                 NASAL  
 SLURRED                 LISP

#### Language:

EXCELLENT             GOOD  
 FAIR                     FOUL

#### Accent:

LOCAL                    NOT LOCAL (region)  
 FOREIGN                 RACE

#### Manner:

CALM                     ANGRY  
 RATIONAL                IRRATIONAL  
 COHERENT                INCOHERENT  
 DELIBERATE             EMOTIONAL  
 RIGHTEOUS               LAUGHING

#### Background Noises:

FACTORY NOISES  
 BEDLAM                 TRAINS  
 MUSIC                    ANIMALS  
 QUIET                    OFFICE MACHINES  
 MIXED                    VOICES  
 AIRPLANES               STREET TRAFFIC  
 HOUSE NOISES          PARTY ATMOSPHERE

NOTIFY SECURITY

Control # \_\_\_\_\_

**EMERGENCY NOTIFICATION REPORT**

1. Call Status:  THIS IS A DRILL  THIS IS AN ACTUAL EVENT

2. This is: \_\_\_\_\_ at Susquehanna Steam Electric Station.  
(Communicator's Name)

My telephone number is: \_\_\_\_\_ Notification 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

Declaration Time: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Time classification/termination declared) (Date classification/termination declared)

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

4. The Emergency Action Level (EAL) Number is: \_\_\_\_\_

BRIEF NON-TECHNICAL DESCRIPTION OF THE EVENT:

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

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

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

7. Conclusion:  THIS IS A DRILL  THIS IS AN ACTUAL EVENT

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