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United States Nuclear Regulatory Commission
Document Control Desk
Washington, D. C. 20555

Perry Nuclear Power Plant
Docket No. 50-440
Submittal of Emergency Plan
Implementing Instructions

Gentlemen:

Pursuant to 10 CFR 50 Appendix E, enclosed are changes to the Emergency Plan Implementing Instructions (EPIs) for the Perry Nuclear Power Plant. These changes constitute revisions, temporary changes, or reissued pages. Please follow the updating instructions per the attached Controlled Document Instruction Sheet and return the signed Acknowledgment of Receipt form.

If you have questions or require additional information, please contact me at (440) 280-5589.

Very truly yours,



David L. Bauguess, Supervisor
Emergency Planning Unit

DLB:byr

Enclosure

cc: NRR Project Manager
NRC Resident Inspector
NRC Region III, Incident Response Center w/attachments

A045

**FIRSTENERGY CORPORATION
PERRY NUCLEAR POWER PLANT
UNIT 1 & 2**

ACKNOWLEDGMENT OF RECEIPT

Title Emergency Plan Implementing Instructions EPI-B8/ Rev. 9

Control No. 60

Letter No./Date PY-CEI/NRR-2751L / November 11, 2003

Signature

Date

Title

Return to:

Perry Nuclear Power Plant
Attn: B.Y. Richardson, A240
P. O. Box 97
Perry, Ohio 44081

FIRSTENERGY CORPORATION

Perry Nuclear Power Plant

Controlled Document Instruction Sheet

Manual: Emergency Plan Implementing Instructions EPI-B8/ Rev. 9

Control Numbers 60

Revision
Number

Remove and Replace

9

Reissue Entire Document

EPI-B8
Page: 1
Rev.: 9

PERRY OPERATIONS MANUAL

PNPP

~~DATE~~
~~CONTROLLED~~

Emergency Plan Implementing Instruction

01/01/03

Info only

TITLE: PROTECTIVE ACTIONS AND GUIDES

REVISION: 9

EFFECTIVE DATE: 11-11-03

PREPARED: Lou Sosler

6-3-03

/ Date

PROTECTIVE ACTIONS AND GUIDES

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SCOPE OF REVISION:

Periodic Review - Required

- Rev. 9 -
1. Incorporated Attachments 2 and 3 into Attachment 1.
 2. Added Definitions of SUBAREA 1, Lake and General Emergency Default PARs.
 3. Added Note to explain that an area included in a PAR will not be deleted during subsequent PAR's.
 4. Added directions for PAR beyond 10 miles to Attachment 1.
 5. Minor format and editorial changes were made to reflect the reduction of attachment pages.

PROTECTIVE ACTIONS AND GUIDES

1.0 PURPOSE

This instruction provides guidelines for the formulation of protective actions for the plume exposure pathway to be recommended to State of Ohio and local county Emergency Management Agencies in the event of an emergency involving the possibility of an abnormal release of radioactive material(s) at the Perry Plant.

Development of ingestion pathway protective action recommendations will be the responsibility of the State of Ohio and Federal response agencies. The Perry Plant will assist in the collection and analysis of environmental samples using <EPI-B10>.

2.0 REFERENCES

2.1 Source References:

1. 10CFR20, Standards for Protection Against Radiation
2. EPA-400-R-92, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents (May 1992)
3. U.S. Nuclear Regulatory Commission Response Technical Manual (RTM) - 92 (October 1992)
4. Emergency Plan for PNPP, Docket Nos. 50-440, 50-441
5. EPI-B7a: Automated Offsite Dose Calculations
6. EPI-B7b: Manual Offsite Dose Calculations
7. Patient Package Insert for THYRO-BLOCK™, Wallace Laboratories (10/79)

2.2 Use References:

1. EPI-B10: Emergency Radiological Environmental Monitoring Program
2. EPI-B3: Radiological Surveys for Emergencies
3. EPI-B1: Emergency Notification System
4. EPI-A1: Emergency Action Levels
5. EPI-A2: Emergency Actions Based On Event Classification
6. EPI-A11: Activation of the Backup Emergency Operations Facility

7. Supplement 3 to NUREG-0654/FEMA-REP-1 (Revision 1): Criteria for Protective Action Recommendations for Severe Accidents
8. PAP-0114: Radiation Protection Program
9. Commitments addressed in this document:

H00022	<u>P00005</u>	P00029	P00046
H00024	P00011	P00037	

3.0 DEFINITIONS

3.1 Protective Actions

Those emergency measures taken before or after an uncontrolled release of radioactive material has occurred to prevent or minimize radiological exposure to persons that would likely be exposed, if the actions were not taken.

3.2 Protective Action Guides (PAGs)

Projected radiological doses to individuals in the general population that warrant Protective Actions following a release of radioactive material. Protective Actions would be warranted provided the reduction in individual dose is not offset by excessive risks to individual safety in taking the Protective Action. The Protective Action Guide (PAG) does not include the dose that has unavoidably occurred prior to the assessment.

3.3 Deep Dose Equivalent (DDE)

The dose equivalent measured at a tissue depth of 1 cm (1000 mg/cm²). DDE is the external component of TEDE.

3.4 Committed Dose Equivalent (CDE)

The dose equivalent to organs or tissues of reference that will be received from an intake of radioactive material by an individual during the 50 year period following the uptake.

3.5 Committed Effective Dose Equivalent (CEDE)

The sum of the products of the weighting factors applicable to each of the body organs or tissues and the CDE to these organs or tissues. CEDE is the internal dose component of TEDE.

3.6 Total Effective Dose Equivalent (TEDE)

Sum dose of DDE (external dose) and CEDE (internal dose).

3.7 Derived Air Concentration (DAC)

The concentration of a given radionuclide in air which, if breathed by the reference man for a working year of 2,000 hours under conditions of light work (inhalation rate of 1.2 cubic meters of air per hour), results in an intake of one Annual Limit on Intake (ALI) per PAP-0114.

3.8 Radiation Emergency Assistance Center/Training Site (REAC/TS)

REAC/TS is operated by the Medical Sciences Division of the Oak Ridge Institute for Science and Education for the U.S. Department of Energy (DOE). REAC/TS provides 24-hour direct or consultative assistance with medical and health physics problems associated with radiation accidents in local, national, and international incidents.

3.9 Subarea 1

Subarea 1 is defined as the area within two miles from the Perry Nuclear Power Plant which includes two miles of Lake Erie.

3.10 "Lake" Evacuation Subarea

If an affected area evacuation includes "Lake", it means that Lake Erie should be evacuated out to 10 miles.

3.11 General Emergency Default PAR's

General Emergency Default Protective Action Recommendations (PARs) are based on the potential for a major release of radioactive material from the Perry plant per the guidance set forth in Supplement 3 to <NUREG-0654/FEMA-REP-1>. The intent of these PARs is to provide a means of promptly implementing a minimum evacuation for the general public within 5 miles downwind of the Perry Plant until a detailed assessment can be performed. Implicit in these PARs is that assessment actions will continue to determine what additional protective actions are required to ensure the health and safety of the general public.

4.0 RESPONSIBILITIES

4.1 Emergency Coordinator

1. Approve plume exposure pathway protective action recommendations (PARs) for the general public.
2. Notify the State of Ohio, local counties, and Nuclear Regulatory Commission (NRC) of changes in PARs for the general public developed by the Perry Plant.
3. Approve the use of Potassium Iodide (KI) by Radiation Monitoring Team (RMT) personnel.

4.2 TSC Operations Manager

1. Assume the responsibilities of the Emergency Coordinator prior to the Emergency Operations Facility (EOF) being operational.
2. Approve the usage of Potassium Iodide (KI) for all onsite Emergency Response Organization (ERO) personnel. <P00011>

4.3 Shift Manager

1. Assume the responsibilities of the TSC Operations Manager prior to the Technical Support Center (TSC) being operational.

4.4 EOF Offsite Radiation Advisor

1. Supervise the development of plume exposure pathway PAR for the general public.
2. Review PAR developed for the general public and recommend approval.
3. Recommend approval for the use of KI for RMT personnel.

4.5 TSC Radiation Protection Coordinator <P00046>

1. Assume the responsibilities of the EOF Offsite Radiation Advisor prior to the EOF being operational.
2. Recommend approval for the use of KI for all onsite ERO personnel.

4.6 Shift Engineer

1. Review PARs developed for the general public prior to the TSC being operational.
2. Assist in estimating the duration of a release and the prognosis for the restoration or failure of plant equipment/structures which may result in a release being terminated or (re)initiated.

4.7 TSC/EOF Dose Assessor(s)

1. Develop plume exposure pathway PARs for the general public per this instruction.

4.8 Shift Lead Chemistry Technician

1. Assume responsibility for developing PARs for the general public prior to the TSC being operational.

4.9 TSC Operations Advisor/EOF Plant Operations Advisor

1. Assist in estimating the duration of a release and the prognosis for the restoration or failure of plant equipment/structures which may result in the release being terminated or (re)initiating.

5.0 ACTIONS

5.1 Protective Action Logic

5.1.1 Shift Lead Chemistry Technician/Dose Assessor:

1. Use the PAR Decision Flow Chart (Attachment 1), to determine the appropriate PAR.

-- If a PAR based on an actual or projected dose can not be determined within 10 minutes of the declaration of the General Emergency, use the default PAR developed per Attachment 1. A PAR upgrade shall be made as part of a subsequent offsite notification per <EPI-B1> based on projected or actual dose, when available, if warranted.

-- If the release has not been terminated and an estimate on release duration is not immediately available from the Shift Engineer (SE)/TSC Operations Advisor/EOF Plant Operations Advisor, a 6 hour default release duration shall be used.

2. Submit the PAR, along with supporting data, for review and subsequent approval to the SE/TSC Radiation Protection Coordinator (RPC)/EOF Offsite Radiation Advisor (ORA).

-- If the SE is not stationed (prior to transferring PAR responsibilities to the TSC), forward the PAR directly to the Shift Manager for approval.

3. Assist, when directed, in completing appropriate portions of the Initial Notification (PNPP No. 7794) and Follow-Up Notification (PNPP No. 7795).
4. Monitor potential upgrades or changes in the PAR based on degrading plant conditions or changes in wind direction or other meteorological conditions, and if warranted, recommend required PAR changes to the SE/TSC RPC/EOF ORA in accordance with logic contained in Attachment 1.

NOTE: Once a subarea is included in a PAR, it shall not be removed for subsequent PAR's based on changes in conditions.

5. Turnover PAR development duties from the Control Room to the TSC, and subsequently to the EOF, when directed.

5.1.2 Shift Engineer (SE)/TSC Radiation Protection Coordinator (RPC)/ EOF Offsite Radiation Advisor (ORA):

1. Review PARs developed for the general public and recommend their approval based the PAR Decision Flowchart (Attachment 1).

2. Ensure that changes in PARs, including their effect on existing subarea protective actions, are adequately reflected in a timely manner on offsite notifications conducted per <EPI-B1>.

-- If the release has not been terminated and an estimate on release duration is not immediately available from the Shift Engineer (SE)/TSC Operations Advisor/EOF Plant Operations Advisor, a 6-hour default release duration shall be used.

3. Provide clarification when required to facility staff on the factors considered in developing the PAR.
4. Periodically review the PAR based on degrading plant conditions or changes in wind direction or other meteorological conditions to ensure that required protective actions are being considered in accordance with the PAR logic outlined in Attachment 1 <P00029>

NOTE: Once a subarea is included in a PAR, it shall not be removed for subsequent PAR's based on changes in conditions.

5. Assist in completing appropriate portions of the Initial Notification (PNPP No. 7794) and Follow-Up Notification (PNPP No. 7795).
6. Ensure the coordinated turnover of PAR development and review duties from the Control Room to the TSC, and subsequently to the EOF.

5.1.3 Emergency Coordinator:

1. Determine if the appropriate method was used to determine the PAR using the PAR Decision Flow Chart (Attachment 1).
2. Approve PARs for the general public developed utilizing Attachment 1 and ensure that the State of Ohio, local counties, and the NRC are notified per <EPI-B1>.

-- If a PAR based on an actual or projected dose can not be determined within 10 minutes of the declaration of the General Emergency, use the default PAR developed per Attachment 1.

3. Ensure that PAR is periodically evaluated based on degrading plant conditions or changes in wind direction or other meteorological conditions using Attachment 1. <P00029>

NOTE: Once a subarea is included in a PAR, it shall not be removed for subsequent PAR's based on changes in conditions.

4. Ensure the timely and coordinated turnover of PAR approval duties from the Control Room to the TSC, and subsequently to the EOF, when the non-delegatable Emergency Coordinator responsibilities are transferred per <EPI-A2>.

5.2 Potassium Iodide (KI) Distribution to Onsite Emergency Response Organization (ERO) Personnel <H00022, H00024>

NOTE: Recommending the use of KI by the general public is the responsibility of the local County officials. The Perry Plant is not responsible for recommending the use of KI for the general public.

5.2.1 TSC Radiation Protection Coordinator:

1. Direct that the following information be recorded on a Potassium Iodide (KI) Tracking Form (PNPP No. 9177, Attachment 3) for each Control Room, TSC, Operations Support Center (OSC) and EOF staff member who has exceeded or may exceed an airborne concentration of 4000 Derived Air Concentration (DACs) AND can not be relocated, dismissed, or have work activities altered to avoid receiving a dose of 10 Rem CDE to the adult thyroid (CDE - child thyroid x 2):

- a. Full name,
- b. Social Security No.,
- c. Employee's Section/Unit, and
- d. Estimated date/time of exposure.

NOTE: KI is 90% effective if administered within 1 hour after inhalation or ingestion, and 50% effective if administered within 4 hours after inhalation or ingestion.

2. Review completed form(s) and forward to TSC Operations Manager for approval.

5.2.2 TSC Operations Manager:

1. Discuss with TSC Radiation Protection Coordinator whether sufficient As Low As Reasonably Achievable (ALARA) precautions have been taken in lieu of KI.

NOTE: Activation of the Backup EOF per <EPI-A11> should be initiated in lieu of issuing KI to EOF staff. KI should only be issued to EOF staff when necessary to allow for movement of personnel from the EOF, if needed, once deactivated.

2. Once a need for KI is determined, approve the distribution of KI by signing the KI Tracking Form(s).
3. Contact the Ohio Emergency Management Agency (OEMA), using the telephone number listed in the Emergency Response Telephone Directory, to obtain guidance from the Radiation Emergency Assistance Center/Training Site (REAC/TS) on further issuance of KI to those individuals who were already issued the drug.

NOTE: A dosage of one tablet per day for ten days should be followed unless instructed otherwise after consulting with REAC/TS.

4. Order additional quantities of KI through the ODH, as required, using the telephone number listed in the Emergency Response Telephone Directory.

NOTE: Sufficient KI is available onsite for three shifts per day for ten days (except for the EOF which only has limited quantities of KI for evacuation purposes). <P00011>

5.2.3 Shift Manager/OSC Health Physics Supervisor/TSC Radiation Protection Coordinator/EOF Offsite Radiation Advisor:

1. Brief facility staff to be issued KI on the possible side effects using the manufacturer's patient package insert located on the back of the KI Tracking Forms, and ensure that each individual has no known allergies to iodide.

NOTE: Ingestion of KI, even as a precautionary measure, is a voluntary act and, therefore, at the discretion of each individual.

2. Instruct each employee receiving KI to initial the KI Tracking Form.
3. Distribute one KI tablet (130 mg.) to each authorized individual, and record the date/time issued on the KI Tracking Form.

NOTE: KI is stored in the E-Plan equipment/supply cabinets in the Control Room, TSC Display Room, OSC Conference Room, and in the EOF Decontamination Room.

4. Do not dismiss staff members issued KI until guidance on further KI usage can be obtained from REAC/TS.

5.3 Potassium Iodide (KI) to RMT Members <HQ0022, H00024>

5.3.1 **TSC/EOF Dose Assessors:**

1. Identify to the EOF Offsite Radiation Advisor the need to consider issuing KI to RMT members who have exceeded or may exceed a dose of 10 Rem CDE to the adult thyroid (CDE - child thyroid x 2).

-- If the EOF is not operational, this concern shall be brought to the attention of the TSC Radiation Protection Coordinator.

2. Once issuance of KI has been approved, ensure that RMT members are briefed on the possible side effects using the manufacturer's patient package insert located on the back of the KI Tracking Form, and ensure that each individual has no known allergies to iodide.

NOTE: Ingestion of KI, even as a precautionary measure, is a voluntary act and, therefore, at the discretion of each individual.

3. Document RMT members concurrence to taking KI by having each individual initial on the KI Tracking Form.
 - a. If team is currently in the field, obtain a verbal concurrence from each RMT member and document response in RMT Log. Direct RMT members to initial KI Tracking Form upon their return to the Perry Plant site.
4. Direct authorized RMT member(s) to take one KI tablet each (130 mg.).

NOTE: One bottle of KI (14 tablets) each is stored in RMT Sampling Kit.

5. Record the date/time issued block on the KI Tracking Form, when notified by RMT member that he/she has ingested KI tablet.
6. Do not dismiss RMT members issued KI until guidance on further KI usage can be obtained from REAC/TS by contacting the OEMA, using the telephone number listed in the Emergency Response Telephone Directory.

5.3.2 **EOF Offsite Radiation Advisor:**

1. Evaluate the need for KI and, if deemed necessary, direct that the following information be completed on a Potassium Iodide Tracking Form (PNPP No. 9177, Attachment 3) for each RMT member:
 - a. Full Name,

- b. Social Security No.
- c. Employee's Section/Unit, and
- d. Estimated date/time of exposure.

NOTE: Per <EPI-B3>, movement of the RMTs should be limited to monitoring the plume boundaries if an exposure of 1 Rem TEDE or 10 Rem CDE (adult thyroid) would be exceeded in traversing the plume.

2. Review the KI Tracking Form to ensure that above information on each individual is recorded; then forward tracking form to Emergency Coordinator for approval.

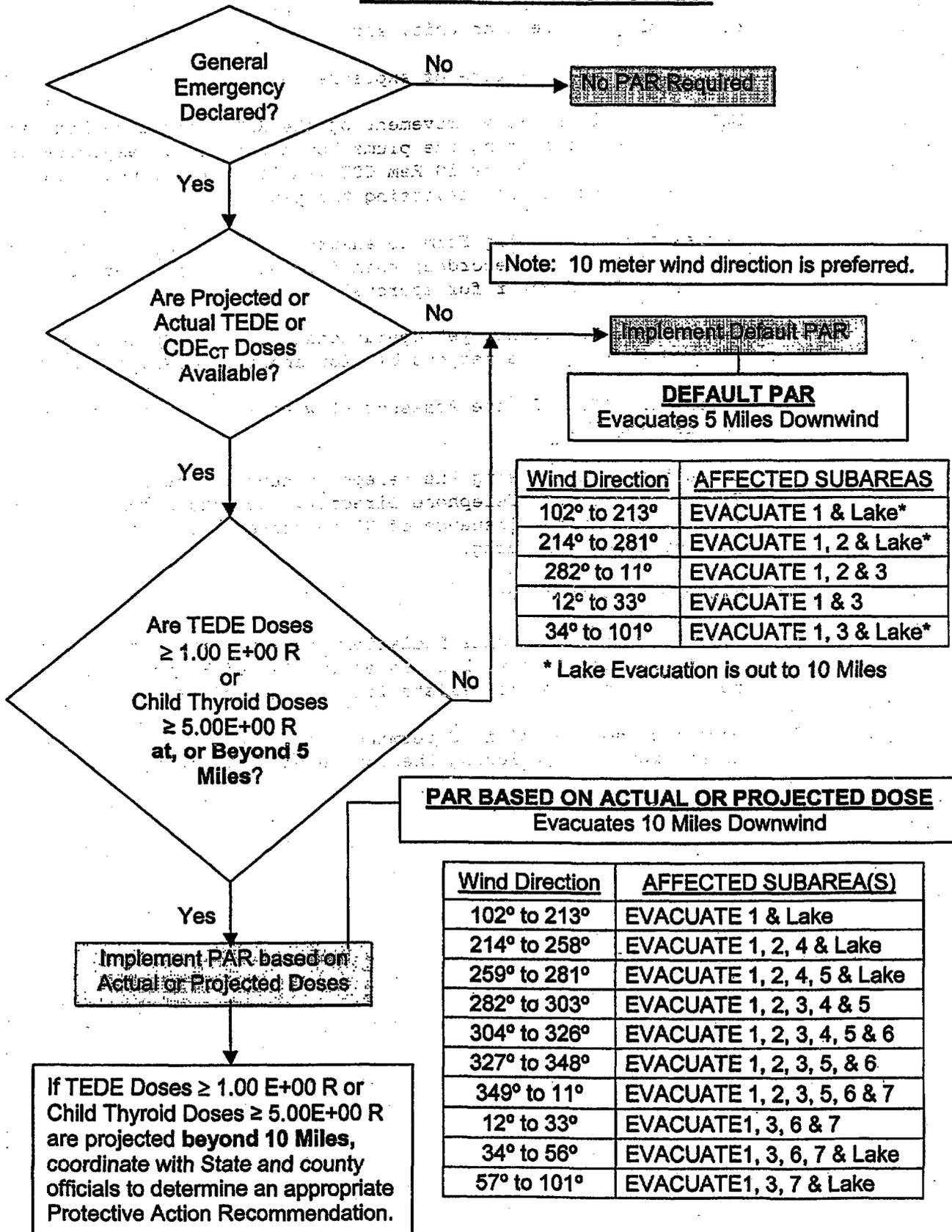
-- If the EOF is not yet operational, the TSC Operations Manager will be responsible for approving issuance of KI.

3. Notify the TSC/EOF Dose Assessor(s) when approval is obtained for issuing KI.
4. Contact the OEMA, using the telephone number listed in the Emergency Response Telephone Directory, to obtain guidance from REAC/TS on further issuance of KI to those individuals who were already issued the drug.

5.3.3 EOF Emergency Coordinator:

1. Discuss with EOF Offsite Radiation Advisor whether sufficient ALARA precautions have been taken in lieu of KI and that adequate justification exists for issuance of KI.
2. Once the need for KI is determined, approve the issuance of KI to RMT members by signing the completed KI Tracking Form(s).

PAR DECISION FLOWCHART



Note: 10 meter wind direction is preferred.

Implement Default PAR

DEFAULT PAR
Evacuates 5 Miles Downwind

Wind Direction	AFFECTED SUBAREAS
102° to 213°	EVACUATE 1 & Lake*
214° to 281°	EVACUATE 1, 2 & Lake*
282° to 11°	EVACUATE 1, 2 & 3
12° to 33°	EVACUATE 1 & 3
34° to 101°	EVACUATE 1, 3 & Lake*

* Lake Evacuation is out to 10 Miles

PAR BASED ON ACTUAL OR PROJECTED DOSE
Evacuates 10 Miles Downwind

Wind Direction	AFFECTED SUBAREA(S)
102° to 213°	EVACUATE 1 & Lake
214° to 258°	EVACUATE 1, 2, 4 & Lake
259° to 281°	EVACUATE 1, 2, 4, 5 & Lake
282° to 303°	EVACUATE 1, 2, 3, 4 & 5
304° to 326°	EVACUATE 1, 2, 3, 4, 5 & 6
327° to 348°	EVACUATE 1, 2, 3, 5, & 6
349° to 11°	EVACUATE 1, 2, 3, 5, 6 & 7
12° to 33°	EVACUATE 1, 3, 6 & 7
34° to 56°	EVACUATE 1, 3, 6, 7 & Lake
57° to 101°	EVACUATE 1, 3, 7 & Lake

POTASSIUM IODINE (KI) TRACKING FORM (PNPP No. 9177)**Patient Package Insert For****THYRO-BLOCK®****TABLETS**

(POTASSIUM IODIDE TABLETS, USP)
(pronounced *po-TASS-e-um IYE-oh-dyed*)
(abbreviated: KI)

TAKE POTASSIUM IODIDE ONLY WHEN PUBLIC HEALTH OFFICIALS TELL YOU. IN A RADIATION EMERGENCY, RADIOACTIVE IODINE COULD BE RELEASED INTO THE AIR. POTASSIUM IODIDE (A FORM OF IODINE) CAN HELP PROTECT YOU.

IF YOU ARE TOLD TO TAKE THIS MEDICINE, TAKE IT ONE TIME EVERY 24 HOURS. DO NOT TAKE IT MORE OFTEN. MORE WILL NOT HELP YOU AND MAY INCREASE THE RISK OF SIDE EFFECTS. DO NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE. (SEE SIDE EFFECTS BELOW.)

INDICATIONS

THYROID BLOCKING IN A RADIATION EMERGENCY ONLY.

DIRECTIONS FOR USE

Use only as directed by State or local public health authorities in the event of a radiation emergency.

DOSE

Tablets: **ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER:** One (1) tablet once a day. Crush for small children.
BABIES UNDER 1 YEAR OF AGE: One-half (½) tablet once a day. Crush first.

Take for 10 days unless directed otherwise by State or local public health authorities.

Store at controlled room temperature between 15° and 30°C (59° to 86°F). Keep container tightly closed and protect from light.

WARNING

Potassium iodide should not be used by people allergic to iodide. Keep out of reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.

DESCRIPTION

Each THYRO-BLOCK® TABLET contains 130 mg of potassium iodide. Other ingredients: magnesium stearate, microcrystalline cellulose, silica gel, sodium thiosulfate.

HOW POTASSIUM IODIDE WORKS

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they need from foods, like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage.

If you take potassium iodide, it will fill up your thyroid gland. This reduces the chance that harmful radioactive iodine will enter the thyroid gland.

WHO SHOULD NOT TAKE POTASSIUM IODIDE

The only people who should not take potassium iodide are people who know they are allergic to iodide. You may take potassium iodide even if you are taking medicines for a thyroid problem (for example, a thyroid hormone or antithyroid drug). Pregnant and nursing women and babies and children may also take this drug.

HOW AND WHEN TO TAKE POTASSIUM IODIDE

Potassium iodide should be taken as soon as possible after public health officials tell you. You should take one dose every 24 hours. More will not help you because the thyroid can "hold" only limited amounts of iodine. Larger doses will increase the risk of side effects. You will probably be told not to take the drug for more than 10 days.

SIDE EFFECTS

Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.

Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

WHAT TO DO IF SIDE EFFECT OCCUR

If the side effects are severe or if you have an allergic reaction, stop taking potassium iodide. Then, if possible, call a doctor or public health authority for instructions.

HOW SUPPLIED

THYRO-BLOCK® TABLETS (Potassium Iodide Tablets, USP) bottles of 14 tablets (NDC 0037-0472-20). Each white, round, scored tablet contains 130 mg potassium iodide.

WALLACE LABORATORIES
Division of
CARTER-WALLACE, INC.
Cranbury, New Jersey 08512