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DOCUMENT TRANSMITTAL 2003-58892

USER INFORMATION:

~~GERBACH*ROSE M EMPL#:28401 CA#: 0363
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TRANSMITTAL INFORMATION:

TO: ~~GERBACH*ROSE M~~ 12/12/2003
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:

100 - 100 - EMERGENCY DIRECTOR/CONTROL ROOM:
EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 12/04/2003

ADD MANUAL TABLE OF CONTENTS DATE: 12/11/2003

CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-100
REPLACE: REV:18

REPLACE: REV:18

REMOVE: PCAF 2003-1643 REV: N/A

ADD: PCAF 2003-1643 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.

A0415

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)

3. 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)

PROTECTIVE ACTION RECOMMENDATION STATE NOTIFICATION FORM

- THIS IS A DRILL THIS IS AN ACTUAL EVENT

(This form is to be used to communicate PPL's Protective Action to the senior state official at 717-651-2148.)

1. This is _____ of the Susquehanna Steam Electric Station.
(Fill in your name)

2. I am the: Emergency Director at the Susquehanna SES Control Room
 Emergency Director at the Technical Support Center
 Recovery Manager at the Emergency Operations Facility

3. I am about to provide a Protective Action Recommendation. Do I have the Senior State Official on the line?

Name _____

4. A General Emergency has been declared as of _____.

5. This declaration was made due to:

6. The PPL Susquehanna Protective Action Recommendation is:

- Evacuate 0-10 miles and advise citizens to take KI in accordance with the state's emergency plans.
 Evacuate 0-2 miles and shelter 2-10 miles and advise citizens to take KI in accordance with the state's emergency plans.
 Divert Danville drinking water supply from the Susquehanna River
 Evacuate beyond 10 miles (specify distance _____) and advise citizens to take KI in accordance with the state's emergency plans.

7. Date/Time: _____

POTASSIUM IODIDE (KI) TRACKING FORM

(Recommended dose: 1 tablet/day = 130 mg)

KI ISSUED TO: (NAME)	SOCIAL SECURITY #	EST. DATE/TIME OF EXPOSURE		START		KI INTAKE STOP		DOSAGE (Tablets)
		DATE	TIME	DATE	TIME	DATE	TIME	

Approved by: _____
Emergency Director - or - Recovery Manager

Date _____