

MANUAL HARD COPY DISTRIBUTION

DOCUMENT TRANSMITTAL 2003-58837

USER INFORMATION:

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TRANSMITTAL INFORMATION:

TO: ~~GERLACH\*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:

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

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

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

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

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)

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"/> Relocation
<input type="checkbox"/> Evacuate 0-10 miles and advise citizens to take KI in accordance with the State's emergency plans	<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
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