

MANUAL HARD COPY DISTRIBUTION

DOCUMENT TRANSMITTAL 2003-58875

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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:

114 - 114 - CHEMISTRY COORDINATOR: EMERGENCY PLAN-  
POSITION SPECIFIC PROCEDURE

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

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

CATEGORY: PROCEDURES    TYPE: EP  
ID:    EP-PS-114  
REPLACE:    REV:10

REPLACE:    REV:10

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.

AD45

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:

\_\_\_\_\_ (Callback telephone number)

Notification time is:

\_\_\_\_\_ (Time notification initiated)

3. EMERGENCY CLASSIFICATION:

UNUSUAL EVENT

SITE AREA EMERGENCY

ALERT

GENERAL EMERGENCY

The event has been terminated.

UNIT:  ONE

Declaration  
Time:

DATE:

TWO

\_\_\_\_\_ (Time classification/  
termination declared)

\_\_\_\_\_ (Date classification/  
termination declared)

ONE & TWO

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: \_\_\_\_\_  
(ED, RM, or EOFSS)

Time: \_\_\_\_\_  
(Time form approved)

Date: \_\_\_\_\_  
(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:**

- None
- Local Area Evacuation
- Site Accountability
- Evacuation of non-essential personnel
- KI to onsite personnel
- 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**

Total Site Release Rate	Airborne	Liquid
< Tech Requirements Limit	<input type="checkbox"/>	<input type="checkbox"/>
≥ Tech Requirements Limit	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: TRM Limits (μCi/min): Noble Gas 1.00E+6; Iodine 1.04E+2; Particulate 7.72 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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