



444 South 16th Street Mall
Omaha NE 68102-2247

February 2, 2004
LIC-04-0016

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

Reference: Docket No. 50-285

SUBJECT: Transmittal of Changes to EPF

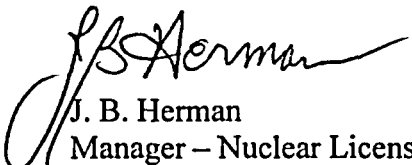
In accordance with 10 CFR 50.54(q), 10 CFR 50, Appendix E, Section V, and 10 CFR 50.4(b)(5), please find EPF change packages enclosed for the Document Control Desk (holder of Copy 165) and the NRC Region IV Plant Support Branch Secretary (holder of Copies 154 and 155).

The document update instructions and summary of changes are included on the Confirmation of Transmittal form (Form EP-1) attached to each controlled copy change package. Please return the Confirmation of Transmittal forms by March 26, 2004.

The revised documents included in the enclosed package are:
EPF Index page 1 of 2 issued 01/29/04
EPF 14 R13 issued 01/29/04

If you have any questions regarding the enclosed changes, please contact Mr. Carl Simmons at (40) 533-6430.

Sincerely,



J. B. Herman
Manager – Nuclear Licensing

JBH/ckf

Enclosures

- c: NRC Region IV Plant Support Branch Secretary (2 sets)
Alan Wang, NRC Project Manager (w/o enclosures)
J. G. Kramer, NRC Senior Resident Inspector (w/o enclosures)
Emergency Planning Department (w/o enclosures)

A045

OMAHA PUBLIC POWER DISTRICT

Confirmation of Transmittal for
Emergency Planning Documents/Information

<input type="checkbox"/> Radiological Emergency Response Plan (RERP)	<input type="checkbox"/> Emergency Plan Implementing Procedures (EPIP)	<input checked="" type="checkbox"/> Emergency Planning Forms (EPF)
<input type="checkbox"/> Emergency Planning Department Manual (EPDM)	<input type="checkbox"/> Other Emergency Planning Document(s)/ Information	

Transmitted to:

Name: Document Control Desk Copy No: 165 Date: _____
Plant Support Branch Secretary Copy No: 154
Plant Support Branch Secretary Copy No: 155

The following document(s) / information are forwarded for your manual:

REMOVE SECTION

EPF Index page 1 of 2 issued 12/16/03
EPF 14 R12 issued 07/29/03

INSERT SECTION

EPF Index page 1 of 2 issued 01/29/04
EPF 14 R13 issued 01/29/04

Summary of Changes:

EPF 14 was changed to word format. Appearance has changed but not content.



Supervisor - Emergency Planning

I hereby acknowledge receipt of the above documents/information and have included them in my assigned manuals.

Signature: _____

Date: _____

Please sign above and return by to: 03/26/04

Beth Nagel
Fort Calhoun Station, FC-2-1
Omaha Public Power District
444 South 16th Street Mall
Omaha, NE 68102-2247

NOTE: If the document(s)/information contained in this transmittal is no longer requested or needed by the recipient, or has been transferred to another individuals, please fill out the information below.

☐ Document(s)/Information No Longer Requested/Needed

☐ Document(s)/Information Transferred to:

Name: _____

Mailing Address: _____

Document	Document Title	Revision/Date
<u>FC-EPF-1</u>	Alert Notification System Accidental Activation Report Form	R7 11-29-01
<u>FC-EPF-2</u>	Offsite Monitoring Log	R3 03-15-01
<u>FC-EPF-3</u>	Administration of Potassium Iodide Tablets	R1 11-07-00
<u>FC-EPF-4 NCR</u>	Radiological Emergency Team Briefing Checklist	R3 07-29-03
<u>FC-EPF-5</u>	Emergency Worker Extension	R5 02-14-03
<u>FC-EPF-6</u>	Estimated Exposure Worksheet	R4 11-07-00
<u>FC-EPF-7</u>	Estimated Exposure Log	R2 04-01-98
<u>FC-EPF-8</u>	Sample Worksheet	R6 07-23-02
<u>FC-EPF-9</u>	OSC 24-Hour Staffing Schedule	R14 01-16-03
<u>FC-EPF-10</u>	CR/TSC 24-Hour Staffing Schedule	R16 01-16-03
<u>FC-EPF-11</u>	EOF 24-Hour Staffing Schedule	R12 01-16-03
<u>FC-EPF-12</u>	MRC 24 Hour Staffing Schedule	R3 02-14-02
<u>FC-EPF-13</u>	Emergency Response Organization Log Sheet	R0 01-17-91
<u>FC-EPF-14</u>	Emergency Response Organization Assignment Form	R13 01-29-04
<u>FC-EPF-15</u>	Drill Exercise Comment Form	R3 07-11-97a
<u>FC-EPF-17</u>	Pager Response Follow Up Questionnaire	R3 11-06-99
<u>FC-EPF-19</u>	Process and Area Monitor Locations	R7 04-22-03
<u>FC-EPF-20</u>	Site Boundary/Owner Control Area	R2 06-03-03
<u>FC-EPF-21</u>	Fort Calhoun Station Sector Map	R2 05-15-97
<u>FC-EPF-27</u>	Onsite/Offsite Dose Comparison Data Record (Using Eagle Program)	R3 11-07-00
<u>FC-EPF-29</u>	Estimation of Unmonitored Release Rates	R1 12-30-93
<u>FC-EPF-31</u>	/ Stability Class Chart	R2 03-14-02
<u>FC-EPF-32</u>	Area Monitor Trending	R0 06-10-93

Distribution Authorized

This procedure does not contain any proprietary information, or such information has been censored. This issue may be released to the public document room. Proprietary information includes personnel names, company telephone numbers, and any information, which could impede emergency response.

EMERGENCY RESPONSE ORGANIZATION ASSIGNMENT FORM			
Section 1: Type of Change			
<input type="checkbox"/> New Assignment: (Position/Title)			
<input type="checkbox"/> Delete From: (Position/Title)			
<input type="checkbox"/> Other Changes: (Position/Title)			Reason:
Section 2: Employee Data/Concurrence			
Full Name (include middle initial):			Employee No:
Department Name/Number:			TLD No:
Employee Signature:		Print:	
Department Head Signature:		Print:	
Responsible MGMT. Contact (Per NAI-10):		Print:	
Forward to the Supervisor - Emergency Planning			
Section 3: Initial Assignment			
<input type="checkbox"/> N/A Supervisor-EP Approval:			Date:
ERO Roster Updated By:			Date:
Team Color: <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Blue			
Section 4: Qualification Requirements Verification			
NOTE: A member of the EP Group will review with the assignee the steps and requirements needed to be taken to qualify for their assigned position.			
EP Reviewer:		Date:	Target Completion Date:
<input type="checkbox"/> N/A Emergency Preparedness Training Completed on:		<input type="checkbox"/> 90 day training requirement	
Verified in PQD on:		<input type="checkbox"/> 6 month training requirement	
<input type="checkbox"/> N/A TLD Issued on:			
<input type="checkbox"/> N/A SCBA Qualification Completed on:			
<input type="checkbox"/> N/A FCS Site Access Badge Issued:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TLD Number:
Fitness For Duty Program Initiated:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Supervisor's CBOP Training Completed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Section 5: Final Approval			
The Above Change(s) Approved by Supervisor-Emergency Planning:			Date:
Section 6: Final Status Update			
<input type="checkbox"/> N/A ERO Roster Updated to Status 1 (Individual has been instructed to obtain an ERO ID card) or status 2 by (Circle one):			
Emergency Planning REP:			Date:
<input type="checkbox"/> N/A Employee deleted from ERO Roster (instruct individual to turn in ERO ID card) by:			
Emergency Planning REP:			Date:
Reason for Deletion:			