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DOCUMENT TRANSMITTAL 2004-16075

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TRANSMITTAL INFORMATION:

TO: ~~GERLACH*ROSE M~~ 04/07/2004
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:

137 - 137 TSC NRC COMMUNICATOR
REMOVE MANUAL TABLE OF CONTENTS DATE: 12/11/2003
ADD MANUAL TABLE OF CONTENTS DATE: 04/06/2004
CATEGORY: PROCEDURES TYPE: EP
ID: EP-PS-137
REPLACE: REV:0
REPLACE: REV:0
REMOVE: PCAF 2003-1734 REV: N/A
ADD: PCAF 2003-1734 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
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ELECTRONICALLY REVIEW THE APPROPRIATE DOCUMENTS AND
ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX.

AD45

EMERGENCY NOTIFICATION LOG SHEET

EMERGENCY CLASSIFICATION

- _____ UNUSUAL EVENT
- _____ ALERT
- _____ SITE AREA EMERGENCY
- _____ GENERAL EMERGENCY

_____ STATIC UPDATE

EMERGENCY NOTIFICATION
REPORT (ENR) CONTROL NO. _____

AGENCY	NAME OF CONTACT	TIME
PEMA		
LCEMA		
CCEMA		
MOC/PIM		

ADDITIONAL INFORMATION

**NOTIFICATION MATRIX
TECHNICAL SUPPORT CENTER COMMUNICATOR**

AGENCY/CONTACT	PHONE NUMBER	UPGRADE or DOWNGRADE	STATIC UPDATE	SIGNIFICANT EVENT	HAZARDOUS MATERIAL	PROTECTIVE ACTION RECOMMENDATION FORM	TERMINATION
PEMA (4960/4961) LCEMA (4906/4907) CCDPS (4955/4956) MOC (4903/4902)	191	X Within 15 minutes	X Every hour	X	X	NA	X
Nuclear Regulatory Commission	ENS or 1-301-816-5100	X Within 1-hour	X	X	X	X	X
Transmission Control Center	8-1-484-634-4090	X After NRC notification	NA				X
Institute of Nuclear Power (INPO)	8-1-800-321-0614	X Within 2 hours					X
American Nuclear Insurers	8-1-860-561-3433	X Within 2 hours					X
PA Rural Electric Assn.	8-1-717-233-5704	X Within 2 hours					X

Note: Additional telephone numbers are located in the Emergency Telephone Directory available at each workstation.

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: _____

The EMERGENCY CLASSIFICATION is:			
<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: _____

The PROTECTIVE ACTION RECOMMENDATION is:	
<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

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 ($\mu\text{Ci}/\text{min}$): 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 _____

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

Other:

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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