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TUCKMAN,M.S. Duke Power Co.
RECIP.NAME RECIPIENT AFFILIATION

SUBJECT: Rev 8 to Crisis Mgt Plan Implementing Procedure EDA-9, "Environ Monitoring for Emergency Conditions for McGuire Nuclear Station."

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DUKE POWER

February 20, 1991

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

Subject: McGuire Nuclear Station
Docket Nos. 50-369 and 50-370
Catawba Nuclear Station
Docket Nos. 50-413 and 50-414
Oconee Nuclear Station
Docket Nos. 50-269, 50-270, and 50-287
Emergency Dose Assessment Manual

Gentlemen:

Attached for NRC staff use and review is Revision 8 to EDA-9 dated February 1991 (Off-Site Dose Projections For McGuire Nuclear Station) and Revision 4 to EDA-4 dated August 9, 1990 (Off-Site Dose Projections for Oconee Nuclear Station for the Duke Power Company Emergency Dose Assessment Manual.

By copy of this letter two copies are being provided to NRC, Region II, Atlanta.

Very truly yours,

M. S. Tuckman

M. S. Tuckman
Vice President
Nuclear Operations

HAF:haf

Attachment

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PDR ADOCK 05000269
F PDR

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DUKE POWER COMPANY

EMERGENCY DOSE ASSESSMENT MANUAL

November 1, 1990

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CRISIS MANAGEMENT PLAN

IMPLEMENTING PROCEDURE

EDA - 9

"Environmental Monitoring for Emergency Conditions for McGuire Nuclear Station"

L E Harris
Approved By

11/1/90
Date

Rev. 7
November 1, 1990

EDA-9
Enclosure 5.1

RADIATION WORK PERMIT
DUKE POWER COMPANY
McGUIRE NUCLEAR STATION

Date 01/15/90 Time 0800 (S)RWP Number 90-98 Rev. 0

Job Description Field Monitoring Team Emergency Response Activities

Location: Building/Unit N/A Room/Elevation N/A Area 10 Mile EPZ

SPECIAL INSTRUCTIONS/PRECAUTIONS

[x]Notify FMC prior to start of work or changing work locations.
[x]Contact FMC for expected conditions during job.
[x]Utilize RCZ/laundry bins/& Radioactive waste containers.
[ ]Radiation Protection approval required prior to sweeping, brushing, grinding, welding, or use of compressed air and solvents.
[ ]Provide for adequate system drainage and provide absorbent material to pick up water.
[ ]Lay down polyethylene and/or canvas to protect work surfaces and limit contamination.
[ ]Set up local exhaust system with HEPA filter for proper ventilation.
[x]Enter time in RCA/RCZ on Daily Exposure Time Record Card.
[ ]Review area Radiological Status Sheet prior to entry.
[x]Low dose-rate areas are identified.
[x]Personnel/tool/equipment monitoring required when leaving RCA/RCZ.
[ ]Housekeeping tour required before RWP termination.

REFER TO COMMENTS SECTION FOR ADDITIONAL INSTRUCTIONS/INFORMATION

Radiation Protect. Coverage Required	Radiation Monitoring Required		ALARA Considerations
[x]Continuous	TYPE	_x_ Radiation Level	[x]Pre-Job Briefing
[ ]Intermittent	[ ]Alpha	_x_ Contamination	[x]Post-Job Debriefing
[ ]Start of Work	[x]Beta	_x_ Airborne Particulate	[ ]Tool List
[ ]Dose Controller	[ ]Gamma	_x_ Airborne Iodine	[ ]Temp. Shielding
[ ]_____	[x]Beta-Gamma	____ Gaseous Activity	[x] Post-job BBA
	[ ]Neutron	See survey and/or supplemental sheets for specific levels.	[ ]Additional Sheet

Notice: Each radiation worker is responsible for knowing their work area dose rates and the location of low dose-rate waiting areas. Each radiation worker is responsible for following the requirements of this RWP.

Comments * Information/Direction provided by FMC D: Core Damage ; Release
A: No Core Damage ; No Release Outside of vehicle; Contamination
B: No Core Damage ; Release 450 ccpm with HP 210/260 on RM-14
C: Core Damage ; No Release or E-120 or E-520

PROTECTIVE CLOTHING AND EQUIPMENT REQUIRED

Job Classification Refer to Comments Section	A	B	C	D	E
[x] Hood					
Disposable				x	
Cloth . . . .OR				x	
Wetsuit					
[x] Coveralls					
Disposable				x	
Cloth . . . OR				x	
Wetsuit					
[x] Gloves					
Cotton		x		x	
Rubber		x		x	
Surgical					
Cotton Work					
Heavy Rubber					
Leather					
[x] Shoe Covers					
Disposable		x		x	
Cloth					
Rubber		x		x	
Heavy Rubber					
[x] TAPE REQUIRED				x	
[ ] NO PERSONAL OUTER CLOTHING					
[x] DOSIMETRY					
Whole-Body TLD	x	x	x	x	
Extremity TLD					
Low Range Pocket Dosimeter	x	x	x	x	
High Range Pocket Dosimeter	x	x	x	x	
Extremity Pocket Dosimeter					
Digital Alarming Dosimeter					
[x] RESPIRATORY					
Full-Face Particulate		*		*	
Air Line					
SCBA					
Air Supplied Suit/Hood					
Potasium Iodine (KI) Tab.				*	

SRWP [signature]
Approval Radiation Protection 1-15-90/0715
Manager or RP General Supervisor (Date/Time)

(S)RWP [signature]
Approval [signature]
Radiation Protect. Title Date/Time 1-18-90/0700

(S)RWP
Terminated
Radiation Protection Title Date/Time

XC: Supervisor/Worker S&C Radiation Protection Change Room Control Point RP Shift ALARA