

50-346

TRANSMITTAL/RECEIPT ACKNOWLEDGMENT

ED / 876-2

DATE	5-9-94	PAGE	1 of 1
COPY NO.	1665	TRANSMITTAL NO.	94
FROM	SDC		X7483

TO *Doc Control Dept*

LOCATION/MAIL STOP NO. *off site*

DOCUMENT(S) TRANSMITTED

DESCRIPTION  
*Removal of green tab titled "Event Notification Worksheet" from the EPIA Manual.*

- SAFEGUARDS INFORMATION - HANDLE AND CONTROL IN ACCORDANCE WITH NG-IS-00001
- COMPLETE LET/MANUAL PER TABLE OF CONTENTS/INDEX REVISION
- NEW OR REVISED DOCUMENT(S)
- CHANGE DOCUMENT(S)
- OTHER *Remove green tab*

<input checked="" type="checkbox"/> REMOVE AND DESTROY IF COPIES ARE RETAINED. MARK ACCORDINGLY <input type="checkbox"/> REMOVE AND RETURN TO DOCUMENT CONTROL WITH THIS TRANSMITTAL	TED COPY NO.	<input type="checkbox"/> INSERT <input type="checkbox"/> ATTACH <input type="checkbox"/> OTHER	TED COPY NO.	NUMBER OF COPIES ISSUED
<i>green tab titled "Event Notification Worksheet" from the EPIA Manual. If this is in the back of your book please remove it. Thank You.</i>		<i>N/A</i>		

As the recipient of any transmitted document(s) listed you are responsible for their control and maintenance. This transmittal form is required to be signed, dated, and returned to:

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 5501 N. State Route 2  
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Mail Stop No. *1033* by *NA 5-16-94*

I acknowledge receipt of this update notification and/or the document(s) listed and certify that: 1. Resulting superseded, cancelled, voided, or incorporated documents have been marked accordingly; 2. Changes have been inserted or attached as required; 3. Removed documents have been destroyed or returned as directed.

NOTE: DESTROY SAFEGUARDS INFORMATION BY SHREDDING.

RECIPIENT (Signature) *NA* DATE \_\_\_\_\_

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