

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING FORM. DO NOT USE THE SAME SF 83 TO SIMULTANEOUSLY REQUEST AN EXECUTIVE ORDER 12291 REVIEW AND APPROVAL UNDER THE PAPERWORK REDUCTION ACT.

ANSWER ALL QUESTIONS IN PART I. IF THIS REQUEST IS FOR REVIEW UNDER E.O. 12291, COMPLETE PART II AND SIGN THE CERTIFICATION. IF THIS REQUEST IS FOR APPROVAL UNDER THE PAPERWORK REDUCTION ACT AND 5 CFR 1320, SKIP PART II, COMPLETE PART III AND SIGN THE CERTIFICATION.

SEND THREE COPIES OF THIS FORM, THE MATERIAL TO BE REVIEWED, AND FOR PAPERWORK -- THREE COPIES OF THE SUPPORTING STATEMENT TO: OFFICE OF INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503 -ATTENTION DOCKET LIBRARY ROOM 3201

PART I.

1. DEPARTMENT/AGENCY and BUREAU/OFFICE ORIGINATING REQUEST	2. AGENCY CODE	3. NAME AND TELEPHONE NUMBER OF PERSON WHO CAN BEST ANSWER QUESTIONS REGARDING THIS REQUEST
US Nuclear Regulatory Commission	<u>3 1 5 0</u>	John A. Zwolinski (301) 492-8543

4. TITLE OF INFORMATION COLLECTION OR RULEMAKING

Salem ATWS Events

5. LEGAL AUTHORITY FOR INFORMATION COLLECTION OR RULE
(CITE UNITED STATES CODE, PUBLIC LAW, OR EXECUTIVE
ORDER)

6. AFFECTED PUBLIC (CHECK ALL THAT APPLY)

<input type="checkbox"/>	1. INDIVIDUALS OR HOUSEHOLDS
<input type="checkbox"/>	2. STATE OR LOCAL GOVERNMENTS
<input type="checkbox"/>	3. FARMS
<input checked="" type="checkbox"/>	4. BUSINESSES OR OTHER FOR-PROFIT
<input type="checkbox"/>	5. FEDERAL AGENCIES OR EMPLOYEES
<input type="checkbox"/>	6. NON-PROFIT INSTITUTIONS
<input type="checkbox"/>	7. SMALL BUSINESSES OR ORGANIZATIONS

USC OR Atomic Energy Act of
1954, as amended

PART II. COMPLETE THIS PART ONLY IF THE REQUEST IS FOR OMB REVIEW UNDER EXECUTIVE ORDER 12291.

7. REGULATORY INFORMATION NUMBER (RIN)

9. CFR SECTION AFFECTED

 CFR

8. TYPE OF SUBMISSION

CLASSIFICATION

- ☐ 1. MAJOR
☐ 2. NONMAJOR

STAGE OF DEVELOPMENT

- ☐ 1. PROPOSED OR DRAFT
☐ 2. FINAL OR INTERIM FINAL, WITH PRIOR
PROPOSAL
☐ 3. FINAL OR INTERIM FINAL, WITHOUT PRIOR
PROPOSAL

TYPE OF REVIEW REQUESTED

- ☐ 1. STANDARD
☐ 2. PENDING
☐ 3. EMERGENCY
☐ 4. STATUTORY OR JUDICIAL DECREE

10. DOES THIS REGULATION CONTAIN REPORTING OR RECORD-
KEEPING REQUIREMENTS THAT REQUIRE OMB APPROVAL UNDER
THE PAPERWORK REDUCTION ACT AND 5 CFR 1320?

YES ☐ NO ☐

11. IF A MAJOR RULE, IS THERE A REGULATORY IMPACT
ANALYSIS ATTACHED?

1. YES ☐ 2. NO ☐ — IF NO, DID OMB WAIVE
THE ANALYSIS?

3. YES ☐ 4. NO ☐

12. DOES THIS REGULATION AFFECT ANY TRADE SENSITIVE
ACTIVITY?

YES ☐ NO ☐

CERTIFICATION FOR REGULATORY SUBMISSIONS: IN SUBMITTING THIS REQUEST FOR OMB REVIEW, THE AUTHORIZED REGULATORY CONTACT AND THE PROGRAM OFFICIAL CERTIFY THAT THE REQUIREMENTS OF E.O. 12291 AND ANY APPLICABLE POLICY DIRECTIVES HAVE BEEN COMPLIED WITH.

SIGNATURE OF PROGRAM OFFICIAL

DATE

SIGNATURE OF AUTHORIZED REGULATORY CONTACT

DATE

8402070424 840131
PDR ADDCK 05000272
S PDR

13. ABSTRACT - DESCRIBE NEEDS, USES AND AFFECTED PUBLIC IN 50 WORDS OR LESS

NUREG-1000, "Generic Implications of ATWS Events at the Salem Nuclear Power Plant," contains a number of intermediate-term actions to be implemented over the next two years. A subset of these actions have been selected to ensure immediate upgrade of the Reactor Protection System, the most important safety system in the plant.

14. TYPE OF INFORMATION COLLECTION (CHECK ONE ONLY)

INFORMATION COLLECTIONS NOT CONTAINED IN RULES

- ☒ 1. REGULAR SUBMISSION
☐ 2. EMERGENCY SUBMISSION
 (CERTIFICATION ATTACHED)

INFORMATION COLLECTIONS CONTAINED IN RULES

- ☐ 3. EXISTING REGULATION (NO CHANGE PROPOSED)
☐ 4. NOTICE OF PROPOSED RULEMAKING (NPRM)
☐ 5. FINAL, NPRM WAS PREVIOUSLY PUBLISHED
☐ 6. FINAL OR INTERIM FINAL WITHOUT PRIOR NPRM
☐ A. REGULAR SUBMISSION
☐ B. EMERGENCY SUBMISSION
 (CERTIFICATION ATTACHED)

DATE OF EXPECTED OR ACTUAL FEDERAL REGISTER
 PUBLICATION AT THIS STAGE OF RULEMAKING --

_____, 19____

15. TYPE OF REVIEW REQUESTED (CHECK ONE ONLY)

- ☒ 1. NEW COLLECTION
☐ 2. REVISION OF A CURRENTLY APPROVED COLLECTION
☐ 3. EXTENSION OF THE EXPIRATION DATE OF A CURRENTLY APPROVED COLLECTION WITHOUT ANY CHANGE IN THE SUBSTANCE OR IN THE METHOD OF COLLECTION
☐ 4. REINSTATEMENT OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED
☐ 5. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER

16. AGENCY REPORT FORM NUMBER(S)

17. ANNUAL REPORTING OR DISCLOSURE BURDEN

- | | |
|---------------------------------------|--------|
| 1. NUMBER OF RESPONDENTS | 70 |
| 2. NUMBER OF RESPONSES PER RESPONDENT | 3.666 |
| 3. TOTAL ANNUAL RESPONSES (1 x 2) | 256.6 |
| 4. HOURS PER RESPONSE | 89.2 |
| 5. TOTAL HOURS (3 x 4) | 22,895 |

18. ANNUAL RECORDKEEPING BURDEN

- | | |
|--------------------------------------|----------|
| 1. NUMBER OF RECORDKEEPERS | 70 |
| 2. ANNUAL HOURS PER RECORDKEEPER | 390.5 |
| 3. TOTAL RECORDKEEPING HOURS (1 x 2) | 27,338 |
| 4. RECORDKEEPING RETENTION PERIOD | 40 YEARS |

19. TOTAL ANNUAL BURDEN

- | | |
|-----------------------------|---------|
| 1. REQUESTED (17-5 + 18-3) | 50,233 |
| 2. IN CURRENT OMB INVENTORY | _____ |
| 3. DIFFERENCE (1 - 2) | ± _____ |
| EXPLANATION OF DIFFERENCE | _____ |
| 4. PROGRAM CHANGE | ± _____ |
| 5. ADJUSTMENT | ± _____ |

20. CURRENT (MOST RECENT) OMB CONTROL NUMBER OR COMMENT NUMBER

21. REQUESTED EXPIRATION DATE

9/30/85

22. PURPOSE OF INFORMATION COLLECTION (CHECK AS MANY AS APPLY)

- ☐ 1. APPLICATION FOR BENEFITS
☐ 2. PROGRAM EVALUATION
☐ 3. GENERAL PURPOSE STATISTICS
☒ 4. REGULATORY OR COMPLIANCE
☐ 5. PROGRAM PLANNING OR MANAGEMENT
☐ 6. RESEARCH
☐ 7. AUDIT

23. FREQUENCY OF RECORDKEEPING OR REPORTING (CHECK ALL THAT APPLY)

- ☐ 1. RECORDKEEPING
 REPORTING
☒ 2. ON OCCASION
☐ 3. WEEKLY
☐ 4. MONTHLY
☐ 5. QUARTERLY
☐ 6. SEMI-ANNUALLY
☐ 7. ANNUALLY
☐ 8. BIENNUELLY
☐ 9. OTHER -DESCRIBE

24. RESPONDENTS OBLIGATION TO COMPLY (CHECK THE STRONGEST OBLIGATION THAT APPLIES)

- ☐ 1. VOLUNTARY
☐ 2. REQUIRED TO OBTAIN OR RETAIN A BENEFIT
☒ 3. MANDATORY

25. ARE THE RESPONDENTS PRIMARILY EDUCATIONAL AGENCIES OR INSTITUTIONS OR IS THE PRIMARY PURPOSE OF THE COLLECTION RELATED TO FEDERAL EDUCATION PROGRAMS?

YES ☐ NO ☒

26. DOES THE AGENCY USE SAMPLING TO SELECT RESPONDENTS OR DOES THE AGENCY RECOMMEND OR PRESCRIBE THE USE OF SAMPLING OR STATISTICAL ANALYSIS BY RESPONDENTS?

YES ☐ NO ☒

27. REGULATORY AUTHORITY FOR THE INFORMATION COLLECTION

_____, CFR _____, or
 _____, FR _____, or
 OTHER (SPECIFY) ER Act of 1974
AE Act of 1954

PAPERWORK CERTIFICATION: IN SUBMITTING THIS REQUEST FOR OMB APPROVAL, THE AGENCY HEAD, THE SENIOR OFFICIAL OR AN AUTHORIZED REPRESENTATIVE, CERTIFIES THAT THE REQUIREMENTS OF THE PRIVACY ACT AND OMB DIRECTIVES HAVE BEEN COMPLIED WITH INCLUDING PAPERWORK REGULATIONS, STATISTICAL STANDARDS OR DIRECTIVES, AND ANY OTHER INFORMATION POLICY DIRECTIVES PROMULGATED UNDER THE PAPERWORK REDUCTION ACT OF 1980.

SIGNATURE OF PROGRAM OFFICIAL

DATE

SIGNATURE OF AGENCY HEAD OR THE SENIOR
 OFFICIAL OR AN AUTHORIZED REPRESENTATIVE

DATE

N/A

Patricia G. Norry