REFERENCE: SO123-VI-1.0.1

ENCODE NO. AC10AC
SO ____
(When Form Filled Out)
Page 1 of 1
TCN No. 1-2
(For CDM use only)

TEMPORARY CHANGE NOTICE

TECHNICAL SPECIFICATION VIOLATION IF NOT COMPLETED WITHIN 14 DAYS

Site Document No. SO123-VI-1.3 Revision No. 1 SINGLE USE TCN YES ___ NO X

Site Document Title Documents-Guidelines for Completing the Unreviewed Safety Question and Environmental Evaluation

1. PREPARED BY L. Falcone (Originator) PAX: 89447 ORGANIZATION: M&AS/SPG

2. DATE/TIME ORIGINATED: 5/13/87 3:30p.m. 3. ISSUANCE DATE: MAY 15 1987 CDM (CDM USE ONLY)

4. SINGLE USE TCN cancels on: _____ (CDM USE ONLY)

5. If required, TCN Deviation Approval: CFDM (or designee): n/a
Signature/If by telecon print name and so state Date/Time

6. Check appropriate box: ☐ Entire Document Attached ☒ Affected Page(s) Attached
Superseded/Incorporated TCN(s): None (Not applicable for SINGLE USE TCNs)
No. (If none, so state)

7. This change cannot wait until the next revision of the Site Document and is required:

A. ____ To implement facility design change (PFC, NCR, TFM, etc.)

Facility design change identifier _____ / _____
Indicate PFC, NCR, TFM etc. Identifier

Implementation of the facility design change has been determined. YES ___ NO ___
(If NO, a TCN cannot be approved until the facility design change has been implemented.)

B. X Other (e.g., CAR, Licensing Commitments) Specific Reason: Insert provisions of 10CFR50.54(x) - requested by T. W. Krieger

(Use reverse side, if required)

8. Is the document being TCN'd QA Affecting? YES X NO ___ (If YES, complete the boxes below.) (If NO, see * below.)
(This is indicated on the Table of Contents page of the Site Document. If not indicated, treat as QA Affecting.)

A. Does this change affect FSAR or Tech. Spec. commitments? YES ___ NO X
B. Does this change affect the nonradiological environment of any offsite area previously undisturbed during site preparation and plant construction? YES ___ NO X
C. Is the intent of the original document altered? YES ___ NO X
D. Is the document to be changed an Emergency Operating Instruction? YES ___ NO X
E. Does this change pose an unreviewed safety question per 10 CFR 50.59, i.e., does it increase the probability of occurrence or the consequences of an accident; create the possibility of a different accident; or reduce the Tech. Spec. margin of safety? YES ___ NO X
(IF THE ANSWER TO A, B, C, D or E IS YES, A TCN IS NOT AUTHORIZED.)

9. Does this change affect licensing commitment requirements? YES ___ NO X

10. Copy forwarded to the Nuclear Safety Group. (QA Affecting TCNs only) PERFORMED BY Dawn Whitman Date: 5-28-87

11. The entire document was reviewed in conjunction with this TCN.
REVIEWED AND APPROVED BY: n/a
CFDM or Designee Date

12. SIGNATURES REQUIRED:

INITIAL APPROVAL

REVIEWED AND APPROVED BY:** (AT LEAST ONE (1) SRO ON THE UNIT AFFECTED)

1) B. L. McKee 5/14/87 10:10am
Plant Management Staff (Unit) Date Time

2) B. L. McKee 5/14/87 10:10am
Plant Management Staff - Units 2&3 Date Time

Could this TCN affect or does it represent a change to a plant operation in progress? YES*** ___ NO ___

3) [signature] 5-14-87 1357
SRO - Unit 0 Date Time

Could this TCN affect or does it represent a change to a plant operation in progress? YES*** ___ NO ___

4) [signature] 5/14/87 1-5
SRO - Units 2&3 Date Time

FINAL APPROVAL

REVIEWED AND APPROVED BY:

5) [signature] 5-14-87
Cognizant Functional/Division Manager Date

6) T. M. Hoeven 05/19/87
Quality Assurance - Units 1, 2 and 3 Date

* If a document is Not QA Affecting, obtain initial approval from the Cognizant Supervisor(s) on the affected unit(s) (signs on Plant Management Staff line(s)) and final approval from the CFDM prior to submittal to CDM. No other signatures are required.

** If QA affecting, approval shall be by two members of the Plant Management Staff knowledgeable in the areas affected, at least one of whom holds an SRO License on the unit or units affected. (For TCN approval, members of the Plant Management Staff are defined as the supervisor in charge of the shift, or as designated in writing by the CFDM, exercising responsibility in the specific area and unit(s) addressed by the change.)

*** If YES, the Shift Superintendent shall provide the required SRO approval.

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