

**PROCEDURE REVIEW FORM (PRF)**

**1.0 Initiation**

Initiator: Joseph Fortman Date: 05/18/2023 Procedure Dept: EP  
 Document #: EIP-ZZ-00201 Addendum A New Rev. # 040 (3 digits required)

Title: Control Room Notification Flowchart

Level of Use:  Continuous  Reference  Information  Multiple  N/A

**2.0 Reason for Change/Description of Change** (List commitments, CRs, eB Change Requests, OERs, Plant Mods etc. and record numbers here.)

CR 202301986 – Updated Senior Resident information on Note 1 of the Communicator Flowchart and Note 1 of the Telephone Flowchart for Second Communicator in accordance with NRC organizational change.

Continued:

**3.0 Document Disposition**

Temp Change  New Document  Major Revision  Minor Revision  Cancellation  
 Administrative Correction Dept. Head or Designated Approver required for Administrative Corrections (Signature/PIN/Date) – no other signatures required

Dept. Head or Designated Approver required for Administrative Corrections (Signature/PIN/Date) – no other signatures required  
Signature: [Handwritten Signature] 16397 5/23/2023

**4.0 Interim Approval** (Temp. Change Only) Temp. Change #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
 Cognizant Supervisor (Signature/PIN/Date)

\_\_\_\_\_  
 SRO (Signature/PIN/Date)

**5.0 Comments:**

Continued:

**6.0 Reviews and Signatures** (NOT required for Administrative Corrections)

Reviews Required	Dept	PIN	Signature	Date	CA0139 Attached
Preparer					N/A
Technical Review					<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Review					<input type="checkbox"/> Yes <input type="checkbox"/> No
Add'l Review					<input type="checkbox"/> Yes <input type="checkbox"/> No
Add'l Review					<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Reviews (See Attached CA0139 forms). Number of additional CA0139s: \_\_\_\_\_

Validation	Type	Coordinator - PIN	Signature	Date	CA0139 Attached
<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No

**50.59 Review**  CA2510  CA2511  CA2512 /  N/A (per APA-ZZ-00143) Screener Initial / PIN \_\_\_\_\_ Reviewer Initial / PIN \_\_\_\_\_

**(Dept. Head or Designated Approver) Is a Change Management Plan required?**  Yes  No (IF YES, attach CA2773 or CA2774)  
**Is a Cross-Disciplinary review required?**  Yes  No

**7.0 Approval** (Either approval must be qualified as PAT/APVR or PAT/GAPR in QualMaster)

Senior Director Nuclear Operations Approval (per APA-ZZ-00101)  ORC is required in accordance with APA-ZZ-00091  
 Department Head Final Review and Approval ORC Meeting: \_\_\_\_\_

\_\_\_\_\_  
 Dept. Head or Designated Approver  
 (Signature/PIN/Date)

\_\_\_\_\_  
 Senior Director Nuclear Operations  
 (Signature/PIN/Date)

Note: Page 2 provides instructions to complete this form and may be discarded