

# PROCEDURE REVIEW FORM (PRF)

## 1.0 Initiation

Initiator: **James Reed** Date: **05/30/2024** Procedure Dept: **EP**  
 Document #: **EIP-ZZ-00201 Addendum A** New Rev. # **042** (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 202401030-001. Added new box in flow chart to contact ANI. Changed Sentry to Event Notification System.

See SOC for more details.

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

## 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	O	154907		20240530	N/A
Technical Review	EP	136262		8-21-24	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Technical Review	EP	14588		8/21/24	<input type="checkbox"/> Yes <input checked="" 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: **2840**

16397 9/4/2024

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

6396 9-24-24

Senior Director Nuclear Operations  
(Signature/PIN/Date)

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

## APPLICABILITY DETERMINATION

Address the questions below for all aspects of the activity. If the answer is YES for any portion of the activity, apply the identified procedures to that portion of the activity. Note that it is not unusual to have more than one process apply to a given activity. Refer to Section 4 of the 10 CFR 50.59 Resource Manual (RM) and the instructions on pages 5-6 for additional guidance.

I. Activity/Document Number: EIP-ZZ-00201 Addendum A Revision Number: 042

Title: CONTROL ROOM NOTIFCIATON FLOWCHART

Brief Description of activity (what is being changed and why):

All the changes listed below are based off CR#202401030-001.

1. Pg.3 Added new box to contact ANI. Removed ANI from "Contact business operations box."
2. Pg. 11 Added new box to contact ANI. Removed ANI from "Contact business operations box."
3. Changed Sentry to Event Notification System.

<p>II. Does the proposed activity fall within the scope of an activity that has been previously approved by the NRC or for which a 50.59/72.48 Screen or evaluation has already been performed? (See Section 4.2 of the RM.)</p>	<p>Response</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, no further 50.59 (or 72.48) review beyond this Applicability Determination (AD) is required, but complete the remainder of this form. Identify the applicable 50.59/72.48 Evaluation Log No., License Amendment No., or applicable document number.</p> <p>Document # _____</p>
<p>III. Does the proposed activity involve a change to the:</p>	<p>Response</p>	<p>See Section 4.2.1 of the RM.</p>
<p>1. Technical Specifications or the Renewed Operating License? (See 10 CFR 50.90.)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, process per APA-ZZ-00108 and FDP-ZZ-00103.</p>
<p>2. Quality Assurance Plan? (See 10 CFR 50.54(a).)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, process per APA-ZZ-00108 and GDP-ZZ-00600 and related facility or procedure change programs.</p>
<p>3. Security Plan which also includes the Cyber Security Plan? (See 10 CFR 50.54(p).)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, process per APA-ZZ-00108 and SDP-ZZ-00030 for Security Plan and related facility or procedure change programs.</p>
<p>4. Radiological Emergency Response Plan (RERP) or Emergency Action Levels (EALS)? (See 10 CFR 50.54(q).)</p> <p><b>Note:</b> If your proposed change alters a RERP implementing procedure [any EIP-ZZ-XXXX], equipment identified as important to emergency response [refer to KDP-ZZ-00013], or could alter response time, staffing, or other items covered in the 16 Planning Standards or in Appendix E to Part 50.47(b) [refer to KDP-ZZ-00400], answer this question YES.</p>	<p><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES</p>	<p>If YES, process per APA-ZZ-00108 and KDP-ZZ-00400 for RERP and related facility or procedure change programs.</p>

## APPLICABILITY DETERMINATION (Continued)

<p>5. IST Program Plan? (See 10 CFR 50.55a(f).)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, process APA-ZZ-00356 for ASME code compliance and related facility or procedure change programs.</p>
<p>6. ISI Program Plan? (See 10 CFR 50.55a(g).)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, process per EDP-ZZ-01003 for ASME code compliance and related facility or procedure change programs.</p>
<p>7. Fire Protection Program? (See Operating License Condition 2.C(5).)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>See FP Screening questions in EDP-ZZ-04044. If any of the screening questions are answered YES, a Fire Protection review is needed in accordance with EDP-ZZ-04044.</p>
<p>8. Storage Cask Certificate of Compliance (CoC), including appendices? (See 10 CFR 72.244.)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>IF YES, then contact Regulatory Affairs/Licensing to determine next steps.</p>
<p>9. Does the proposed activity impact other programs (e.g., the ODCM, PCP, State and local permitting, etc.) that are controlled by regulations, the Operating License (including Orders and License Conditions) or the Technical Specifications? (See Section 4.2.1 of the RM.)</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, indicate the applicable program in Brief Description Section.</p>
<p>IV. Does the proposed activity involve:</p>	<p>Response</p>	<p>See Section 4.2.2 of the RM</p>
<p>1. Maintenance which restores SSCs to their original (as designed) condition? (See 10 CFR 50.65(a)(4).)</p> <p><b>Note:</b> If the maintenance is on ISFSI or cask-related items, the Maintenance Rule does NOT apply, and the activity is subject to a 10 CFR 72.48 Screen on a CA3145.</p> <p><b>Note:</b> If this Applicability Determination is being performed to satisfy the 60-day requirement of ODP-ZZ-00035 for a Plant Status Control tag(s) (e.g., for a component(s) placed in an out-of-normal position in support of maintenance), then the associated activity should no longer be considered a maintenance activity and the response to this AD question should be answered "NO."</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, process change per APA-ZZ-00101 for procedure changes or APA-ZZ-00320/330/340 for Maintenance activities.</p>
<p>2. A temporary alteration (to procedures or the facility) supporting maintenance (TASM) that will be in effect during at-power operations for 90 days or less?</p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, process per APA-ZZ-00101 for procedure changes or APA-ZZ-00605 for facility changes or Procedurally Controlled Temporary Modifications or MDP-ZZ-FS001 for Freeze Seals. Evaluate risk using APA-ZZ-00315, Appendix A.</p>



## APPLICABILITY DETERMINATION (Continued)

<p><b>V. Does the proposed activity involve a change to the:</b></p> <p>1. FSAR <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If the above response is NO, check N/A in the Response column at right.</p> <p>If the above response is YES, does the proposed activity involve an FSAR change that may be excluded from the requirement to perform a 50.59 Screen/Evaluation by NEI 96-07 or NEI 98-03? (Provide a YES or NO response to this question in the Response column at right.)</p> <p><b>Note:</b> In lieu of the exclusion criteria of RM Section 4.2.3, a YES response may also be provided if the FSAR change requires no further 50.59 review based on a YES response to the question in Section II of this Applicability Determination form.)</p>	<p>Response</p>	<p>See Section 4.2.3 of the RM</p> <p>Process the FSAR change per APA-ZZ-00108 and FDP-ZZ-00103 for revising License Documents.</p> <p><b>Note:</b></p> <p>A NO response in the Response column at left means that the FSAR/TS Bases change is one that requires further 50.59 review (i.e., is not excludable from further review).</p> <p>A YES response means that the FSAR does NOT require further 50.59 review.</p>
<p>2. Technical Specification Bases? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If the above response is NO, check N/A in the Response column at right.</p> <p>If the above response is YES, does the proposed activity involve a TS Bases change comparable to that which may be excluded from the requirement to perform a 50.59 Screen/Evaluation by NEI 96-07 or NEI 98-03 (as described for an FSAR change)? (Provide a YES or NO response to this question in the Response column at right.)</p> <p><b>Note:</b> In lieu of the exclusion criteria of RM Section 4.2.3, a YES response may also be provided if the TS Bases change requires no further 50.59 review based on a YES response to the question in Section II of this Applicability Determination form.)</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Process the TS Bases change per APA-ZZ-00108 and FDP-ZZ-00103 for revising License Documents.</p> <p><b>Note:</b></p> <p>A NO response in the Response column at left means that the TS Bases change is one that requires further 50.59 review (i.e., is not excludable from further review).</p> <p>A YES response means that the TS Bases Change does NOT require further 50.59 review.</p>
<p><b>VI. Does the proposed activity involve a change to:</b></p> <p>1. Managerial or administrative procedures, controls, or activities (including software used only for the implementation of administrative procedures, controls, or activities) governing the conduct of facility operations (subject to the control of 10CFR50, Appendix B)?</p> <p>2. Regulatory commitment not covered by another regulation based change process? (See NEI 99-04.)</p>	<p>Response</p>	<p>See Section 4.2.4 / 4.2.6 of the RM.</p> <p>If YES, process per APA-ZZ-00101 or APA-ZZ-00109.</p> <p>If YES, process per APA-ZZ-00540.</p>
<p><b>VII. Does the proposed activity potentially affect the design, operation, or maintenance of the ISFSI facility as described in the dry cask storage FSAR or the 72.212 Report? (See FDP-ZZ-00105 and Attachment 1 of APA-ZZ-00143.)</b></p>	<p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>If YES, perform a 72.48 Screen per APA-ZZ-00143 unless the change is completely covered by the response to Section II.</p> <p><b>Note:</b></p> <p>Editorial or administrative changes are excluded from the requirement to perform a 72.48 Review.</p>

## APPLICABILITY DETERMINATION (Continued)

### VIII. Justification/explanation for Response(s) (as needed):

Revision of the RERP Implementing procedure is covered solely by 10CFR 50.54(q) and controlled by KDP-ZZ-00400. Therefore, 10CFR50.59 is not required.

### IX. Conclusion:

- ☒ All aspects of the activity are controlled by one or more of the procedures above, therefore a 50.59 Screen is not required.
- ☐ A portion of the activity is not controlled by one or more of the procedures above, therefore a 50.59 Screen is required.

### X. Signoffs:

Qualified Preparer: Joseph Fontman [Signature] 14588 Date: 09/09/24  
(Print name) (Sign/PIN)

Qualified Reviewer: BRENDAN RYAN [Signature] 98077 Date: 9/10/24  
(Print name) (Sign/PIN)

Ensure that once signed, this record is loaded into EB with the Activity/Document Number listed above or submit this form to either the Regulatory Affairs clerk or another member of Administration in accordance with APA-ZZ-00220.

## 50.54(q) Screening Form

Document #, Rev #, & Title: EIP-ZZ-00201 Addendum A, Rev 042, CONTROL ROOM NOTIFCATION FLOWCHART

EP Tracking #: 2024024

### Activity Description and References:

All the changes listed below are based off CR#202401030-OO1

1. Pg.3 Added new box to contact ANI. Removed ANI from "Contact business operations box."
2. Pg.11 Added new box to contact ANI. Removed ANI from" Contact business operations box."
3. Changed Sentry to Event Notification System

### Activity Scope:

Does this activity revise the Radiological Emergency Response Plan (RERP) or Implementing Procedures?

YES NO  
☒ ☐

### Change Type:

Is this activity editorial or typographical?

YES NO  
☐ ☒

### Previously Approved Change:

Is this activity being processed to conform to a previously approved activity?

YES NO  
☐ ☒

If YES, what is the previously approved activity?

### Planning Standard Determination:

Does this activity impact any of the 50.47(b) Planning Standards or Part 50 Appendix E:

YES NO

50.47(b)(1) - Assignment of Responsibility (Organization Control)?

☐ ☒

50.47(b)(2) - Onsite Emergency Organization?

☐ ☒

50.47(b)(3) - Emergency Response Support and Resources?

☐ ☒

50.47(b)(4) - Emergency Classification System?

☐ ☒

50.47(b)(5) - Notification Methods and Procedures?

☐ ☒

50.47(b)(6) - Emergency Communications?

☐ ☒

50.47(b)(7) - Public Education and Information?

☐ ☒

50.47(b)(8) - Emergency Facility and Equipment?

☐ ☒

50.47(b)(9) - Accident Assessment?

☐ ☒

50.47(b)(10) - Protective Response?

☐ ☒

50.47(b)(11) - Radiological Exposure Control?

☐ ☒

50.47(b)(12) - Medical and Public Health Support?

☐ ☒

50.47(b)(13) - Recovery Planning and Post Accident Operations?

☐ ☒

50.47(b)(14) - Drills and Exercises?

☐ ☒

50.47(b)(15) - Emergency Responder Training?

☐ ☒

50.47(b)(16) - Emergency Plan Maintenance?

☐ ☒

Part 50 Appendix E?

☐ ☒

### Commitment Impact Determination:

Does this activity impact a Site Specific EP Commitment not associated with a Planning Standard or Element?

YES NO  
☐ ☒

If "Yes", record the Commitment number:

### Explanation of Determination: (Enter an explanation to each determination-answer that needs clarification.)

Adding a new box to contact ANI and removing ANI from the "Contact Business Operations box" is associated with planning standards 10.CFR.50.54(b)(3) and 10.CFR.50.54(b)(13) but does not impact either of the planning standards. The process still requires a phone call notification to the same number, the flow charts in EIP-ZZ-002001 Addendum A were updated to reflect the communication requirements.

Changing Sentry to Event Notification System is associated with 10.CFR 50.54(b)(5) but, is not impacting the planning standard. This is an admin change to the procedure and process for notification is not changed.

Based on the above an evaluation per 10.CFR.50.54 (q) is not required.

## 50.54(q) Screening Form

### Screening Evaluation Results:

Based on the results of the information above, can the activity be implemented **without** performing a full 50.54(q) Effectiveness Evaluation? .....

YES NO  
☒ ☐

### Review/Approval:

Preparer (Sign/PIN): .....

*Preparer must be qualified Emergency Response Coordinator.*

Date: 9-12-24

Reviewer (Sign/PIN): .....

*Reviewer must be qualified Emergency Response Coordinator.*

Date: 9-12-24

Emergency Preparedness Manager (Sign/PIN):

Date: 9/12/2024