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ComEd

July 7, 2000

SVP-00-120

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Quad Cities Nuclear Power Station, Units 1 and 2
Facility Operating License Nos. DPR-29 and DPR-30
NRC Docket Nos. 50-254 and 50-265

Subject: Changes to Emergency Plan Procedures

In accordance with 10 CFR 50, Appendix E, "Emergency Planning and Preparedness for Production and Utilization Facilities," Quad Cities Station is submitting the following Emergency Plan Procedures within 30 days pursuant to Section V, "Implementing Procedures." These changes were implemented on June 30, 2000. Attachment A, "Summary of Changes," contains a brief summary of the changes to the following procedures:

QEP 0400-00, "On-Site Response Actions," Revision 51
QEP 0400-S06, "OSC Team Briefing Form," Revision 8

Attachment B, "Revised Procedures," contains the procedures.

Should you have any questions concerning this letter, please contact Mr. C.C. Peterson at (309) 654-2241, extension 3609.

Respectfully,

C.C. Peterson /for

Joel P. Dimmette, Jr.
Site Vice President
Quad Cities Nuclear Power Station

Attachments:

Attachment A: Summary of Changes
Attachment B: Revised Procedures

cc: Regional Administrator – NRC Region III

A045

Procedure:

QEP 0400-00, "On-Site Response Actions," Revision 51

Description of Change:
Administrative change that does not change the intent.

Procedure:
QEP 0400-S06, "OSC Team Briefing Form," Revision 8

Description of Change:
Procedure updated in order to address critique comments from a recent GSEP Tabletop and Pre-Exercise. Update includes regrouping of tasks under various OSC disciplines.

Attachment B,
Revised Procedures

ON-SITE RESPONSE ACTIONS

QEP 0400-00 On-Site Response Actions	Rev. 51	06-30-00
QEP 0400-01 Plant Assembly	Rev. 13	01-14-00
QEP 0400-02 Site Evacuation	Rev. 4	05-13-99
QEP 0400-03 Emergency Teams	Rev. 7	04-24-00
QEP 0400-S01 Plant Assembly Checklist	Rev. 14	01-14-00
QEP 0400-S02 Site Evacuation Checklist	Rev. 15	05-22-00
QEP 0400-S03 Procedure Deleted (See QEP 0400-03)	Rev. 10	01-23-97
QEP 0400-S04 Procedure Deleted (No longer needed)	Rev. 6	10-21-97
QEP 0400-S05 OSC Team Request Form	Rev. 12	05-22-00
QEP 0400-S06 OSC Team Briefing Form	Rev. 8	06-30-00
QEP 400-S7 Accident Scene Checklist	Rev. 2	04-06-92
QEP 0400-S08 Relocation Center Operations Checklist	Rev. 7	05-13-99

QEP 400-S9 Relocation Center Accountability Log	Rev. 1	03-30-89
QEP 0400-S10 Relocation Center Briefing Form	Rev. 4	05-13-99
QEP 0400-S11 Determination of Essential Personnel Checklists	Rev. 3	05-13-99
QEP 0400-T01 Assembly Areas for Onsite Personnel	Rev. 8	01-14-00
QEP 0400-T02 Site Evacuation Map	Rev. 7	05-22-00
QEP 400-T3 Relocation Center Layout	Rev. 6	03-31-95
QEP 0400-T04 Recommended Team Composition	Rev. 4	05-31-96

OSC TEAM BRIEFING FORM

COMMUNICATOR

☐ **URGENT**	Minimum briefing. Tasks which involve **Life Saving** or **Fires. Emergency Exposure Limits** may apply.
☐ **HIGH**	Full briefing. The task must be accomplished to **mitigate a release** to the public or to **mitigate core damage. Emergency Exposure Limits** may apply.
☐ **MEDIUM**	Full briefing. The task must be accomplished to **support accident mitigation.**
☐ **LOW**	Full briefing. The completion of these tasks are activities which **support the functions of the ERO.**

Team Requested by:

Task:

Task Location:

Recommended Group Lead: Ops MM IM EM RP Chem

RP / Safety Precautions from the TSC:

OSC DIR.

☐ Verify that correct Team No. has been assigned

☐ Group Lead Assigned: Ops MM IM EM RP Chem

Team #_____

GROUP LEAD

	Name	Badge #	Respiratory Prot. Required/Qualified Yes/No	Yes	Current Annual Dose	Approved Dose
Team Leader				☐		
Team Member				☐		
Team Member				☐		
Team Member				☐		
Team Member				☐		
RPT				☐		

OSC SUP./ RP LEAD

Highest ARM in area: _____ mRem Expected Accumulated Dose: _____ mRem

Turn Back Dose: _____ mRem Turn Back Dose Rate: _____ mR/hr

Protective Clothing Required: _____ / NONE

Respiratory Equip. Required: / NONE

GROUP LEAD

Radio Channel Assigned: _____ Pager # (if applicable): _____

Call Back Phone Number: Ext. _____ Entry/Exit Routes:_____

Special Precautions: _____ / NONE

Return to the OSC for Assembly / Accountability: ☐ Yes ☐ No, report status to OSC by radio or phone.

Briefed by: _____ **OSC Supervisor or RP Review:** _____

Group Lead Initials

ACCESS CONTROL

Dispatch Time: _____ ☐ OSC Team Status Board Updated

☐ Copy provided to OSC Team Communicator ☐ Copy faxed to TSC (Clerical)

OSC TEAM COMM.

Notified of Team Dispatch/Team #: ☐ OSC Director ☐ Control Room ☐ TSC

OSC TEAM DEBRIEFING FORM

ACCESS CONTROL (RPT)	**Team #** _____ Time of Return to OSC: _____ Total Time out of the OSC: _____ Hr. _____ Min Highest Personnel Exposure Received: _____ mRem ☐ OSC Team Communicator and Group Lead notified Radiological Conditions: **(UPDATE Survey Maps)** ☐ OSC Team Status Board Updated
GROUP LEAD	**Task Completed:** ☐ **YES** ☐ **NO** Work Performed: Follow-up Actions Needed: Unusual Conditions Encountered: **Debriefed by:** _____ (Group Lead) **OSC Supervisor / RP Review:** _____ (Initial)
OSC TEAM COMM.	Notified of Team Return: ☐ OSC Director ☐ Control Room ☐ TSC ☐ Fax copy to the TSC (Clerical)

NOTE

Positions listed are those responsible for completing form when the OSC is fully staffed. Form may be completed by other positions based on OSC staffing at the time OSC Team is requested.

(final)