

DATE: 01/11/00
TIME: 14:14:28

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 43
ARDC8801

TRANSMITTAL NUMBER: 432544
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20000111

RETURN ACKNOWLEDGED TRANSMITTAL AND
SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:
ADMINISTRATION RECORDS
AMEREN/UE
CALLAWAY PLANT
P.O. BOX 620
FULTON, MO 65251

TRAN	DOC			RET		ALT	ALT			
CODE	TYPE	DOCUMENT	NUMBER	REV	REV	MED	COPY	MED	COPY	AFFECTED DOCUMENT
A	PROC	00-0024		016		C	1			EIP-ZZ-00212

ACKNOWLEDGED BY:

DATE:

1045

PDR ADOCR 05000

TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion on Back)
TCN NO. 00-0024

1. PROCEDURE NUMBER EIP-ZZ-00212 REVISION NO. 16
PROCEDURE TITLE PROTECTIVE ACTION RECOMMENDATIONS

1.1 One Time TCN? YES NO Effective from _____ to _____

1.2 Does this TCN supersede a previous TCN? YES NO If "yes," number of TCN to be superseded _____

1.3 Mark one: REFERENCE USE PROCEDURE *****

1.4 Is this the seventh (7th) TCN against this revision? YES NO * CONTINUOUS USE PROCEDURE *
(If "Yes", generate an SOS Suggestion to notify the responsible department that a * This procedure must be performed exactly as *
procedure revision is necessary.) SOS No. _____ * written with each step being read by the *
NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision * user prior to the performance of that step *

1.5 YES NO Notification of procedure owner required? *****

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachement # 1 page 1 of 2

2.2 CHANGE SUMMARY Add the wording to EAL group 2.3 Cocontainment Loss Indicator, " The leaking SG is supplying steam to the TDAFW Turbine".

3. THIS TEMPORARY CHANGE REPRESENTS:

- 3.1 YES NO A proposed change to the facility as described in the FSAR?
- 3.2 YES NO A change to procedures as described in the FSAR?
- 3.3 YES NO A test or experiment not described in the FSAR or Technical Specifications?

If 3.1-3.3 are all answered "No", check one and only one of the below bases to substantiate the "No" determination

- Basis 1: This revision is associated with a procedure which is not listed (Tables 13.5-1-13.5-6 FSAR SA) nor described in the FSAR.
- Basis 2: This revision is associated with a procedure which is listed in the FSAR, but not described.
- Basis 3: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) for which the FSAR does not contain the requisite level of detail.
- Basis 4: The revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modifications that do not differ from the FSAR description.
- Basis 5: This revision is associated with a procedure change for which an approved FSE exists, but the associated FSAR CN has not been approved. The FSE and FSAR CN have been reviewed and the answer to questions 3.1-3.3 above are "No. Note the associated FSAR CN number _____
- Basis 6: Other (annotate basis in Revision Summary, section 2.0 above)

- 3.4 YES NO A change to the Technical Specifications?
- 3.5 YES NO A change to the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
(A "yes" answer to 3.1, 3.2, 3.3, 3.4 or 3.5 constitutes a Change of Intent.)
- 3.6 YES NO A change affecting the environment or the NPDES Permit?
- 3.7 YES NO A change which affects the RERP?
- 3.8 YES NO A change which affects the Security Plan?
(A "yes" answer to 3.6, 3.7 or 3.8 requires written evaluation from Radwaste/Environmental, Emergency Preparedness or Security Department, as appropriate, to document no Change of Intent.)
- 3.9 YES NO A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?
- 3.10 YES NO A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?
- 3.11 YES NO A new or change to a computerized Checkoff List? YES NO Checkoff list preapproved?
- 3.12 YES NO A change to the Improved Technical Specifications or Bases? (A "Yes" answer is a change of intent.)

Two (2) of the members of plant staff who Prepare, Review or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

4. WRITTEN BY	<u>Dale R. Lewis</u> Dale R. Lewis SIGNATURE	Rad/Chem Supervisor, EP	01/11/2000
5. PREPARED BY	<u>Dale R. Lewis</u> Dale R. Lewis SIGNATURE	Rad/Chem Supervisor, EP	01/11/2000
6. QUALIFIED REVIEWER	<u>Albert D. Dume</u> Albert D. Dume SIGNATURE	Shift Supervisor, EP	01/11/2000

For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver. The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver. (CTSN 1913,2780)

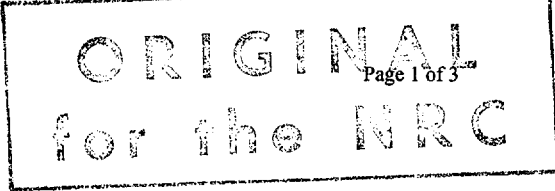
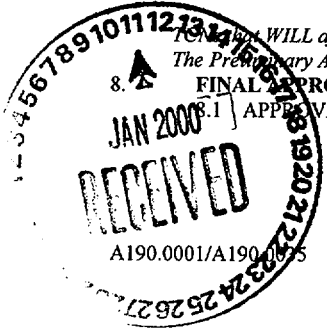
7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102)

7.1 SS/OS/SRO	<u>SS</u> SIGNATURE	<u>SO</u>	<u>1/11/2000</u>
		TITLE	DATE

8. This change WILL affect work in progress associated with plant equipment MUST be approved by the on-shift SS/OS before receiving final approval. The Preliminary Approver SHALL hold an SRO license. (CTSN 2780)

8.1 FINAL APPROVAL (No greater than 14 days past issue date SOS 98-102)

APPROVAL AUTHORITY	_____	_____	_____
	SIGNATURE	TITLE	DATE



PAR FLOWCHART

