

DATE: 01/14/00  
TIME: 07:23:31

AMEREN/UE  
DOCUMENT CONTROL SYSTEM  
DOCUMENT TRANSMITTAL

50-493  
PAGE: 39  
ARDC8801

TRANSMITTAL NUMBER: 432884  
TO CONTROL NUMBER: 338U  
TITLE: OTHER  
DEPT: NUCLEAR REGULATORY COMM.  
LOCATION: USNRC - WASH DC  
TRANSMITTAL DATE: 20000114

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SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:  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	00-0047		023		C	1			EIP-ZZ-00240

ACKNOWLEDGED BY:

DATE:

A045 %

TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion on Back)

TCN NO. 00-047

1. PROCEDURE NUMBER EIP-ZZ-00240 REVISION NO. 023

PROCEDURE TITLE Technical Support Center Operations

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 YES NO If "yes," number of TCN to be superseded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 CONTINUOUS USE PROCEDURE

1.4 Is this the seventh (7th) TCN against this revision? YES NO (If "Yes", generate an SOS Suggestion to notify the responsible department that a procedure revision is necessary.) SOS No. NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision.

1.5 YES NO Notification of procedure owner required?

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachment 5 page 1 of 7 and page 2 of 7

2.2 CHANGE SUMMARY Change R/C Tech personnel designator to "Support Area Personnel" in accordance with Rev 22 of the RERP.

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: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) 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 affecting the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
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?
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 [Signature] Rad Chem Sup EP 01/13/00
5. PREPARED BY [Signature] Rad Chem Sup EP 01/13/00
6. QUALIFIED REVIEWER [Signature] Rad Chem Sup EP 01/13/2000

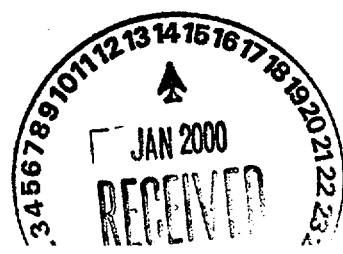
For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver. (CTSNI913,2780)

7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102) SS 1/13/00

TCNs that 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. FINAL APPROVAL (No greater than 14 Days past issue date SOS 98-102)
8.1 APPROVAL AUTHORITY [Signature] [Title] [Date]

ORIGINAL for the NRC



IMAGED UTILITY A190.0001/A190.0035

CA1685 10/12/98 APA-ZZ-00114

**HEALTH PHYSICS (HP) COORDINATOR CHECKLIST**

Date \_\_\_\_\_ Time: \_\_\_\_\_

<u>INITIATION</u>	
<input type="checkbox"/> 1.	Sign in on Facility Sign-in board. Obtain the HPC package and clip on the Health Physics Coordinator badge.
<input type="checkbox"/> 2.	Inform Emergency Coordinator and Admin. Coordinator of your presence.
<input type="checkbox"/> 3.	Initiate Log Sheet.
<input type="checkbox"/> 4.	Shift the HPC Plant Computer power supply to the UPS position.
<input type="checkbox"/> 5.	<b>Personnel Assessment On Shift:</b> <input type="checkbox"/> _____ (name) HP Ops Shift Technician. Obtain Plant status and radiological concerns. Status setup of Control Room / Field Office in accordance with EIP-ZZ-00102, Attachment 2. HPOPS Tech to provide HP coverage for On Shift personnel as directed by Shift Supervisor. <input type="checkbox"/> _____ (name) HP Tech Support Technician. Obtain Plant, radiological release, meteorological, and Protective Action Recommendation status from the HPTS Tech performing dose assessment.
<input type="checkbox"/> 6. OSA Responders <i>① Support Area Personnel</i> <b>NOTE: 14 R/C Techs Required, Minimum, One MUST be a Chemistry Tech.</b> 1. _____ (name) 2. _____ (name) 3. _____ (name) 4. _____ (name) 5. _____ (name) 6. _____ (name) 7. _____ (name) 8. _____ (name) 9. _____ (name) 10. _____ (name) 11. _____ (name) 12. _____ (name) 13. _____ (name) 14. _____ (name)	<b>Assign personnel as they arrive to the TSC using the below guidance. Personnel assignments may not be as listed based on existing resources and priorities.</b> <i>① Support Area Personnel</i> <input type="checkbox"/> Assign 2 R/C Techs to FMTs. Request Drivers from the OSC. Brief the teams and drivers in accordance with EIP-ZZ-00211. <i>① Support Area Personnel</i> <input type="checkbox"/> Assign 2 R/C Techs to the EOF for Dose Assessment Staff and FMT Communicator. Brief with FMTs if personnel are available, but do not delay dispatching. <i>① Support Area Personnel</i> <input type="checkbox"/> Assign R/C Tech to maintain Habitability of TSC per Initiation Step 8 and Operation Step 9 of HPC Checklist. Direct R/C Tech to conduct HP briefs and provide dosimetry for personnel leaving the facility that are not assigned to Emergency Teams (as needed). <i>① Support Area Personnel</i> <input type="checkbox"/> Assign R/C Tech to monitor Plant Computer Screens, maintain Facility Log, and answer phones / radio. Initiate FF Logs and update Status Boards approx. every 15 minutes. Wind speed and wind direction should be closely monitored along with In Plant radiological conditions. <i>① Support Area Personnel</i> <input type="checkbox"/> Assign R/C Techs to the report directly to the OSC to support Radiological Briefing and Emergency Teams. Have R/C Techs response check portable instruments and prepare equipment and supplies. All prepared radiological briefings should be reviewed with HPC prior to conducting brief of Emergency Team. <i>① Support Area Personnel</i> <input type="checkbox"/> Assign R/C Tech to perform Onsite survey of plume if a release is suspected or in progress to quantify release. RO2 open / closed readings should be used.  <input type="checkbox"/> Assign Chemistry Tech to the Chemistry Coordinator (if needed) <i>① Support Area Personnel</i> <input type="checkbox"/> Assign R/C Tech to communicate with the NRC via the HPN line (if requested from NRC).
<input type="checkbox"/> 7.	Contact Dose Assessment Coordinator (DAC) at EOF (ext. 64999): <input type="checkbox"/> Inform DAC of FMT, Dose Assessment Staff, and FMT Communicator deployment status.

Assign R/C Tech to monitor HABITABILITY OF INF, FIELD OFFICE, HPAC, AND CONTROL ROOM, AS NEEDED.  
*Support Area Personnel* ①

TCN# 99-0371  
 ① TCN # 00-047

**HEALTH PHYSICS (HP) COORDINATOR CHECKLIST**

<input type="checkbox"/> 8.	Establish Radiological Habitability Controls in the TSC: <ul style="list-style-type: none"> <li><input type="checkbox"/> Close front door to vestibule and back hallway door from support area.</li> <li><input type="checkbox"/> Portal Monitor energized and response checked. Incoming traffic directed through portal monitor.</li> <li><input type="checkbox"/> Set up a frisking station using a model 177 Rate Meter, as needed, to backup the portal monitor.</li> <li><input type="checkbox"/> AMS 3 energized and source checked.</li> <li><input type="checkbox"/> Control Dosimetry placed at HPC Desk.</li> </ul>
<input type="checkbox"/> 9.	HP Group ready for responsibilities at _____ Time. (Also make log entry).
<input type="checkbox"/> 10.	Discuss any additional manpower support or supplies required with the Admin. Coordinator.
<input type="checkbox"/> 11.	Notify Emergency Coordinator that HP is ready for operation and habitability in the TSC is established.

**OPERATIONS**

(\*) Steps are items that must be frequently reviewed.

<input type="checkbox"/> *1.	Make Facility Announcement that "All personnel leaving the TSC should check out with the Security Officer prior to leaving the facility." If a release is in progress or anticipated announce "an HP brief will also be required."  <b>NOTE:</b> If a release is in progress or anticipated, ensure all personnel dispatched from the TSC are issued Electronic Dosimeters and dose is tracked. The Security Officer will verify HP briefs prior to exit.
<input type="checkbox"/> *2.	Review needed protective actions for On Site personnel: <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure dosimetry issued to Security personnel and Security Coordinator briefed on radiological conditions, wind speed and direction.</li> <li><input type="checkbox"/> Coordinate Assembly and Evacuation actions per EIP-ZZ-00230 with the Security Coordinator. (Assembly and Evacuation are required at a SITE and GENERAL EMERGENCY) <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine which Care and Reception Center is preferred based on plume direction (if needed).</li> <li><input type="checkbox"/> Determine need for R/C Teams to monitor Assembly and Evacuation.</li> </ul> </li> <li><input type="checkbox"/> Evaluate restricting access to areas due to release or potential release based on wind direction.</li> <li><input type="checkbox"/> Evaluate need for Respiratory Protection per HTP-ZZ-01201.</li> <li><input type="checkbox"/> Evaluate Potassium Iodide (KI) distribution to Emergency Teams, Ops Department and Security personnel per HDP-ZZ-01300.</li> </ul>
<input type="checkbox"/> 3.	Obtain Respirator Issue Log and Daily Dose Report from HPAC if LAN and Mainframe Computer are unavailable in the TSC.
<input type="checkbox"/> *4.	Monitor Area Radiation Monitors and appropriate Group 1 & 2 EAL's from EIP-ZZ-00101, Classification of Emergencies. Report any Area Radiation Monitor that is approaching or has exceeded EAL values to the Technical Assessment Coordinator and EC.
<input type="checkbox"/> *5.	Personnel requiring decontamination should be sent to HPACA. If needed, the back entrance of the TSC can be staged to receive contaminated personnel.
<input type="checkbox"/> *6.	Verify sufficient inventory of the following (additional quantities are available from HPAC or Cal Facility): <ul style="list-style-type: none"> <li><input type="checkbox"/> Electronic Dosimeters (ED)</li> <li><input type="checkbox"/> Portable Instruments</li> <li><input type="checkbox"/> Respirators</li> <li><input type="checkbox"/> Protective Clothing (PC)</li> <li><input type="checkbox"/> Consumables (rope, postings, bags, etc.)</li> </ul>
<input type="checkbox"/> *7.	Consider preparation of Emergency Dose Extensions for selected Operations Support Area personnel in the event Plant radiological conditions change in accordance with HDP-ZZ-01450.

Support Area Personnel

TCN# 00-047