

NRC FORM 361
(12-2000)

U.S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTER

**REACTOR PLANT
EVENT NOTIFICATION WORKSHEET**

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NRC OPERATION TELEPHONE NUMBER: PRIMARY -- 301-816-5100 or 800-532-3469*, BACKUPS -- [1st] 301-951-0550 or 800-449-3694*, [2nd] 301-415-0550 and [3rd] 301-415-0553
*Licensees who maintain their own ETS are provided these telephone numbers.

NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #
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EVENT TIME & ZONE	EVENT DATE	POWERMODE BEFORE	POWERMODE AFTER
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EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)	(v)(A) Safe S/D Capability	AINA
GENERAL EMERGENCY	GEN/AAEC	TS Deviation	ADEV	(v)(B) RHR Capability AINB
SITE AREA EMERGENCY	SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)	(v)(C) Control of Rad Release	AINC
ALERT	ALE/AAEC	(i) TS Required S/D	ASHU	(v)(D) Accident Mitigation AIND
UNUSUAL EVENT	UNU/AAEC	(iv)(A) ECCS Discharge to RCS	ACCS	(xii) Offsite Medical AMED
50.72 NON-EMERGENCY	(see next columns)	(iv)(B) RPS Actuation (scram)	ARPS	(xiii) Loss Comm/Asmt/Resp ACOM
PHYSICAL SECURITY (73.71)	DDDD	(xi) Offsite Notification	APRE	60-Day Optional 10 CFR 50.73(a)(1)
MATERIAL/EXPOSURE	B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)	Invalid Specified System Actuation	AINV
FITNESS FOR DUTY	HFTT	(ii)(A) Degraded Condition	ADEG	Other Unspecified Requirement (Identify)
OTHER UNSPECIFIED REQMT.	(see last column)	(ii)(B) Unanalyzed Condition	AUNA	NONR
INFORMATION ONLY	NNF	(iv)(A) Specified System Actuation	AESF	NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above)	<input type="checkbox"/> NO
NRC RESIDENT						
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)
LOCAL						
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED:	ESTIMATED RESTART DATE:	ADDITIONAL INFO ON BACK
MEDIA/PRESS RELEASE						<input type="checkbox"/> YES <input type="checkbox"/> NO

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)													
<input type="checkbox"/>	LIQUID RELEASE	<input type="checkbox"/>	GASEOUS RELEASE	<input type="checkbox"/>	UNPLANNED RELEASE	<input type="checkbox"/>	PLANNED RELEASE	<input type="checkbox"/>	ONGOING	<input type="checkbox"/>	TERMINATED		
<input type="checkbox"/>	MONITORED	<input type="checkbox"/>	UNMONITORED	<input type="checkbox"/>	OFFSITE RELEASE	<input type="checkbox"/>	T. S. EXCEEDED	<input type="checkbox"/>	RM ALARMS	<input type="checkbox"/>	AREAS EVACUATED		
<input type="checkbox"/>				<input type="checkbox"/>				*State release path in description					
		Release Rate (Ci/sec)		% T. S. LIMIT		HOO GUIDE		Total Activity (Ci)		% T. S. LIMIT		HOO GUIDE	
Noble Gas						0.1 Ci/sec						1000 Ci	
Iodine						10 uCi/sec						0.01 Ci	
Particulate						1 uCi/sec						1 mCi	
Liquid (excluding tritium and dissolved noble gases)						10 uCi/min						0.1 Ci	
Liquid (tritium)						0.2 Ci/min						5 Ci	
Total Activity													
		PLANT STACK		CONDENSER/AIR EJECTOR		MAIN STEAM LINE		SG BLOWDOWN		OTHER			
RAD MONITOR READINGS													
ALARM SETPOINTS													
% T. S. LIMIT (if applicable)													
RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)													
LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.)													
LEAK RATE			UNITS: gpm/gpd			T. S. LIMITS			SUDDEN OR LONG-TERM DEVELOPMENT				
LEAK START DATE			TIME			COOLANT ACTIVITY AND UNITS:			PRIMARY SECONDARY				
LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL													

EVENT DESCRIPTION (Continued from front)