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| <b><u>U.S. DEPARTMENT OF COMMERCE</u></b><br><b>Bureau of Industry and Security</b><br><b><u>U.S. NUCLEAR REGULATORY COMMISSION</u></b><br><b>Office of Nuclear Material Safety and Safeguards</b>  |   | <b>Date Received</b><br><b>(Leave Blank)</b> |
| <b>ADDITIONAL PROTOCOL REPORT</b>   |   |  |
| <b>FORM AP-B: CONTACT INFORMATION FOR THE SITE OF AN IAEA-SELECTED FACILITY</b>   |   |  |
| <b>Submit this form to report information about the site where reportable activities are conducted. You must submit this form for an Initial, Annual Update, Amended, Processing of IAEA Safeguards-Terminated Waste, Export, Import Confirmation, or Supplemental Information Reports.</b> |   |  |
| <b>B.1</b>  | Site Name and Site Reporting Code (once assigned):  |  |
| <b>B.2</b>  | Site Information Reporting Status:<br><input type="checkbox"/> New information<br><input type="checkbox"/> Information with no changes<br><input type="checkbox"/> Information with changes |  |
| <b>B.3</b>  | Owner or Operator Name:   |  |
|   | Telephone Number (24 hour):   | Fax Number (24 hour):                        |
| <b>B.4</b>  | Street Address:   |  |
|   | City:   | State:      Zip Code:                        |
| <b>B.5</b>  | Provide the geographic coordinates for the site where the reportable activity(ies) take place.  |  |
|   | a. Latitude (Deg/Min/Sec/N):  |  |
|   | b. Longitude (Deg/Min/Sec/W):   |  |
| <b>Designate an Access Point of Contact (A-POC) and at least one Alternate A-POC for complementary access notifications involving this site.</b>  |   |  |
| <b>B.6</b>  | Name of A-POC:  |  |
|   | A-POC's Primary Telephone Number:   | ext.   |
|   | A-POC's Alternate Telephone Number:   | ext.   |
|   | A-POC's Fax Number:   |  |
|   | A-POC's E-mail Address:   |  |
| <b>B.7</b>  | Name of Alternate A-POC:  |  |
|   | Alt. A-POC's Primary Telephone Number:  | ext.   |
|   | Alt. A-POC's Alternate Telephone Number:  | ext.   |
|   | Alt. A-POC's Fax Number:  |  |
|   | Alt. A-POC's E-mail Address:  |  |
| <b>B.8</b>  | <input type="checkbox"/> Check this box to confirm that a site map, drawn to scale, is attached.  |  |
| <b>B.9</b>  | <input type="checkbox"/> Check this box if a Continuation Form (Form AP-P) has been used to provide additional information for any of the above questions.                                  |  |

## FORM AP-B: Contact Information for the Site of an IAEA-Selected Facility

Reporting requirements are set forth in 10 CFR Parts 75 and 110 of the U.S. Nuclear Regulatory Commission (NRC) Regulations.

### **INSTRUCTIONS:**

This form must be submitted for the following types of reports: Initial, Annual Update, Processing of IAEA Safeguards-Terminated Material, Export, Import Confirmation, Supplemental Information or Amended.

**Question B.1 Site Name and Site Reporting Code:** Provide the name of your site. A unique site code will be assigned and provided to you after your Initial Report has been received by BIS. The site reporting code must appear on all future forms pertaining to this site.

**Question B.2 Address Information Status:** Indicate the current reporting status by checking the appropriate box (i.e., "New Information" to report information for the first time, "Information with no changes" or "Information with changes" if a report for this activity was previously submitted).

**Question B.3 Owner or Operator Name and Contact Information:** Provide the name, telephone and fax numbers of the site owner or operator. The telephone number provided must be a number that is answered either by a live operator or individual on a 24-hour basis and the fax number must be for a machine that is checked regularly on a 24-hour basis. Please do not provide numbers that are answered by an answering service or by voice-mail. The NRC must be able to notify the owner or operator immediately upon receipt of an IAEA request for complementary access.

**Question B.4 Site Address:** Provide the street address for the main gate, visitor control center or main office entrance for the site that would be sufficient to permit an IAEA inspector to find the site should the IAEA request complementary access. DO NOT PROVIDE A POST OFFICE BOX. Use Form AP-P as a continuation form, if necessary.

**Question B.5 Latitude and Longitude:** Provide the latitude and longitude for the center of the site using the following formats:

Latitude: 00(degree)/00(minutes)/00(seconds)/N  
Longitude:  
00(degree)/00(minutes)/00(seconds)/W

**Questions B.6 and B.7 Designation of an Access Point of Contact (A-POC) and an Alternate A-POC:** Designate an A-POC and an alternate A-POC for complementary access notifications involving this site. The A-POC should have sufficient authority to facilitate an IAEA complementary access. The primary or alternate telephone numbers provided for each individual must be a number that is answered either by a live operator or by the individual on a 24-hour basis. This number should not be answered by an answering service or by voice-mail. The NRC must be able to notify the A-POC or Alternate A-POC immediately upon receipt of an IAEA request for a complementary access.

**Question B.8 Site Map Verification:** Check the box to confirm that a site map drawn to scale is attached to your report. A site map must be attached to your Initial Report, and should only be attached to subsequent reports if there have been changes to the site or buildings located on the site.

**Question B.9 Continuation Form:** Check this box if a Continuation Form, Form AP-P, has been used to provide additional information for any of the above questions.