

NRC FORM 361C
(5-2005)

**GASEOUS DIFFUSION PLANT
EVENT NOTIFICATION WORKSHEET**

U.S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTER

EN NUMBER

NRC OPERATIONS TELEPHONE NUMBER: PRIMARY 301-816-5100; BACKUPS [1ST] 301-951-0550, [2ND] 301-415-0550, [3RD] 301-415-0553
NRC OPERATIONS FAX NUMBER: 301-816-5151; E-MAIL: hoo1@nrc.gov

NOTIFICATION TIME	FACILITY OR ORGANIZATION	NAME OF CALLER	CALL BACK NUMBER
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EVENT TIME AND ZONE	EVENT DATE	LOCATION OF EVENT <i>(Include County and State)</i>	PORTION OF PLANT AFFECTED
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EVENT CLASSIFICATIONS	INCIDENT REPORTS																					
<input type="checkbox"/> SITE AREA EMERGENCY <input type="checkbox"/> ALERT <input type="checkbox"/> INCIDENT REPORT <input type="checkbox"/> INFORMATION ONLY <input type="checkbox"/> OTHER UNSPECIFIED REQUIREMENT	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; vertical-align: top;"> <p>1-Hr. 10 CFR 70.52</p> <input type="checkbox"/> (a) Loss of SNM/Crit <input type="checkbox"/> (b) Loss of SNM/Fissile</td> <td style="width:30%; vertical-align: top;"> <p>KSNM KFIS</p> </td> <td style="width:40%; vertical-align: top;"> <p>1-Hr. 10 CFR 20</p> <input type="checkbox"/> .1906(d)(1) Surface Contam Levels > Limits <input type="checkbox"/> .1906(d)(2) External Rad Levels > Limits <input type="checkbox"/> .2201(a)(1)(i) Lost/Stolen LNM > 1000X App C <input type="checkbox"/> .2202(a)(1) Pers Overexp > 5 x Limit <input type="checkbox"/> .2202(a)(2) Excessive Release > 5 x Limit</td> </tr> <tr> <td style="vertical-align: top;"> <p>1-Hr. 10 CFR 73.71</p> <input type="checkbox"/> (a)(1) Lost SNM/Spent Fuel Shipment <input type="checkbox"/> (b)(1) Safeguards Report</td> <td style="vertical-align: top;"> <p>DLOS DDDD</p> </td> <td style="vertical-align: top;"> <p>BSUR BEXT BLO1 BOV1 BRE1</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>1-Hr. 10 CFR 74.11</p> <input type="checkbox"/> (a) Lost/Stolen SNM</td> <td style="vertical-align: top;"> <p>PAAB</p> </td> <td style="vertical-align: top;"> <p>24-Hr. 10 CFR 20</p> <input type="checkbox"/> .2202(b)(1) Per Overexp/ > Limit <input type="checkbox"/> .2202(b)(2) Excessive Release > 5 x Limit</td> </tr> <tr> <td style="vertical-align: top;"> <p>1-Hr. 10 CFR 76.120(a)</p> <input type="checkbox"/> (1) Criticality <input type="checkbox"/> (2) Loss of SNM <input type="checkbox"/> (3) Theft of SNM <input type="checkbox"/> (4) Emergency Declared</td> <td style="vertical-align: top;"> <p>OCRI OLOS ODIV OAEK</p> </td> <td style="vertical-align: top;"> <p>30-Day 10 CFR 20</p> <input type="checkbox"/> 2202(a)(1)(ii) Lost/Stolen LNM > 10 x App C</td> </tr> <tr> <td style="vertical-align: top;"> <p>4-Hr. 10 CFR 76.120(b)</p> <input type="checkbox"/> Protect Action Prevented</td> <td style="vertical-align: top;"> <p>OPRO</p> </td> <td style="vertical-align: top;"> <p>2-Day 10 CFR 21</p> <input type="checkbox"/> .21(d)(3)(i) Defect/Noncompliance</td> </tr> <tr> <td style="vertical-align: top;"> <p>24-Hr. 10 CFR 76.120(c)</p> <input type="checkbox"/> (1) Unplanned Contamination <input type="checkbox"/> (2) Safety Equipment Failure <input type="checkbox"/> (3) Med Treat Involving Contamination <input type="checkbox"/> (4) Fire/Explosion</td> <td style="vertical-align: top;"> <p>OCON OSAF OMED OFIR</p> </td> <td style="vertical-align: top;"> <p>LOSS OF CRITICALITY CONTROL <i>(see Page 2)</i></p> <input type="checkbox"/> 4-Hr. NRC BL 91-01 Supp. 1 <input type="checkbox"/> 24-Hr. 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DESCRIPTION

Include: System affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on Page 2 or separate sheet(s), as appropriate)

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES <i>(Explain above)</i> <input type="checkbox"/> NO	MODE OF OPERATION UNTIL CORRECTED
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
STATE(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LOCAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain above)</i>	
OTHER GOVERNMENT AGENCIES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL INFORMATION ON PAGE 2 OR SEPARATE SHEETS	<input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED CORRECTION DATE

RADIOLOGICAL / CHEMICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS

ISOTOPE	ACTIVITY	PHYSICAL FORM	CHEMICAL FORM		STACK	LIQUID EFFLUENT	OTHER
				MONITOR READING			
				ALARM SETPOINT			

<input type="checkbox"/> ONGOING RELEASE <input type="checkbox"/> TERMINATED RELEASE <input type="checkbox"/> OFFSITE RELEASE <input type="checkbox"/> ONSITE AREAS EVACUATED <input type="checkbox"/> OFFSITE PROTECTIVE ACTION RECOMMENDED	PERSONNEL EXPOSURE	CONTAMINATION DATA
	NUMBER OF PERSONNEL EXPOSED:	NUMBER OF PERSONNEL CONTAMINATED:
	MAXIMUM EXTERNAL DOSE:	MAXIMUM EXTERNAL LEVEL:
	MAXIMUM INTERNAL DOSE:	MAXIMUM INTERNAL LEVEL:
	CRITICAL ORGAN (<i>if known</i>):	CIRITIAL ORGAN (<i>if known</i>):

DEGRADED CRITICALITY CONTROLS

BASIS FOR THIS REPORT: A. AN EVENT B. DEFICIENT CRITICALITY SAFETY ANALYSIS
 (INDICATE HOW LOG DEFICIENCY EXISTED)

SAFETY SIGNIFICANCE OF EVENTS

POTENTIAL CRITICALITY PATHWAYS INVOLVED (*BRIEF SCENARIO(S) OF HOW CRITICALITY COULD OCCUR*)

CONTROLLED PARAMETERS (*MASS, MODERATION, GEOMETRY, CONCENTRATION, ETC.*)

ESTIMATED AMOUNT, ENRICHMENT, FORM OF LICENSED MATERIAL (INCLUDE PROCESS LIMIT AND % WORST CASE CRITICAL MASS)

NUCLEAR CRITICALITY SAFETY CONTROL(S) OR CONTROL SYSTEM(S) AND DESCRIPTION OF THE FAILURES OR DEFICIENCIES

CORRECTIVE ACTIONS TO RESTORE SAFETY SYSTEMS AND WHEN EACH WAS IMPLEMENTED