

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	POWER/MODE BEFORE	POWER/MODE AFTER
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EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)			
<input type="checkbox"/>	GENERAL EMERGENCY GEN/AAEC	<input type="checkbox"/>	TS Deviation ADEV	<input type="checkbox"/>	(v)(A) Safe S/D Capability AINA
<input type="checkbox"/>	SITE AREA EMERGENCY SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		<input type="checkbox"/>	(v)(B) RHR Capability AINB
<input type="checkbox"/>	ALERT ALE/AAEC	<input type="checkbox"/>	(i) TS Required S/D ASHU	<input type="checkbox"/>	(v)(C) Control of Rad Release AINC
<input type="checkbox"/>	UNUSUAL EVENT UNU/AAEC	<input type="checkbox"/>	(iv)(A) ECCS Discharge to RCS ACCS	<input type="checkbox"/>	(v)(D) Accident Mitigation AIND
<input type="checkbox"/>	50.72 NON-EMERGENCY (see next columns)	<input type="checkbox"/>	(iv)(B) RPS Actuation (scram) ARPS	<input type="checkbox"/>	(xii) Offsite Medical AMED
<input type="checkbox"/>	PHYSICAL SECURITY (73.71) DDDD	<input type="checkbox"/>	(xi) Offsite Notification APRE	60-Day Optional 10 CFR 50.73(a)(1)	
<input type="checkbox"/>	MATERIAL/EXPOSURE B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		<input type="checkbox"/>	Invalid Specified System Actuation AINV
<input type="checkbox"/>	FITNESS FOR DUTY HFIT	<input type="checkbox"/>	(ii)(A) Degraded Condition ADEG	Other Unspecified Requirement (Identify)	
<input type="checkbox"/>	OTHER UNSPECIFIED REQMT. (see last column)	<input type="checkbox"/>	(ii)(B) Unanalyzed Condition AUNA	<input type="checkbox"/>	NONR
<input type="checkbox"/>	INFORMATION ONLY NINF	<input type="checkbox"/>	(iv)(A) Specified System Actuation AESF	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)
STATE(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LOCAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MODE OF OPERATION UNTIL CORRECTED:	ESTIMATED RESTART DATE: (MM/DD/YYYY)	ADDITIONAL INFO ON BACK
OTHER GOV AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

REACTOR PLANT EVENT NOTIFICATION WORKSHEET (CONTINUED)

ADDITIONAL INFORMATION

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"/> PERSONNEL EXPOSED OR CONTAMINATED		<input type="checkbox"/> OFFSITE PROTECTIVE ACTIONS RECOMMENDED		*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						

	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)