

NRC FORM 361A
(8-2010)

U.S. NUCLEAR REGULATORY COMMISSION

LICENSE NUMBER

**FUEL CYCLE AND MATERIALS
EVENT NOTIFICATION WORKSHEET**

REPORT TIME	FACILITY OR ORGANIZATION	NAME OF CALLER	CALL BACK TELEPHONE NO.
EVENT TIME	EVENT DATE	LOCATION OF EVENT <i>(Include County and State)</i>	PORTION OF PLANT AFFECTED

EVENT CLASSIFICATIONS	EVENT TYPES	INCIDENT REPORTS (30.50, 40.60, 70.50)	
<input type="checkbox"/> GENERAL EMERGENCY *	<input type="checkbox"/> FUEL CYCLE	<input type="checkbox"/> 20.2201 LOSS / THEFT	<input type="checkbox"/> (a) PROTECTIVE ACTION PREVENTED
<input type="checkbox"/> SITE AREA EMERGENCY	<input type="checkbox"/> MEDICAL / ACADEMIC	<input type="checkbox"/> 20.2202 ACTUAL / THREATENED OVEREXPOSURE	<input type="checkbox"/> (b)(1) UNPLANNED CONTAMINATION
<input type="checkbox"/> ALERT	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> 20.2202 ACTUAL / THREATENED RELEASE	<input type="checkbox"/> (b)(2) SAFETY EQUIPMENT FAILURE
<input type="checkbox"/> NOTIFICATION OF UNUSUAL EVENT *	<input type="checkbox"/> WASTE MANAGEMENT	<input type="checkbox"/> 21.21 DEFECT / NONCOMPLIANCE	<input type="checkbox"/> (b)(3) MEDICAL TREATMENT WITH CONTAMINATION
<input type="checkbox"/> INCIDENT REPORT	<input type="checkbox"/> INDUSTRIAL / COMMERCIAL	<input type="checkbox"/> 26.719 FITNESS FOR DUTY	<input type="checkbox"/> (b)(4) FIRE / EXPLOSION
<input type="checkbox"/> TRANSPORTATION EVENT	<input type="checkbox"/> FOREIGN EVENT	<input type="checkbox"/> 35.3045 MEDICAL EVENT	<input type="checkbox"/> 70.52 CRITICALITY / SNM LOST
<input type="checkbox"/> INFORMATION ONLY	<input type="checkbox"/> OTHER <i>(Specify)</i>	<input type="checkbox"/> 36.83 IRRADIATOR EVENT	<input type="checkbox"/> 70.52 ACTUAL / ATTEMPTED THEFT
<input type="checkbox"/> OTHER <i>(Specify)</i>		<input type="checkbox"/> 39.77 RUPTURED WELL LOGGING SOURCE	<input type="checkbox"/> CRITICALITY CONTROL 4-HOUR (BULLETIN 91-01)
		<input type="checkbox"/> 39.77 IRRETRIEVABLE WELL LOGGING SOURCE	<input type="checkbox"/> CRITICALITY CONTROL 24-HOUR (BULLETIN 91-01)
		<input type="checkbox"/> 40.26 TAILINGS / WASTE DAM FAILURE	<input type="checkbox"/> OTHER NON-CFR REQUIREMENT

* ONLY UNDER OLD 1981 ORDER

NOTIFICATIONS	YES	NO	WILL BE		
NRC REGION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES <i>(Explain below)</i>
STATE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> NO
LOCAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input type="checkbox"/> YES
OTHER GOVERNMENT AGENCIES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> NO <i>(Explain below)</i>
PRESS RELEASE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL INFORMATION ON PAGE 2?	<input type="checkbox"/> YES
					<input type="checkbox"/> NO

EVENT DESCRIPTION *(Continue on Page 2 if necessary)*

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 SAFETY CONTROLS FOR ACCIDENT SCENARIO(S) (BULLETIN 91-01)

ALL CONTROLS LOST
 ALL BUT SINGLE CONTROLS LOST
 DEFICIENT SAFETY ANALYSIS
 SAFETY SIGNIFICANCE UNKNOWN
 >45% MINIMUM CRITICAL MASS PRESENT OR READILY AVAILABLE

NUMBER AND TYPES OF CONTROLS NECESSARY UNDER NORMAL OPERATING CONDITIONS

NUMBER AND TYPES OF CONTROLS WHICH FUNCTIONED PROPERLY UNDER UPSET CONDITIONS

NUMBER AND TYPES OF CONTROLS NECESSARY TO RESTORE A SAFE SITUATION

SAFETY SIGNIFICANCE OF EVENTS

SAFETY EQUIPMENT STATUS

STATUS OF CORRECTIVE ACTIONS

EVENT DESCRIPTION *(Continued)*