

NRC FORM 361N
(MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTER

APPROVED BY OMB: NO. 3150-XXXX

EXPIRES: (MM/DD/YYYY)



**NON-POWER REACTOR (NPR)
EVENT NOTIFICATION
WORKSHEET**

Estimated burden per response to comply with this voluntary collection request: 30 minutes. The information provided will be used for evaluation of licensee event description, facility status and for input to the public website. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-XXXX), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

EN # _____

NRC OPERATIONS TELEPHONE NUMBERS: 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.
FAX - 301-816-5151, EMAIL - hoo.hoc@nrc.gov

Notification Time	Facility or Organization	Name of Caller	Call Back #
Event Time & Zone	Event Date	Power/Mode Before	Power/Mode After
Reactor Type	Max Power	Max Pulse	Pulse Inserted During Event?

EVENT CLASSIFICATIONS		REPORTABLE CONDITION (Varies by facility TS)	
<input type="checkbox"/> GENERAL EMERGENCY	GEN/AAEC	<input type="checkbox"/> TS Deviation	ADEV <input type="checkbox"/> Accident Mitigation AIND
<input type="checkbox"/> SITE AREA EMERGENCY	SIT/AAEC	<input type="checkbox"/> TS Required S/D	ASHU <input type="checkbox"/> Offsite Medical AMED
<input type="checkbox"/> ALERT	ALE/AAEC	<input type="checkbox"/> RPS Actuation (scram)	ARPS <input type="checkbox"/> Loss Comm/Asmt/Response ACOM
<input type="checkbox"/> UNUSUAL EVENT	UNU/AAEC	<input type="checkbox"/> Offsite Notification	APRE <input type="checkbox"/> Invalid Specified System Actuation AINV
<input type="checkbox"/> SAFEGUARDS EVENT (73 App G)		<input type="checkbox"/> Degraded Condition	ADEG <input type="checkbox"/> SUSPICIOUS ACTIVITY
<input type="checkbox"/> MATERIAL/EXPOSURE		<input type="checkbox"/> Unanalyzed Condition	AUNA <input type="checkbox"/> SECURITY EVENT
<input type="checkbox"/> INFORMATION ONLY	NNF	<input type="checkbox"/> Specified System Actuation	AESF OTHER UNSPECIFIED REQUIREMENT (IDENTIFY)
<input type="checkbox"/> OTHER UNSPECIFIED REQMT.	(see last column)	<input type="checkbox"/> Safe S/D Capability	AINA <input type="checkbox"/> NONR
<input type="checkbox"/>		<input type="checkbox"/> Control of Rad Release	AINC <input type="checkbox"/> NONR

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

NOTIFICATIONS	YES	NO	WILL BE	Anything Unusual or not understood? <input type="checkbox"/> Yes (Explain above) <input type="checkbox"/> No
HQ NPR STAFF	<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 (if applicable)
OTHER GOV AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimate for restart date:
MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Information continued on next page? <input type="checkbox"/> Yes <input type="checkbox"/> No

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EVENT NOTIFICATION WORKSHEET (Continued)**

EN # _____

RADIOLOGICAL / CHEMICAL 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 Protection 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 µCi/sec			0.01 Ci
Particulate			1 µCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gas)			10 µCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
TOTAL ACTIVITY						

List of Safety Related Equipment not Operational

Event Description (Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc.) (Continued from Page 1)