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Form 361 A

APPROVED BY OMB: NO. 3150-0238

EXPIRES: 10/31/2022

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 FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0238), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oira_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

Email PDF Preview

Clone Request

Create Draft Form 361 A

Review Draft Form 361 A

Final Form 361 A

Form 361 A

EN Number

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Notification Date And Time

Facility or Organization *

Select Plant

License Number *

Name of Caller/Title *

Call Back Number *

Provide a telephone number

Event Time and Zone *

Event Date *

Location of Event *

Portion of Plant Affected

Event Classifications

General Emergency <input checked="" type="radio"/> No <input type="radio"/> Yes	Site Area Emergency <input checked="" type="radio"/> No <input type="radio"/> Yes	Alert <input checked="" type="radio"/> No <input type="radio"/> Yes
Notification of Unusual Event <input checked="" type="radio"/> No <input type="radio"/> Yes	Incident Report <input checked="" type="radio"/> No <input type="radio"/> Yes	Transportation Event <input checked="" type="radio"/> No <input type="radio"/> Yes
Information Only <input checked="" type="radio"/> No <input type="radio"/> Yes	Other (Specify) <input checked="" type="radio"/> No <input type="radio"/> Yes	Other Specify <input type="text"/>

Event Types

Fuel Cycle <input checked="" type="radio"/> No <input type="radio"/> Yes	Medical/Academic <input checked="" type="radio"/> No <input type="radio"/> Yes	Transportation <input checked="" type="radio"/> No <input type="radio"/> Yes
Waste Management <input checked="" type="radio"/> No <input type="radio"/> Yes	Industrial / Commercial <input checked="" type="radio"/> No <input type="radio"/> Yes	Foreign <input checked="" type="radio"/> No <input type="radio"/> Yes
Other <input checked="" type="radio"/> No <input type="radio"/> Yes	Other Specify <input type="text"/>	

Incident Reports (30.50, 40.60, 70.50)

20.2201 Loss Theft <input checked="" type="radio"/> No <input type="radio"/> Yes	(a) Protective Action Prevented <input checked="" type="radio"/> No <input type="radio"/> Yes
20.2202 Actual/Threatened Overexposure <input checked="" type="radio"/> No <input type="radio"/> Yes	(b)(1) Unplanned Contamination <input checked="" type="radio"/> No <input type="radio"/> Yes
20.2202 Actual/Threatened Release <input checked="" type="radio"/> No <input type="radio"/> Yes	(b)(2) Safety Equipment Failure <input checked="" type="radio"/> No <input type="radio"/> Yes
21.21 Defect / Noncompliance <input checked="" type="radio"/> No <input type="radio"/> Yes	(b)(3) Medical Treatment With Contamination <input checked="" type="radio"/> No <input type="radio"/> Yes
26.791 Fitness For Duty <input checked="" type="radio"/> No <input type="radio"/> Yes	(b)(4) Fire / Explosion <input checked="" type="radio"/> No <input type="radio"/> Yes
35.3045 Medical Event <input checked="" type="radio"/> No <input type="radio"/> Yes	70.52 Critically / SNM Lost <input checked="" type="radio"/> No <input type="radio"/> Yes
36.83 Irradiator Event <input checked="" type="radio"/> No <input type="radio"/> Yes	70.52 Actual / Attempted Theft <input checked="" type="radio"/> No <input type="radio"/> Yes
39.77 Ruptured Well Logging Source <input checked="" type="radio"/> No <input type="radio"/> Yes	Appendix A, 1 HR <input checked="" type="radio"/> No <input type="radio"/> Yes
39.77 Irretrievable Well Logging Source <input checked="" type="radio"/> No <input type="radio"/> Yes	Appendix A 24 HR <input checked="" type="radio"/> No <input type="radio"/> Yes
40.26 Tailings / Waste Dam Failure <input checked="" type="radio"/> No <input type="radio"/> Yes	Concurrent Report <input checked="" type="radio"/> No <input type="radio"/> Yes

Notifications

NRC Region <input type="text"/>	Anything Unusual or Not Understood <input checked="" type="radio"/> No <input type="radio"/> Yes
State <input type="text"/>	Did All Systems Function As Required <input checked="" type="radio"/> No <input type="radio"/> Yes
Local <input type="text"/>	Additional Information on Page 2 <input checked="" type="radio"/> No <input type="radio"/> Yes
Other Government Agencies <input type="text"/>	
Press Release <input type="text"/>	

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

Event Description *

Radiological / Chemical Releases: Check or Fill in Applicable Items

Isotope Monitor Reading Release <input type="text"/>	Activity Monitor Reading Release <input type="text"/>	Physical Form Monitor Reading Release <input type="text"/>	Chemical Form Monitor Reading Release <input type="text"/>
Isotope Alarm Setpoint Release <input type="text"/>	Activity Alarm Setpoint Release <input type="text"/>	Physical Form Alarm Setpoint Release <input type="text"/>	Chemical Form Alarm Setpoint Release <input type="text"/>
Stack Monitor Reading Release <input type="text"/>	Liquid Effluent Monitor Reading Release <input type="text"/>	Other Monitor Reading Release (Specify) <input type="text"/>	
Stack Alarm Setpoint Release <input type="text"/>	Liquid Effluent Alarm Setpoint Release <input type="text"/>	Other Alarm Setpoint Release (Specify) <input type="text"/>	

Ongoing Release <input checked="" type="radio"/> No <input type="radio"/> Yes	Number of Personnel Exposed <input type="text"/>	Number of Personnel Contaminated <input type="text"/>
Terminated Release <input checked="" type="radio"/> No <input type="radio"/> Yes	Maximum External Dose <input type="text"/>	Maximum External Level <input type="text"/>
Offsite Release <input checked="" type="radio"/> No <input type="radio"/> Yes	Maximum Internal Dose <input type="text"/>	Maximum Internal Level <input type="text"/>
Onsite Areas Evacuated <input checked="" type="radio"/> No <input type="radio"/> Yes	Critical Organ Exposed <input type="text"/>	Critical Organ Contaminated <input type="text"/>
Offsite Protective Action Recommended <input checked="" type="radio"/> No <input type="radio"/> Yes		

Number and Types of Controls Normal <input type="text"/>
Number and Types of Controls Upset <input type="text"/>
Number and Types of Controls Safe <input type="text"/>
Safety Significance of Events <input type="text"/>
Safety Equipment Status <input type="text"/>
Status of Corrective Actions <input type="text"/>

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