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Protecting People and the Environment

Form 361 N

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.

Form 361 N

EN Number		
_		
Notification Date And Time		
_		
Facility or Organization *		
		~
Name of Caller *		
Call Back Number *		
Provide a telephone number		
Event Time And Zone *		
Event Date *		
		=
Power Mode Before		
1 0113 111042 221012		

Site Area Emergency		Alert
No O Yes		● No ○ Yes
Safeguards Event (73 App G) No ○ Yes		Material Exposure ® No ○ Yes
Other Unspecified Requirement (see Other Unspecified Requirement Section) No Yes		
ility TS)		
TS Required S/D No O Yes		RPS Actuation (scram) ® No O Yes
Degraded Condition No ○ Yes		Unanalyzed Condition ® No O Yes
Safe S/D Capability No Yes		Control of Rad Release No O Yes
Offsite Medical No O Yes		Loss Comm/Asmt/Response No O Yes
Suspicious Activity No Yes		Security Event No O Yes
entify)		
	Identify Unspecified R	equirement
	Identify Unspecified Requirement	
	Safeguards Event (73 App © No	Safeguards Event (73 App G) No ○ Yes Other Unspecified Requirement (see Other Unspecified Requirement Section) No ○ Yes TS Required S/D No ○ Yes Degraded Condition No ○ Yes Safe S/D Capability No ○ Yes Offsite Medical No ○ Yes Suspicious Activity No ○ Yes Pentify)

Description (Include: System affected,	actuations and their in	nitiating signals, cause	es, effect of event on plan	t, actions taker
or planned, etc.) Event Description				
Notifications				
HQ NPR Staff		Anything Unusual Or No	ot Understood?	
	~	● No ○ Yes		
26-4-6-3		Did All Control Frontin	- A - D i 10	
State(s)		Did All Systems Function As Required? ● No ○ Yes		
	~			
Local		Mode Of Operations Un	til Corrected (if applicable)	
	~			
				,
Other Gov Agencies		Estimate for Restart Date	te	
	~			iii
Media/Press Release				
	~			
Radiological Releases: Check Or Fill I	n Applicable Items (spe	ecific details/explanat	tions should be covered in	i event
description)				
Liquid Release ● No ○ Yes	Gaseous Release No O Yes		Unplanned Release ■ No ○ Yes	
Planned Release ■ No ○ Yes	Ongoing No O Yes		Terminated ■ No ○ Yes	
Monitored No ○ Yes	Unmonitored ■ No ○ Yes		Offsite Release No O Yes	
Offsite Protection Actions Recommended No O Yes	T.S. Exceeded No O Yes		RM Alarms No O Yes	
Areas Evacuated No Yes	Personnel Exposed or Contaminated ■ No ○ Yes			

Noble Gas (Release Rate (Ci/sec))	Noble Gas (% T.S. Limit)	Noble Gas (Total Activity (Ci))	Noble Gas (% T.S. Limit 2)
lodine (Release Rate (Ci/sec))	lodine (% T.S. Limit)	Iodine (Total Activity (Ci))	lodine (% T.S. Limit 2)
Particulate (Release Rate (Ci/sec))	Particulate (% T.S. Limit)	Particulate (Total Activity (Ci))	Particulate (% T.S. Limit 2)
Liquid (excluding tritium and dissolved noble gas) (Release Rate (Ci/sec))	Liquid (excluding tritium and dissolved noble gas) (% T.S. Limit)	Liquid (excluding tritium and dissolved noble gas) (Total Activity (Ci))	Liquid (excluding tritium and dissolved noble gas) (% T.S. Limit 2)
Liquid (tritium) (Release Rate (Ci/sec))	Liquid (tritium) (% T.S. Limit)	Liquid (tritium) (Total Activity (Ci))	Liquid (tritium) (% T.S. Limit 2)
Total (Release Rate (Ci/sec))	Total (% T.S. Limit)	Total Activity (Total Activity (Ci))	Total (% T.S. Limit 2)
List Of Safety Related Equipment Not C	Operational		