

NRC FORM 361
(05-06-2024)

U.S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTER

APPROVED BY OMB: NO. 3150-0238

EXPIRES: 07/31/2026



**REACTOR PLANT 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 FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email 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. 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.

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	Unit	Name of Caller/Title	Call Back #
Event Time & Zone	Event Date	Power/Mode (At Time of Event)		Power/Mode (At Time of Notification)
EVENT CLASSIFICATION		1-HR. NON-EMERGENCY 10 CFR 50.72(b)(1)		<input type="checkbox"/> (v)(A) Safe S/D Capability AINA
<input type="checkbox"/> GENERAL EMERGENCY	GEN/AAEC	<input type="checkbox"/> TS Deviation	ADEV	<input type="checkbox"/> (v)(B) RHR Capability AINB
<input type="checkbox"/> SITE AREA EMERGENCY	SIT/AAEC	4-HR. NON-EMERGENCY 10 CFR 50.72(b)(2)		<input type="checkbox"/> (v)(C) Control of Rad Release AINC
<input type="checkbox"/> ALERT	ALE/AAEC	<input type="checkbox"/> (i) TS Required S/D	ASHU	<input type="checkbox"/> (v)(D) Accident Mitigation AIND
<input type="checkbox"/> UNUSUAL EVENT	UNU/AAEC	<input type="checkbox"/> (iv)(A) ECCS Discharge to RCS	ACCS	<input type="checkbox"/> (xii) Offsite Medical AMED
<input type="checkbox"/> 50.72 NON-EMERGENCY	(see next columns)	<input type="checkbox"/> (iv)(B) RPS Actuation (scram)	ARPS	<input type="checkbox"/> (xiii) Loss Comm/Asmt/Response ACOM
<input type="checkbox"/> 10 CFR 73	D???	<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	NNF	<input type="checkbox"/> (iv)(A) Specified System Actuation	AESF	<input type="checkbox"/> NONR

Event Description (Include: Systems 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	
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anything Unusual or not understood? <input type="checkbox"/> Yes (Explain above) <input type="checkbox"/> No
STATE(s)	<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)
LOCAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER GOV AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mode of operations until corrected (if applicable)
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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EN # _____

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 Protection Actions Recommended	*State release path in description
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	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						

	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

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Event Description area for detailed notes.