

## UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION I 2100 RENAISSANCE BLVD., Suite 100 KING OF PRUSSIA, PA 19406-2713

November 9, 2017

Mr. Patrick D. Navin Site Vice President Peach Bottom Atomic Power Station Exelon Generation Company, LLC 1848 Lay Road Delta, PA 17314

SUBJECT: PEACH BOTTOM ATOMIC POWER STATION, UNITS 2 AND 3
LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST

Dear Mr. Navin:

On November 4, 2017, your facility reported to the NRC via 10 CFR 26.719 that an NRC-licensed operator tested positive following a fitness-for-duty test administered under 10 CFR 26.31(c) on November 3, 2017 (Event Report 53053). Although we have obtained preliminary information, this letter is a formal request for information pertaining to this occurrence. Within 30 days of the date of this letter, please provide responses to the questions listed in the enclosure. In addition, please provide other records and information on this operator's fitness-for-duty that are relevant to this occurrence. If you are unable to meet this deadline, please notify us no later than 15 days from the date of this letter, with the reasons for the delay and a proposed date of submittal.

We request that any personal privacy, proprietary, or safeguards information in your response be contained in a separate enclosure and appropriately marked. The affidavit required by 10 CFR 2.390(b) must accompany your response, where applicable.

You should determine whether the operator meets the requirements of 10 CFR 55.33(a)(1). You should ensure that: (1) the operator meets the general health requirements of ANSI/ANS-3.4-1983; (2) the operator does not have a disqualifying condition under Section 5.3 of that standard; and (3) documentation describing the designated physician's conclusion that the operator meets the requirements of ANSI/ANS-3.4-1983 is available for review by the NRC. If a conditional license is requested per 10 CFR 55.25, that condition should be documented on NRC Form 396, "Certification of Medical Examination by Facility Licensee," and sent to the U.S. Nuclear Regulatory Commission, ATTN: Regional Administrator, Region I, 2100 Renaissance Blvd., Suite 100, King of Prussia, PA 19406-2713.

If you determine that the operator no longer meets the medical qualifications described in 10 CFR 55.33(a)(1), then, in accordance with 10 CFR 55.25, you must notify the NRC, in writing, of the operator's permanent incapacitation. For example, you must notify the NRC if you determine, based on your employee assistance program in consultation with your designated physician, that the operator can no longer meet the medical criteria of ANSI/ANS-3.4-1983.

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The NRC will evaluate the information in your reply to this letter to determine if further action is warranted pursuant to 10 CFR Part 50 or Part 55. The information supplied will be maintained in NRC Privacy Systems of Records-16 and will be subject to the Privacy Act.

Please provide a copy of this letter, as well as your response to this letter, to the operator. If you are unwilling to provide this information to the operator for any reason, the NRC will provide the information to the operator when it is available as part of the operator's docket file.

If you have any questions concerning this matter, please contact Donald E. Jackson, Chief, Operations Branch, (610) 337-5306. The requested information should be sent to Mr. Jackson's attention at the NRC Region I Office, 2100 Renaissance Boulevard, Suite 100, King of Prussia, PA 19406-2713. Your cooperation is appreciated. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC's Website at <a href="http://www.nrc.gov/reading-rm/adams.html">http://www.nrc.gov/reading-rm/adams.html</a> (the Public Electronic Reading Room).

Sincerely,

/RA/

Jimi T. Yerokun, Director Division of Reactor Safety

Docket No. 50-277 and 50-278 Licensee No. DPR-44 and DPR-56

Enclosure:
Fitness-for-Duty Request for Additional Information

cc w/Enclosure: Distribution via ListServ

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SUBJECT: PEACH BOTTOM ATOMIC POWER STATION, UNITS 2 AND 3

LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST DATED

NOVEMBER 9, 2017

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DOCUMENT NAME: G:\DRS\Operations Branch\BIXLER\FitnessforDuty\11-6-17 RAI FFD PB.docx ADAMS ACCESSION NUMBER: ML17317B550

☑ SUNSI Review		<ul><li>✓ Non-Sensitive</li><li>☐ Sensitive</li></ul>		Publicly Available Non-Publicly Available	
OFFICE	RI/DRS	RI/DRS			
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DATE	11/8/17	11/9/17			

OFFICIAL RECORD COPY

## <u>Licensed Operator</u> <u>Fitness-for-Duty Request for Additional Information</u>

Peach Bottom Atomic Power Station is requested to provide the following information concerning the fitness-for-duty occurrence (10 CFR Part 26.719) reported on November 3, 2017 regarding the involved licensed operator:

- 1. Name, Docket Number, and responsibilities of the operator.
- 2. A summary of the operator's entire fitness-for-duty testing history. Please include the dates and times the operator was tested, the reasons for the tests (i.e., random, for-cause, or follow-up), the results of the tests, including quantification, and the dates that any tests were confirmed positive.
- 3. Whether the operator used, sold, or possessed illegal drugs. If so, please provide the details of the circumstances surrounding such use, sale, or possession.

OR

- 4. Whether the operator consumed alcoholic beverages within the protected area. If so, please provide the details of the circumstances surrounding such consumption.
- 5. Whether the operator was at the controls or supervising licensed activities while under the influence of illegal drugs or alcohol. If so, please provide the details of the operator's performance of licensed duties while under the influence.
- 6. Whether the operator fulfilled a position that was required to meet minimum licensed operating staffing requirements (fire brigade, emergency plan operations, etc.) while under the influence.
- 7. Whether the operator was involved in procedural errors related to this occurrence. If so, please provide the details of the procedural errors and the consequences of the errors.
- 8. The extent to which you reviewed the operator's past work history, both on the day of the occurrence and prior to November 3, 2017.
- 9. Your intentions with regard to the operator's resumption of duties under the 10 CFR Part 50 and Part 55 licenses, including your plans for follow-up testing.