

February 8, 2001

Chief Examiner  
U.S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011-8064

Attention: Mr. Michael Murphy

Subject: Grand Gulf Nuclear Station  
Docket No. 50-416  
License No. NPF-29  
Initial Examination Outline, Per NRC Inspection Report  
50-416/01-301 (GNRI-2001/00002)

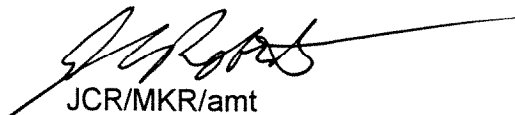
GNRO-2001/00007

Dear Mr. Murphy:

Enclosed is the NRC Initial License Examination Outline for the Examination to be held the week of June 4, 2001. The Examination Outline was developed per the guidelines set forth in NUREG 1021 Revision 8, Supplement 1, "Operator Licensing Examination Standards for Power Reactors" Section ES-201.

You can contact Michael Rasch at (601) 437-6106; 6107; or 6362 if you have any questions or need any further material.

Yours truly,



JCR/MKR/amt

attachment:

cc:

Initial Examination Outline  
(See Next Page)

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cc:

Hoeg	T. L.	(GGNS Senior Resident)	(w/o)
Levanway	D. E.	(Wise Carter)	(w/o)
Reynolds	N. S.		(w/o)
Smith	L. J.	(Wise Carter)	(w/o)
Thomas	H. L.		(w/o)

Mr. S. P. Sekerak, NRR/DLPM/PD IV-1 (w/2)

**ATTN: ADDRESSEE ONLY**

U.S. Nuclear Regulatory Commission  
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11555 Rockville Pike  
Rockville, MD 20852-2378

Mr. Robert M. Gallo  
Chief Operator Licensing Branch  
U.S. Nuclear Regulatory Commission  
Mail Stop OWFN 9D-24  
Washington, DC 20555

Mr. John L. Pellet  
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Region IV  
611 Ryan Plaza Drive, Suite 400  
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U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Attention: Document Control Desk

February 8, 2001  
GNRO-2001/00007

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## NRC SUBMITTAL REVIEW

Letter # GNRO-2001/00007 Response Due: 02/15/01

Subject: Initial Examination Outline, Per NRC Inspection Report 50-416/01-301  
(GNRI-2001/00002)


### SECTION I CORRESPONDENCE SCREENING

Does this letter contain commitments? If "yes," identify the commitments with due dates in the submittal and in Section II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this letter contain any information or analyses of new safety issues performed at NRC request or to satisfy a regulatory requirement? If "yes," reflect requirement to update the UFSAR in Section II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this letter request NRC approval of a change that will require UFSAR, TS Bases, or other Licensing documents to be updated if approved? If "yes," reflect requirement to update the applicable Licensing document in Section II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this letter require procedure changes? If "yes," indicate the action in Section II. (The Preparer may indicate the specific procedures requiring revision, if known.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this letter contain information to be certified accurate and complete? If "yes," identify the information in an attachment. (Attachment 9.9 may be used.) Document certification in Section III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

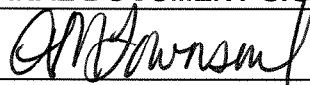

### SECTION II ACTION ITEMS

Required Actions NOTE: Actions needed upon approval should be captured in the appropriate action tracking system.	Due Date	<u>RESPONSIBLE</u> <u>DEPARTMENT</u>
N/A		

### SECTION III LETTER CONCURRENCE/CERTIFICATION

Department/Position	Action Performed or Agreement to Perform Actions Identified in Section II <small>(sign, electronic review, or telecom)</small>
Training Manager	

### SECTION IV FINAL DOCUMENT SIGNOFF FOR SUBMITTAL II (sign, electronic review, or telecom)

PREPARER	
LICENSING MANAGER or DIRECTOR	

### COMMENTS

## CERTIFICATION REFERENCE

Document Number:

GNRO-2001/00007

Document Description/Title:

Initial Examination Outline, Per NRC Inspection Report 50-416/01-301  
(GNRI-2001/00002)

**Certifiable Statement(s):** (Identify location in submittal adequate; e.g., page3, para2, sent1 OR paste in words of statement.)

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**Objective Evidence or Peer Review:** (List pertinent documents and sections OR give basis for peer review. Indicate "N/A" if not used)

**Preparer:**

*mkul*                      TRAINING                      2/8/2001  
Name                                      Department                                      Date

**Peer Reviewer:** (Indicate "N/A" if not used)

N/A                                      \_\_\_\_\_                                      \_\_\_\_\_  
Name                                      Department                                      Date