

November 29, 2001

Mr. Ron J. DeGregorio
Vice President - Oyster Creek
AmerGen Energy Company, LLC
P.O. Box 388
Forked River, NJ 08731

SUBJECT: REQUEST FOR INFORMATION CONCERNING THE OYSTER CREEK
FITNESS FOR DUTY REPORT (ENS No. 38514)

Dear Mr. DeGregorio:

On November 23, 2001, your facility reported to the NRC's Headquarters Operations Center, that an NRC licensed operator was determined to be under the influence of alcohol. We understand that this determination was made when the individual was selected for a random Fitness for Duty test within a few hours of reporting for work that afternoon. We further understand that the individual, who was taken home after the test results, was working in a non-licensed position that shift and was not performing duties authorized by his NRC license. This letter is a request for the information pertaining to this occurrence.

Please provide within 60 days after the date of this letter, answers to the questions listed in the enclosure and other records and information on the operator's past fitness-for-duty, which are relevant to this occurrence. We request that any personal, propriety, or safeguards information in your response be contained in a separate attachment and appropriately marked. The affidavit required by 10 CFR 2.790(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 (or later revision of this standard used by your facility); (2) the operator does not have a disqualifying condition under Section 5.3 of that standard; and (3) that documentation describing the designated physician's conclusion that the operator meets the requirements of ANSI/ANS-3.4 is available for review by NRC. If a conditional license is requested per 10 CFR 55.25, that condition should be documented on NRC Form 396 and transmitted to the NRC.

If you determined 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, via letter, 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.

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

Ron J. DeGregario

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In accordance with 10 CFR 2.790 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 Web site at <http://www.nrc.gov/reading-rm/ADAMS/.html> (the Public Electronic Reading Room).

If you have any questions, please feel free to contact me at 610-337-5183 or Internet address RJC@NRC.GOV. Your cooperation is appreciated.

Sincerely,

/RA/

Richard J. Conte, Chief
Operational Safety Branch
Division of Reactor Safety

Enclosure: Licensed Operator Fitness-for-Duty Questionnaire

Docket No.: 50-219

License No.: DPR-16

cc w/encl:

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M. Gallagher, Director-Licensing
B. Stewart, Acting Regulatory Affairs Manager
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ENCLOSURE

Licensed Operator Fitness-for-Duty Questionnaire

Oyster Creek is requested to provide the following information concerning the fitness-for-duty occurrence of November 23, 2001, regarding the involved operator:

1. Name 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 tests (i.e., random, for-cause, or follow-up), the results of the test, and the dates that any tests were confirmed positive.
3. Whether the operator consumed alcoholic beverages within the protected area. If so, please provide the details of the circumstances surrounding such consumption.
4. Whether the operator was at the controls or supervising the licensed activities while under the influence of alcohol. If so, please provide the details of the operator's performance of licensed duties while under the influence of alcohol.
5. Whether the operator fulfilled a position that was required to meet minimum licenced operator staffing requirements (fire brigade, shutdown from outside the control room, etc.) while under the influence of alcohol.
6. Whether the operator was involved in procedural errors. If so, please provide the details of the procedural errors and the consequences of the errors.
7. 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.