

November 30, 2000

Mr. R. G. Lizotte, Master Process Owner - Assessment  
c/o Mr. D. A. Smith, Process Owner - Regulatory Affairs  
Northeast Nuclear Energy Company (NNECO)  
PO Box 128  
Waterford, CT 06385

SUBJECT: 24 HOUR FITNESS-FOR-DUTY REPORT (EVENT NO. 37312)

Dear Mr. Lizotte:

Your facility reported on September 13, 2000, that an NRC licensed operator was given a for-cause Breathalyzer test offsite and was not allowed to take the watch. This letter is a request for information pertaining to this occurrence. Please provide, within 30 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, proprietary, 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; (2) the operators 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-3.41983 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 and transmitted to the NRC.

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, 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-3.4-1983.

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.

Mr. R. G. Lizotte

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If you have any questions, please feel free to contact me at (610) 337-5183. Your cooperation is appreciated.

Sincerely,

*/RA/*

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

Docket No. 05000336

Enclosure: Licensed Operator Fitness-for-Duty Questionnaire

cc w/encl:

B. D. Kenyon, President and Chief Executive Officer - NNECO  
R. P. Necci, Vice President - Nuclear Technical Services  
L. J. Olivier, Senior Vice President and Chief Nuclear Officer - Millstone  
E. S. Grecheck, Vice President - Generation  
F. C. Rothen, Vice President - Nuclear Work Services  
J. T. Carlin, Vice President - Human Services - Nuclear  
G. D. Hicks, Master Process Owner - Training  
C. J. Schwarz, Master Process Owner - Operate the Asset  
W. E. Perks, Director - Unit 1 Operations **(Unit 1 Correspondence ONLY)**  
B. S. Ford, Director - Unit 1 Decommissioning **(Unit 1 Correspondence ONLY)**  
T. P. White, Manager - Unit 1 Nuclear Oversight **(Unit 1 Correspondence ONLY)**  
D. A. Smith, Process Owner - Regulatory Affairs  
L. M. Cuoco, Senior Nuclear Counsel  
J. R. Egan, Esquire  
N. Burton, Esquire  
V. Juliano, Waterford Library  
J. Buckingham, Department of Public Utility Control  
E. Wilds, Director, State of Connecticut SLO Designee  
First Selectmen, Town of Waterford  
D. Katz, Citizens Awareness Network (CAN)  
T. Concannon, Co-Chair, NEAC  
R. Bassilakis, CAN  
J. M. Block, Attorney, CAN  
G. Winslow, Citizens Regulatory Commission (CRC)  
E. Woollacott, Co-Chair, NEAC

Mr. R. G. Lizotte

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Distribution w/encl: <VIA E-MAIL>:

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OFFICE	RI/DRS	HQ/NRR	RI/DRS				
NAME	PBissett	DTrimble (RJC for)	RConte				
DATE	11/30/00	11/27/00	11/27/00				

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**Millstone Nuclear Power Station, Unit No. 3**  
**Request for Additional Information**

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 reason for the tests (i.e., random, for-cause, or follow-up), the results of the tests, and the dates that any tests were confirmed positive.
3. Whether the operator used, sold, or possessed illegal drugs. If so, please provide details of the circumstances surrounding such use, sale, or possession.
4. Whether the operator was at the controls or supervising licensed activities while under the influence of (drug/alcohol). If so, please provide the details of the operator's performance of licensed duties while under the influence of (drug/alcohol).
5. 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 error.
6. Your intentions with regard to the operator's resumption of duties under 10 CFR Part 50 and Part 55 licenses, including your plan for follow up testing.