



**UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-4005**

January 8, 2004

R. T. Ridenoure
Division Manager - Nuclear Operations
Omaha Public Power District
Fort Calhoun Station FC-2-4 Adm.
P.O. Box 550
Fort Calhoun, NE 68023-0550

SUBJECT: FORT CALHOUN STATION - LICENSED OPERATOR POSITIVE DRUG TEST

Dear Mr. Ridenoure:

On December 30, 2003, you reported in Event Report 40418, that one of your employees tested positive for alcohol following a fitness-for-duty test. During a subsequent discussion with your staff, we determined that the affected employee was an NRC licensed operator. This letter is a request for information pertaining to this occurrence. Within 30 days from the date of this letter, please provide answers to the questions listed in the enclosure to this letter and other records and information on this operator's past fitness-for-duty, which are relevant to this occurrence. Any other information that you think is pertinent or useful regarding this occurrence would also be appreciated. We request that any personal privacy, proprietary, or safeguards information in your response be provided 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 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 in accordance with 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 should notify the NRC via a letter of the operator's 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 Privacy Act System of Records, NRC-16, "Facility Operator Licensees Records Files," and will

be subject to the Privacy Act.

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 (817) 860-8159. Your cooperation is appreciated.

Sincerely,

/RA/

Anthony T. Gody, Chief
Operations Branch
Division of Reactor Safety

Docket: 50-285
License No.: DPR-40

cc:

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ADAMS: Yes No Initials: _____
 Publicly Available Non-Publicly Available Sensitive Non-Sensitive

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ENCLOSURE

LICENSED OPERATOR FITNESS-FOR-DUTY QUESTIONNAIRE

Omaha Public Power District is requested to provide the following information concerning the fitness-for-duty occurrence of December 30, 2003 (Event Report 40418), regarding the involved licensed 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 the tests (i.e., random, for-cause, or followup), the results of the tests, and the dates that any tests were confirmed positive.
3. A detailed chronology (time line) associated with this event, including all the information developed as a result of your review of the event (e.g., the report documenting your review of this matter, summaries of interviews, etc.).
4. Whether the operator used an illegal substance within the protected area. If so, please provide the details of the circumstances surrounding such use.
5. Whether the operator was at the controls or supervising licensed activities while under the influence of the substance. If so, please provide the details of the operator's performance of licensed duties while under the influence.
6. 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.
7. Your intentions with regard to the operator's resumption of duties under the 10 CFR Parts 50 and 55 licenses, including your plans for followup testing.
8. Any other relevant information, which will facilitate the NRC review of this matter.