



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

October 1, 2004

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

**SUBJECT: LICENSED OPERATOR POSITIVE FITNESS-FOR-DUTY TEST**

Dear Mr. Ridenoure:

On September 22, 2004, you reported in Event Report 41061, that one of your NRC-licensed senior reactor operators was determined to be under the influence of alcohol on a fitness-for-duty test administered by your staff on September 22, 2004. In order to facilitate our review of this matter, we require information beyond what you have reported to date, which is relevant to this matter. Therefore, we request that you provide, within 30 days after the date of this letter, answers to the questions listed in the enclosure and any other records or information you may have on this operator's fitness-for-duty. Any personal, proprietary, or safeguards information in your response should be contained in a separate attachment and appropriately marked. An 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) that 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 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 10 CFR Parts 50 or 55. The information provided by you will be subject to the Privacy Act of 1974 and it will be maintained in the Privacy Act System of Records, NRC-16, "Facility Operator Licensees Records Files."

If you have any questions, please contact Anthony T. Gody, Chief, Operations Branch at (817) 860-8159. Your cooperation is appreciated.

Sincerely,

*/RA/*

Dwight D. Chamberlain, Director  
Division of Reactor Safety

Docket: 50-285  
License: DPR-40

Enclosure:  
Licensed Operator Fitness-For-Duty  
Questionnaire

cc w/enclosure:

cc:

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 Part 55 Docket File

ADAMS:  Yes  No Initials: \_\_\_\_\_  
 Publicly Available  Non-Publicly Available  Sensitive  Non-Sensitive

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JFDrake	ATGody	GSanborn	DDChamberlain	
<b>/RA/</b>	<b>/RA/</b>	<b>/RA/</b>	<b>/RA/</b>	
09/28/04	09/28/04	09/29/04	09/30/04	

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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 September 22, 2004, (Event Report 41061), 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 illegal 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.