



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

May 18, 2005

Joseph E. Venable  
Vice President Operations  
Waterford 3  
Entergy Operations, Inc.  
17265 River Road  
Killona, LA 70066-0751

**SUBJECT: LICENSED OPERATOR POSITIVE ALCOHOL TEST**

Dear Mr. Venable:

On May 10, 2005, you reported in Event Report 41687, that one of your NRC-licensed senior operators tested positive for alcohol on a fitness-for-duty test administered by your staff on May 10, 2005. 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). In addition, 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."

Entergy Operations, Inc.

-2-

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: 50-382  
License: NPF-38

Enclosure:  
Licensed Operator Fitness-For-Duty  
Questionnaire

cc w/enclosure:  
Senior Vice President and  
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General Manager, Plant Operations  
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Manager - Licensing Manager  
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Entergy Operations, Inc.

-3-

Chairman  
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Regional Administrator (**BSM1**)  
 DRP Director (**ATH**)  
 DRS Director (**DDC**)  
 DRS Deputy Director (**KSW**)  
 Senior Resident Inspector (**RVA**)  
 Branch Chief, DRP/E (**WBJ**)  
 Senior Project Engineer, DRP/E (**VGG**)  
 Dave Trimble, IOLB  
 Laura Hurley, OB

SISP Review Completed:  Y  ADAMS: : Yes  No Initials: ATG  
 : Publicly Available  Non-Publicly Available  Sensitive : Non-Sensitive

S:\DRS\OB\ADMIN\waterford 3 ffd positive.wpd

SOE	C:OB	C:DRPE	RIV:OE	D:DRS
TOMcKernon/lmb	ATGody	WBJones	GSanborn	DChamberlain
/RA/	/RA/	/RA/	/RA/	/RA/
5/11/05	5/11/05	5/11/05	5/11/05	5/18/05

OFFICIAL RECORD COPY

T=Telephone

E=E-mail

F=Fax

## ENCLOSURE

### Licensed Operator Fitness-for-Duty Questionnaire

Waterford 3 is requested to provide the following information concerning the fitness-for-duty occurrence of May 10, 2005, (Event Report 41687), 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 consumed alcoholic beverages within the protected area. If so, please provide the details of the circumstances surrounding such consumption.
5. Whether the operator was at the controls or supervising 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.
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.