



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION II
SAM NUNN ATLANTA FEDERAL CENTER
61 FORSYTH STREET, SW, SUITE 23T85
ATLANTA, GEORGIA 30303-8931

October 18, 2005

Duke Energy Corporation
ATTN: Mr. Ronald A. Jones
Vice President
Oconee Site
7800 Rochester Highway
Seneca, SC 29672

SUBJECT: LICENSED OPERATOR POSITIVE ALCOHOL TEST

Dear Mr. Jones:

On October 6, 2005, your facility reported that an NRC-licensed operator tested positive for alcohol following a fitness-for-duty test taken on October 6, 2005. 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 also would 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 2.390(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) 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 should notify the NRC via 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 NRC Privacy System of Records-16 and will be subject to the Privacy Act.

If you have any questions, please feel free to contact Mr. James Moorman, Chief, Operations Branch, at (404) 562-4647. Your cooperation is appreciated.

Sincerely,

/RA/

Victor M. McCree, Director
Division of Reactor Safety

Docket Nos.: 50-269, 50-270, 50-287
License Nos.: DPR-38, DPR-47, DPR-55

Enclosure: Licensed Operator Fitness-
For-Duty Questionnaire

cc w/encl:

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 SISP REVIEW PENDING*: Initials: _____
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 PUBLICLY AVAILABLE
 NON-PUBLICLY AVAILABLE
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 NON-SENSITIVE
 ADAMS: Yes
 ACCESSION NUMBER: _____

OFFICE	RII:DRS	RII:DRS	RII:DRS	RII:EICS	RII:DRP	NRR	
SIGNATURE	/RA/	/RA/	/RA/	/RA/	/RA/	/By E-mail/	
NAME	JMoorman:pmd	BBonser	VMcCree	CEvans	MErnstes	DTrimble	
DATE	10/11/05	10/12/05	10/18/05	10/18/05	10/18/05	10/18/05	
E-MAIL COPY?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

LICENSED OPERATOR FITNESS-FOR-DUTY QUESTIONNAIRE

Oconee Nuclear Station is requested to provide the following information concerning the fitness-for-duty report of October 6, 2005, 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 follow-up), the results of the tests, the facility cut-off level for the substance involved, and the dates that any tests were confirmed positive.
3. Whether the operator consumed alcohol within the abstinence period preceding scheduled work as described by your fitness-for-duty program and 10 CFR 26.20(a)(1), and how you determined the operator did or did not consume alcohol within the abstinence period.
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 of alcohol.
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 Part 50 and Part 55 licenses, including your plans for follow-up testing.
8. Your company's policy/procedure on the influence of drugs/alcohol in the work place. Please include your company's cut-off limit if it is more stringent than the limit set forth in 10 CFR 26,App.A(2.7)(e)(1).

Enclosure