



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

June 19, 2006

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: REQUEST FOR INFORMATION: LICENSED OPERATOR POSITIVE FITNESS-
FOR-DUTY TEST**

Dear Mr. Ridenoure:

On June 2, 2006, you reported in Event Report 42615 that one of your NRC-licensed operators tested positive for alcohol following a random fitness-for-duty test. 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 Enclosure 1 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 these 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 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 is interested in obtaining further information regarding your review and any planned actions to address the apparent increase in the number and frequency of occurrences of reported fitness-for-duty events at the Fort Calhoun facility. Accordingly, we request that, within 90 days from the date of this letter, you respond, in writing, to the questions contained in Enclosure 2.

The NRC will evaluate the information in your replies to this letter to determine if further action is warranted pursuant to 10 CFR Parts 50 or 55. The response to Enclosure 1, and Enclosure 2, if applicable, will be maintained in our 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 Mr. 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

Distribution:
Joe I. McManis, Manager - Licensing
Omaha Public Power District
Fort Calhoun Station FC-2-4 Adm.
P.O. Box 550
Fort Calhoun, NE 68023-0550

David J. Bannister
Manager - Fort Calhoun Station
Omaha Public Power District
Fort Calhoun Station FC-1-1 Plant
P.O. Box 550
Fort Calhoun, NE 68023-0550

James R. Curtiss
Winston & Strawn
1400 L. Street, N.W.
Washington, DC 20005-3502

Chairman
Washington County Board of Supervisors
P.O. Box 466
Blair, NE 68008

Julia Schmitt, Manager
Radiation Control Program
Nebraska Health & Human Services
Dept. of Regulation & Licensing
Division of Public Health Assurance
301 Centennial Mall, South
P.O. Box 95007
Lincoln, NE 68509-5007

Daniel K. McGhee
Bureau of Radiological Health
Iowa Department of Public Health
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, IA 50319

Electronic distribution by RIV:
 Regional Administrator (**BSM1**)
 DRP Director (**ATH**)
 DRS Director (**DDC**)
 DRS Deputy Director (**RJC1**)
 Senior Resident Inspector (**JDH1**)
 Resident Inspector (**LMW1**)
 Branch Chief, DRP/E (**DNG**)
 Senior Project Engineer, DRP/E (**VGG**)
 Team Leader, DRP/TSS (**RLN1**)
 RITS Coordinator (**KEG**)

SUNSI Review Completed: AT_____ ADAMS: /Yes No Initials: __ATG____
 / Publicly Available Non-Publicly Available Sensitive / Non-Sensitive

E:\Filenet\ML061740560.wpd

SOE/OB	C:OB	C:RPBE	C:PSB	D:DRS
GWJohnston/lmb	ATGody	DNGraves	MPShannon	DDChamberlain
/RA/	/RA/	/RA/	/RA/	/RA/
6/13/06	6/12/06	6/13/06	6/13/06	6/19/06

OFFICIAL RECORD COPY

T=Telephone

E=E-mail

F=Fax

ENCLOSURE 1

LICENSED OPERATOR FITNESS-FOR-DUTY QUESTIONNAIRE

Omaha Public Power District, is requested to provide the following information concerning the fitness-for-duty occurrences of June 2, 2006 (Event Report 42615), regarding the involved licensed operator: **[Response should be properly labeled as “Official Use Only - Personal Privacy Act Information.”]**

1. Name and specific 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.). The time line should include a discussion of the specific work performed by the individual, if any, during the period of time the event occurred.
4. Whether the operator consumed alcohol within the protected area. If so, please provide the specific details of the circumstances surrounding such use.
5. Whether the operator was at the controls or supervising licensed activities while under the influence of alcohol. If so, please provide the specific details of the operator's performance of licensed duties while under the influence.
6. Whether the operator was involved in procedural errors related to these occurrences. If so, please provide the specific 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. A summary of the actions that were taken by you and the licensed operator in response to the positive fitness-for-duty test for alcohol that was reported on June 2, 2006.
9. Any other relevant information which will facilitate the NRC review of this matter.

ENCLOSURE 2

FITNESS-FOR-DUTY PROGRAM QUESTIONNAIRE

Omaha Public Power District, is requested to provide the following information concerning the facility fitness-for-duty program regarding the following licensed operator fitness-for-duty related event reports: **[Should your response include personal privacy act information, please properly label it as “Official Use Only - Personal Privacy Act Information.”]**

EN 41061, September 22, 2005

EN 41947, August 25, 2005

EN 42366, February 23, 2006

EN 42615, June 2, 2006

1. Do these events indicate an increasing or adverse trend in your fitness-for-duty program, and is this situation being addressed by your corrective action program?
2. What fitness-for-duty program related common cause(s) were identified in your review, if any?
3. In your response, please describe how successful your fitness-for-duty training and behavior observation programs have been in the past and if any improvements are planned.
4. What corrective actions are being implemented as a result of your review of licensed operator fitness-for-duty events?