

Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8001



Robert J. Barrett
Plant Manager

January 6, 1997
IPN-97-003

Mr. Hubert J. Miller
Regional Administrator
Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

Subject: Indian Point 3 Nuclear Power Plant
Docket No. 50-286
License No. DPR-64
Operator License Amendment Submittal

Dear Mr. Miller:

In accordance with 10 CFR 55.25, please find attached NRC Form 396, "Certification of Medical Examination by Facility Licensee," for the following licensed Senior Reactor Operator (SRU):

Robert T. Hansler, License No. SOP-11313, Docket No. 55-8203.

The Authority determined on December 17, 1996, that Mr. Hansler's medical examination results documented a change in physical condition since his last physical examination. Mr. Hansler's license should be amended to require the use of corrective lenses while performing licensed duties.

The Authority is making no new commitments in this submittal.

Very truly yours,


Robert J. Barrett
Plant Manager
Indian Point 3 Nuclear Power Plant

Attachments

210022 See next page

9701210555 970106
PDR ADOCK 05000286
V PDR

IE42 1/1

cc: U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

Mr. Glenn Meyer, Chief
PWR & BWR Sections
Division of Reactor Safety
Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

U.S. Nuclear Regulatory Commission
Resident Inspectors' Office
Indian Point 3 Nuclear Power Plant

(1-94)
10 CFR 55.23, 55.25,
55.27, 55.31, 55.33,
55.57

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 15 MINUTES. NRC REQUIRES THIS INFORMATION TO DETERMINE THAT THE PHYSICAL CONDITION AND HEALTH OF OPERATOR LICENSEES IS SUCH THAT THE APPLICANT WOULD NOT BE EXPECTED TO CAUSE OPERATIONAL ERRORS ENDANGERING THE PUBLIC HEALTH AND SAFETY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0024), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

**CERTIFICATION OF MEDICAL EXAMINATION
BY FACILITY LICENSEE**

NAME OF APPLICANT

Robert T. Hansler

FACILITY

Indian Point #3

FACILITY DOCKET NUMBER

50-286

A. MEDICAL EXAMINATION CERTIFICATION

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN.

PRINTED NAME (of physician)

Peter C. Gay

STATE AND LICENSE NUMBER

New York #95909

EXAMINATION DATE

12/17/96

BASED ON THE RESULTS OF THE EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE SUCH THAT THE APPLICANT WOULD NOT BE EXPECTED TO CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN ANSI/ANS 3.4-1983, OR ANSI/ANS 15.4-1988 (N380) WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC. IF THE GUIDANCE IN THE APPROPRIATE ANSI/ANS DOCUMENT IS NOT COMPLIED WITH, AN ACCEPTABLE ALTERNATIVE METHOD, WHICH HAS BEEN APPROVED BY NRC, WAS USED.

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, I RECOMMEND THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS:

1. NO RESTRICTIONS

2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES

3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES

4. RESTRICTED LICENSE OR EXCEPTION - Provide details below and attach supporting medical evidence for NRC review.

5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL - Provide details below and attach supporting medical evidence for NRC review.

PROPOSED WORDING OF RESTRICTION (Block 4 above)

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition)

REMARKS FOR RESTRICTION CHANGE (Block 5 above)

B. NONMEDICAL CERTIFICATION

THIS CERTIFIES THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS OF THIS FACILITY FOR LICENSED OPERATORS.

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.

PRINTED NAME AND TITLE (Senior Management Representative on Site)

Robert J. Barrett - Plant Manager

SIGNATURE



DATE

1/8/97

In accordance with 10 CFR 55.5, Communications, this original form shall be submitted to the NRC as follows: **BY MAIL ADDRESSED TO:**

REGIONAL ADMINISTRATOR, REGION I
U.S. NUCLEAR REGULATORY COMMISSION
475 ALLENDALE ROAD
KING OF PRUSSIA PA 19406-1415

REGIONAL ADMINISTRATOR, REGION II
U.S. NUCLEAR REGULATORY COMMISSION
101 MARIETTA STREET NW, SUITE 2900
ATLANTA, GA 30323-0100

REGIONAL ADMINISTRATOR, REGION III
U.S. NUCLEAR REGULATORY COMMISSION
601 WARRENVILLE RD
LIBLE, IL 60532-4351

REGIONAL ADMINISTRATOR, REGION IV
U.S. NUCLEAR REGULATORY COMMISSION
811 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8084

OPERATOR LICENSING BRANCH
DIVISION OF REACTOR CONTROLS AND
HUMAN FACTORS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001