



UNITED STATES  
**NUCLEAR REGULATORY COMMISSION**  
REGION IV  
1600 EAST LAMAR BLVD  
ARLINGTON, TEXAS 76011-4511

July 29, 2013

Kevin Mulligan  
Site Vice President Operations  
Entergy Operations, Inc.  
Grand Gulf Nuclear Station  
P.O. Box 756  
Port Gibson, MS 39150

SUBJECT: LICENSED OPERATOR POSITIVE DRUG TEST

Dear Mr. Mulligan:

Your facility reported on July 22, 2013 (Event Report 49210) that a Nuclear Regulatory Commission licensed operator tested positive for illegal drugs following a fitness-for-duty test taken on July 18, 2013. This letter is a request for information pertaining to this occurrence. Please provide, within 30 days after the date of this letter, answers to the questions listed in the enclosure and other records and information on this operator's fitness for duty which are relevant to this occurrence. We request that any personal, proprietary, or safeguards information in your response be contained 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 American National Standards Institute/American Nuclear Society (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 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.

K. Mulligan

- 2 -

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 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 me at 817-200-1159. Your cooperation is appreciated.

Sincerely,

***/RA/ Jeffrey A. Clark for***

Thomas B. Blount, Director  
Division of Reactor Safety

Docket: 50-416  
License: NPF-29

Enclosure:  
As stated

ADAMS ACCESSION NUMBER: **ML13211A338**

ADAMS: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> SUNSI Review Complete	Reviewer Initials: VGG
		<input checked="" type="checkbox"/> Publicly Available	<input checked="" type="checkbox"/> Non-Sensitive
		<input type="checkbox"/> Non-publicly Available	<input type="checkbox"/> Sensitive
<b>LA:OB</b>	<b>C:OB</b>	<b>C:PBC</b>	<b>D:DRS</b>
LAHurley	VGGaddy	JQuichocho	TBBlount
<i>/RA/</i>	<i>/RA/</i>	<i>/RA/</i>	<i>/RA/ J.A. Clark for</i>
7/25/13	7/25/13	7/25/13	7/29/13

OFFICIAL RECORD COPY

T=Telephone

E=E-mail

F=Fax

## **Licensed Operator Fitness-for-Duty Questionnaire**

Grand Gulf Nuclear Station is requested to provide the following information concerning the fitness-for-duty occurrence of July 22, 2013, 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 (including actual BAC levels), and the dates that any tests were confirmed positive.
3. A detailed chronology (timeline) 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.), and actions taken or planned.
4. Whether the operator used, sold, or possessed illegal drugs. If so, please provide the details of the circumstances surrounding such use, sale, or possession.
5. Whether the operator consumed drugs or alcoholic beverages within the protected area. If so, please provide the details of the circumstances surrounding such use.
6. Whether the operator was at the controls or supervising licensed activities while under the influence of drugs or alcohol. If so, please provide the details of the operator's performance of licensed duties while under the influence. If not, please indicate what role the operator was reporting for/engaged in and whether this role requires an NRC license by site procedure.
7. 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.
8. Whether the operator was considered available for licensed duties (e.g., cover for an on-shift illness, overtime coverage, etc.).
9. 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.
10. Any other relevant information which will facilitate the NRC review of this matter.
11. Please submit copies of relevant procedures if referenced in the above response, including at a minimum your site fitness-for-duty procedure.